

EDUCATING INDIVIDUALS WITH DIVERSE LEARNING NEEDS

INCLUSIVE EDUCATION

A BRIEF HISTORICAL BACKGROUND (INTERNATIONAL PERSPECTIVE)

Most societies did not make adequate provisions of formal education for individuals with disabilities. Individuals with disabilities were totally marginalized and there were extreme disparities in the provision of social services including education. Even though, the United Nations declaration of Human Rights in 1946 stressed the right of every human to receive formal education, it was not easy for individuals with disabilities to gain access to education in many countries. Some children with disabilities were put in what is known as **asylum system** just because they were expected to live among “normal” people. The asylum system did not meet the needs of all children with disabilities because they were far away from their communities.

To address these several challenges, some civil cases in some countries against lack of equal access to education to children with disabilities emerged.

Again, philosophies like the **normalization principle, the integration ideas as well as the concept of mainstreaming** also emerged to address the education challenges.

Normalization Principle

This is a principle with the focus on access to normal development for persons with disabilities. It holds that all persons with disabilities must

be provided with the needs as provided to “normal” people or they must live normal life as others live in their communities.

Integration

It is simply defined as the physical placement of students with extensive needs in or on general school campuses. Regardless of the specific definition used, it is clear that integration is most commonly associated with the concept of mainstreaming.

Mainstreaming

It did not come into widespread use until the 1960s when the validity of segregated programmes was called into question by some professionals. Professionals called for model whereby children with disabilities could remain in general education class programmes for at least some portion of the school day and receive special education when and where needed.

In the year 1990, the Jomtien World Conference held in Thailand proclaimed that every child, youth and adult shall be able to benefit from educational opportunities which would meet their learning needs. It was dubbed „Education for all“ (EFA). Ever since the UNESCO conference, International and non–governmental organization have been working towards the attainment of these goal. The inclusion of children with disabilities and special needs in the regular classroom and schools becomes part of the world – wide human right movement.

The turning point of all countries to value the needs for education of children with special educational needs took place in 1994, the

UNESCO World Conference on special Needs Education held in Salamanca, Spain. The conference considered the future international direction of special Needs to ensure the rights of children to receive basic education.

The famous Salamanca declaration further proclaims that;

- 1) Every child has the fundamental right to education, and must be given the opportunity to achieve and maintain acceptable level of learning.
- 2) Every child has unique characteristics, interest, abilities and learning needs.
- 3) Education systems should be designed and education programme implemented to take into account the wide diversity of these characteristics and needs.
- 4) Those with special needs must have to attend regular schools which should accommodate them within a child- centered pedagogy capable of meeting their needs (Hallahan & Kaufman, 2011).

It is against this background that the concept of IE evolved. It is universally accepted and embraced as the best policy in the field of education.

THE CONCEPT OF SPECIAL EDUCATION

Introduction

Special education has been defined by many educationists and continues to be redefined as the years go by, but the central idea remains the same simply because the definitions tend to describe the same programme

which is used to educate a specific population of children. From whatever point one sees the concept, in its basic sense;

- It is the education of children with disabilities and those with special educational needs in a way that addresses their individual differences in learning. Ideally, this form of education involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, accessible environment and other interventions designed to help children with disabilities and those with special needs achieve a higher level of success in school (Wilmschurst & Brue (2010).
- Special education as a form of education provided for those who are not achieving, or are unlikely to achieve through ordinary educational provision at the levels of educational, social and other attainments appropriate to their age, and which has the aim of furthering their progress towards these levels. UNESCO, (1983).
- According to the Individuals with Disability Education Act (IDEA), the concept means specifically designed instruction, at no cost to parents, to meet the unique needs of a child with disability. The concept broadly identifies the academic, physical, cognitive and social –economical instruction available for children with disabilities. (Deku & Yekple, 2015).
- Special education could also be defined as a programme of instruction designed to meet the unique needs of exceptional children.

The common element that runs through the various definitions of the concept is the recognition that there is a limitation imposed on children with special needs ability to access the regular school curriculum.

WHAT MAKES SPECIAL EDUCATION SPECIAL

Many people wonder why some form of education should be termed “special”. This controversy has a long lasting history. The arguments always raised against the idea are always possible.

Special education could be considered **special** because it deals with children who deviate from the norm positively or negatively for which they present peculiar educational problems. These problems relate to learning, concept development and internalisation of abstract ideas which inform learning. Some of these children cannot cope effectively with normal classroom situations.

Special education provision is necessary because it is accepted that one (1) out of every ten (10) children live with some form of disability. In the developing countries only a few of children with disabilities benefit from relevant education, good health care and adequate nutrition. What we should remember as a people is that education is a fundamental human right which no child should be denied because of deviation.

Also, special education works with specialist teachers, specifically trained in well-defined pedagogical skills to enable them deliver and remediate learning difficulties resulting from children’s peculiar deviations. For example, the use of Braille in teaching students who are visually impaired and the use of sign language and hearing aid to help communicate with those who are hearing impaired.

Special educators are trained and are therefore, capable of modifying instructional strategies which are aimed at meeting the unique and specific learning needs of exceptional children. They are also trained to adapt the instructional curriculum, use both projected and non-projected instructional materials which may pose technical problems to the general educator. These issues and many other effective modernizations are what make special education special. It is on the basis of these and other issues

explains why it is known as special education applied to educational term generally.

Relevance of Special Education to the General Education Teacher

1. There is an added advantage of adopting special educational principles and this helps teachers and parents to see beyond what it takes to be a general education teacher/classroom teacher. The following are some of them;
2. Education is a right which should not be denied any child because of the price tag. This means every child should be educated in the least restrictive environment no matter the cost for the nation or how strenuous it is for the teacher to teach a deviant child.
3. Special education has become the bedrock of general education because about 40% forty percent of children in school manifest some learning difficulties for which every teacher must learn to cope with these difficulties in children.
4. It is a UNESCO requirement that every teacher should study special education in order to get enlightened on the characteristics, needs and capabilities of children with exceptionalities. This will enable the general educator to individualize his or her approach in remediating learning difficulties of special needs children during teaching moments. The learning of special education by all categories of teachers will enable them to learn about programmes and facilities that are available for the education of children with special needs and adults who will benefit from rehabilitation. It will also help the teacher to understand basic principles and methods including practices that inform the education of gifted and talented children as well as children with special needs.
5. General educators at all levels who study special education will be equipped to educate people in their community of the needs of special children as well as to teach parents of how to manage them.

The knowledge of special education can enable teachers to incorporate ways of preventing disabilities in their teaching leading to mass education on prevention of disabilities.

6. It is relevant to note that as teachers we make many mistakes when we are teaching children who present learning difficulties because of sensory, physical or mental impairment. The study of special education will assist the teacher to identify the strengths and weaknesses of every individual child under her care. This does not mean that teachers who have not studied special education do not know that differences exist among children.
7. Every teacher has some idea about deviations in children but in practice the teacher experiences difficulty in handling deviants. Teachers in effect plan and teach as if all the children learn at the same pace, have the same intelligence, ability and background and learn best through a specific teaching method.
8. It is important for every teacher to realise that the knowledge of special education is a recipe for effectiveness as a teacher. We often misconstrue that only children have problems. The fact is that some teachers also have problems and need help in order to perform better. For example, in a survey of 403 students in UCEW in 1993, 12.41% were found to have hearing problems. Special education is not restricted to a particular place – it operates wherever human beings exist, where learning goes on.

To be able to delve successful in this unit it is important to look at certain terminologies we may come across. Do well to have a bird eye view on them. More will be discussed on them as we go further.

TERMS RELATED TO SPECIAL EDUCATION DISORDER

This is broader term used to describe general disturbances in mental, physical or psychological functioning. It also refers to a state of an individual not in “normal” conformity with human functioning.

DISABILITY

It is a more specific term than disorder. It refers to an inability to perform an activity (e.g. walk, see, hear) within the range considered normal for a human being mostly resulting from impairment. It must be pointed out that all disabilities are inability to do something. However, not every inability to do something is a disability.

IMPAIRMENT

Impairment also refers to the damage caused to any part of the human body which brings a level of incapacitation in the functioning of that part of the body. For instance, a person could be said to have visual impairment if any structure in the eye is damaged by disease, hereditary factors or malformation. The inability of the individual to see properly becomes the handicap. We need to note that apart from the damaged eye which may be functioning minimally all other parts of the body could be used effectively. A child with visual impairment could be gifted and talented and can rely on other learning modalities to excel in school.

HANDICAP

The word “*handicap*” generally refers to the demands and limitations placed on the individual either by environmental demands or a person’s demands and it is related to the individual’s ability to adjust those demands (Hallahan et.al 2010). Disability and handicap go hand-in-hand. A handicap is also the environmental restrictions put on a person’s life as a result of disability. E.g. if your pens do not to write in your end of semester examination room, you are handicapped at that specific situation.

EXCEPTIONALITY

Exceptionality denotes deviations in children. Generally, it is a term used to describe individuals whose physical, intellectual, or behavioural performance deviate significantly from what is considered to be normal either higher or lower there. E.g. Autism, the gifted child, a child with visual impairment.

ATYPICAL

Children with all categories of developmental disorders, sensory impairments and learning difficulties belong to the group of exceptional children who are also called atypical children. Their exceptionality derives from their needs rather than their deformities or impairments.

SUPPORT SERVICES

It is worthy to note that special education uses various services to eliminate or reduce the impact of the disability. The services generally referred to as supportive services or related services used *specialists* and *assistive devices* to help the individual child to come to terms with his or her disability. E.g. white canes, speech training units, and audiometers.

SPECIAL EDUCATIONAL NEEDS

A restriction in the capacity of an individual to participate in and benefit from education on account of an enduring, physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition (NSEE, 2014).

CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

Include all children who are for whatever reasons or needs, are failing to benefit from school. These may include children who are;

- Experiencing difficulties in school, whether temporary or permanently.
- Lacking interest and motivation in learning.

- Forced to work
- Living on the streets
- Living too far from any school.
- Living in severe poverty or suffering from chronic malnutrition
- Sexual abuse
- War and conflict areas
- Simply not attending school for whatever reason (Deku, 2015).

COMTEMPORARY ISSUES IN SPECIAL EDUCATION

In this chapter major contemporary issues would be discussed. It is a relatively new field in special education. There is change in direction and development of ideas and concepts. It would specifically discuss the idea Inclusive Educations and major key concepts related to Inclusive Education.

NORMALISATION PRINCIPLE

It holds the view that all persons with disabilities must be provided with needs as provided to “normal” people or they must live a life to as others live in their communities. This means that children with disabilities and those with other special needs are to have physical access to building, recreational activities and participate in all activities in our societies.

SEGREGATION

The term usually is associated with exclusion from a group. This is a form of education that traditionally provides special schools for special children. Here, special children are taken away from their peers into an institutionalized educational system. Today, there are a number of such special schools for single disability areas. They are often labelled after the specific disabilities. For example, Wa schools for the Blind, Schools for the Intellectual Disabled at Dzorwulu in Accra and Bechem School for the Deaf.

Note; do read on more of such schools in the country.

INTEGRATION

The terms integrated, mainstreaming and inclusion are often used interchangeably as if they mean the same thing. However, they represent major differences in philosophy. Regardless of the specific definition used, it is clear that integration is mostly associated with the concept of mainstreaming and inclusion.

Traditionally, this involves the process of educating all students in the regular school regardless of their physical or mental disability alongside their peers without disability. The central idea is that the child with disability has to adjust to fit into the school. It may take the form of instructional and social integration.

MAINSTREAMING

Similar to integration is mainstreaming. Mainstreaming is the practice of educating children with disability and their counterparts without disability in the same school. Special education under this dispensation encourages children with special needs to be educated, as far as possible together with the non-handicapped. In mainstreaming, the child receives separate instruction in the regular school. Mainstreaming may be called “partial” inclusion. Mainstreaming is based on the principle of a **least restricted environment**. Basically, LRE is an environment closest to the general classroom environment that meets the child special needs.

INCLUSIVE EDUCATION

A BRIEF HISTORICAL PERSPECTIVE

In order to understand the concept of inclusion education it important to reflect on the history. Most societies did not make adequate provisions of formal education for individuals with disabilities. Individuals with disabilities were totally marginalized and there were extreme disparities

in the provision of social services including education. Even though, the United Nations declaration of Human Rights in 1946 stressed the right of every human to receive formal education, it was not easy for individuals with disabilities to gain access to education in many countries. Some children with disabilities were put in what is known as **asylum system** just because they were expected to live among „normal“ people. The asylum system did not meet the needs of all children with disabilities because they were far away from their communities.

To address these several challenges, some civil cases in some countries against lack of equal access to education to children with disabilities emerged. Again, philosophies like the normalisation principle, the integration ideas as well as the concept of mainstreaming also emerged to address the education challenges.

In the year 1990, the Jomtien World Conference held in Thailand proclaimed that every child, youth and adult shall be able to benefit from educational opportunities which would meet their learning needs. It was dubbed „Education for all“ (EFA). Ever since the UNESCO conference, International and non-governmental organisation have been working towards the attainment goal. The inclusion of children with disabilities and special needs in the regular classroom and schools becomes part of the world – wide human right movement.

The turning point of all countries to value the needs for education of children with special educational needs took place in 1994, the World Conference on special Needs Education held in Salamanca, Spain sponsored by UNESCO. The conference which was made up 92 countries and 5 international agencies considered the future international direction of special Needs to ensure the rights of children to receive basic education.

The famous Salamanca declaration in paragraph 2 further proclaims that;

- Every child has the fundamental right to education, and must be given the opportunity to achieve and maintain acceptable level of learning.
- Every child has unique characteristics, interest, abilities and learning needs.
- Education systems should be designed and education programme implemented to take into account to wide diversity of these characteristics and needs.
- Those with special needs must have to regular schools which should accommodate them within a child- centered pedagogy capable of meeting their needs
- Regular schools with this inclusive orientation are the most effective means of combating discriminating attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the minority of children and improve efficiency and ultimately the cost effectiveness of the entire education system. Hallahan & Kaufman, 2009).

Definition

- ✓ Inclusion in the context of education is based on the idea that all children should learn together, regardless of differences or disability.
- ✓ Ainscow (2004) regards inclusion as a process that is concerned with the identification and removal of barriers, the presence, participation and achievement of all students as well as involving a particular emphasis on those groups of learners who may be risk of marginalisation, exclusion of underachievement.
- Mitchell cited in Gyimah (2010) described inclusive education as an entitlement to full membership in regular, age-appropriate classes in their neighbourhood schools, access to appropriate aids and support

services, individualised programmes with appropriately differentiated curriculum and assessment practices.

- Inclusive education can be said to be a system that involves the inclusion all regardless of any other aspect of an individual's identity that might be perceived as different.

RATIONALE OF INCLUSIVE EDUCATION

There are many reasons for implementing inclusive education.

1. Inclusive education is less costly. This is manifested particularly in construction and maintenance of schools that educate all children together as against the construction of a complex system of different types of schools for different group of students.
2. Inclusive education is characterized by instilling in pupils“ desirable competences, authentic membership, full participation school activities, reciprocal social relationships, and learning to attain high standards by all students irrespective of disabilities in the classrooms, with supports provided to students and teachers to enable them to be effective and efficient.
3. Enhancing the disability policy by improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities. Almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by having high expectations for such children and ensuring their access to the general education curriculum in the regular classroom, to the maximum extent possible.
4. To cater for children with disabilities, be they in public or private institutions or other care facilities, by ensuring that they are educated with children who are nondisabled.

5. To make provision for supplementary services (such as resource room or itinerant instruction) in conjunction with regular class placement as enshrined in the IEP (Inclusive Education Policy).
6. It also seeks to enable the child to be educated in the school that he or she would attend if nondisabled. In this regards, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs.
7. Inclusion is not about disability, nor is it only about schools. Inclusion is about social justice, what kind of world do we want to create, what kinds of skills and commitment do people need to thrive in the society.
8. By embracing inclusion as a model of social justice, we can create a world fit for all of us and provides a catalyst for learning opportunities and experiences that might not otherwise be part of the curriculum, especially relating to social justice, prejudice, equity etc.

Haven understood the above, what strategies would we embark in our class rooms to accomplish the objectives of inclusive education. Let's consider Equity and Equality.

BENEFITS

Inclusive education benefits communities, teachers, and students by ensuring that children with disabilities attend school with their peers and providing them with adequate support to succeed both academically and socially. **For the general community**

- Change in negative cultural and belief systems
- Fights the common course of disability
- Teaches socialisation and collaborative
- Builds supportiveness and independence
- Supports the social value of equality **for the regular classroom teacher**

- Creates avenues for the need of individualization for teaching methods
- Increase awareness about why children are not equal and cannot be treated homogeneously
- Appreciate diversity in children`s learning and behaviours
- Realize the need for adopting a fair treatment for children including punishment
- Teachers understand the need for collaborative problems solving approach

For children with Special Needs:

- It enhances self –respect for differences
- It provides opportunity to be educated with same community peers
- Understanding of social lives of non-disabled peers
- Provides peer models
- Provides opportunities to develop neighbourhood friends

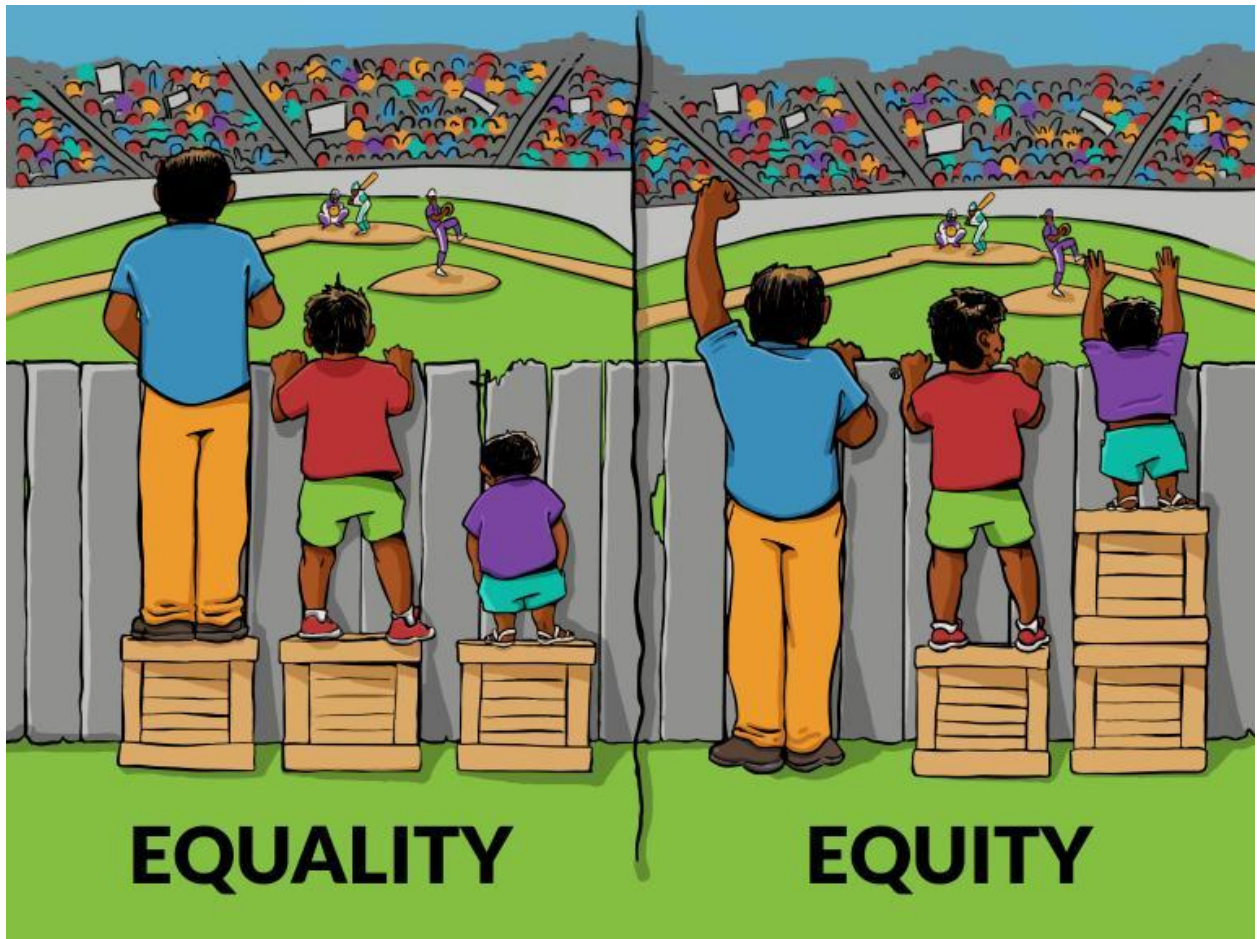
For children without disabilities:

- Realize that disability is not inability
- Appreciate what potentials those with disability posses
- Develop empathy and not sympathy for those with disability
- Appreciation of individual`s uniqueness and differences
- Helps in developing sensitivity towards other uniqueness

OTHER RELATED CONCEPTS IN INCLUSIVE EDUCATION

Meaning of Equity?

It seeks to provide all the individuals with an equal opportunity, to let them attain their maximum potential. In this way, equity ensures that all the individuals are provided the resources they need to have access to the same opportunities, as the general population.



Meaning of Equality

It is a situation where each and every individual is granted same rights and responsibilities, irrespective of their race, sex, caste, creed, nationality, disability, age, religion and so on.

Key Differences between Equity and Equality

The differences between equity and equality can be drawn clearly on the following grounds

1. Justness and fairness in the manner of treating individuals are called equity. Equality is what we call, the state where everyone is at the same level.

2. Equity is a process while equality is the outcome, i.e. equity is the necessary condition to be fulfilled to achieve latter.
3. While equity represents impartiality, i.e. the distribution is made in such a way to even opportunities for all the people. Conversely equality indicates uniformity, where everything is evenly distributed among people.
4. In equity, the differences are recognized and efforts are made to counteract the manner in which individual opportunities are not equal. On the contrary, equality recognizes sameness and so it aims at treating everyone as equal.
5. In equity, all the people can have access to what they need. The equality, in contrast, all the people get the same thing, i.e. rights, resources and opportunities.

Equity cannot be achieved; through treating all the people equally rather it can be achieved by providing equal opportunities as per their circumstances. Moreover, equality works, only if the starting point of every individual is same. To this point therefore, vary your strategies and or your technics of teaching in your class for your class pupils are from diverse background.

Child-Cantered Pedagogy: It is at the centre of its foundation the need to put children at the centre of learning and development.

Curriculum: Is the overall organized course of study for any level of education including the vision, goals and objectives as well as all organized activities in school?

Accommodation: within inclusive education are practices, measures and procedures that allow learners to have access to, and be tested on same curriculum as learners without these needs.

Universal Design for Learning (UDL): Serves the purpose of making learning accessible to more learners in an inclusionary programme.

Child Friendly Schools: This approach is to ensure that all pupils learn under friendly school environment.

Assistive devices: All equipment that support persons with disabilities (PWDs) to be able to perform activities in their daily live

The Road Map to Inclusive Education in Ghana

As a follow up to the directives in the Salamanca Statement and framework for Action of UNESCO in 1994, the Ministry of Education has one of its strategies to achieving school for all. It drew up programmes leading to the implementation of inclusive education in the country in 2015. First, the government of Ghana through the passage of the Disability Law (Act 2006, 715) educated pupils with special education needs in mainstream schools. For instance, article 20 (1) indicates that a person with disability seeking admission into a school or any other institution of learning should not be denied access on account of his or her disability unless the person with disability has been assessed by the ministries of education. The government also established the Education Strategic Plan (2003- 2015). It was established to support special education services and goals reported in the Education for all as well as inclusive education (MoE, 2003). The government of Ghana recently develops an Inclusive Education policy supported by UNICEF and other stakeholders in the education sector.

Inclusive Education is practice differently throughout the world. In Ghana, since 2003, the Ministry through the Division of Special Education initiated a number of demonstration projects to pilot inclusive models in order to roll it out. It was a combined effort of Ghana Blind Union, Ghana Society for the Physical Disabled, Voluntary Services Overseas (VSO) and the legislature. On paper, there are six inclusive models which have been piloted in the country since 2003. In practice, three of the six models are serving children with visual impairment, one for those with intellectual disabilities, and the remaining two are serving

mixed or cross categorical. Currently, there are six models of inclusive projects directed towards the education of individuals with disabilities in the country. These models have been discussed below.

MODELS OF INCLUSIVE EDUCATION IN GHANA

Model 1. Inclusive Schools with Special Education Resource Teachers

In all the division of special education of the Ghana education service in Ghana in collaboration with the voluntary services overseas (VSO) in 2003/2004 academic year selected 35 schools in 10 districts education directorate of three regions; Greater Accra, Central and Eastern to pilot Volta regions was added to create an increase in the 10 district. What is described here as the first model of inclusive education demonstration programme. The model is named as inclusive schools with special education teachers as resource teachers. The model involved the recruitment of special education teachers to work with the directorate to support both general education teachers and learners with disabilities or special educational needs in schools. The special education teacher guides general education teachers in the following areas; curriculum adaptations. Use of specialized equipment, train students with visual impairment in orientation and mobility skills, provision of low vision equipment and application of assistive devices, help struggling teachers, screening and designing Individualised Educational Programme (IEP). Resource teachers are recognized as integral part of mainstream part of mainstream staff and are supervised by the special education coordinator at the district directorate.

Model 2 Integrated Education Programme for children with visual Impairments (IEPV)

This model was sponsored by Sight Savers International. It was initially known as Integrated Education programme and focused mainly on children with low vision and blindness. In 006/2007 academic year, 111

students enrolled in the programme supported by 17 resource at the Akwapim North, Krachi West and Hohoe district. The model is focus on pupils with low vision and the blind in mainstream schools. It is a non-residential system with the support of itinerant teachers who provide technical support to teachers and pupils in the classroom. Every itinerant teacher works with 12 basic schools. Pupils are sometimes withdrawn for additional work with the support of appointed volunteer teachers.

Model 3. Schools for the Deaf as Homes for Students with Visual impairment

The third model uses schools for the deaf as residence for children with visual impairment. The students are taught in separate unit (classroom) from their counterparts who are hearing impaired (deaf). In this model the children undergo a two (2) programme which focus on Braille reading and writing, orientation and mobility, basic literacy and numeracy skills as well as transition for regular school enrolment. Students move to mainstream school (regular school) but stay in the school for the deaf as their residence. Regular school head teacher assume responsibility for students with visual impairment who have full access to the curriculum. Two of the programmes are located in Cape Coast. Ghana National Basic School and St. Joseph Demonstration school in Bechem.

Mode 4; Units for Students with Intellectual Disability

The GTZ from GERMANY in collaboration with GES established 23 units for individuals with intellectual disabilities in various locations in the country since 2003. The units comprise two three classroom blocks within ordinary school's compounds. The units have expanded access and created opportunities for individual with intellectual disability, particularly those with moderate and mild conditions to receive quality education and training in their communities. Unlike the other models, this model does not provide avenue for these children to learn in the same classrooms with these children to learn in the same classroom with their

peers without disability. One of such school is located in Tamale (Dakpema primary school).

Model 5 Inclusive School without Resource Teachers

A number of primary schools were selected for inclusive education with capacity training for teachers through the Special Education Directorate. The focus is on all students experiencing learning difficulties. Classroom teachers teach all students without the support of a special education resource teacher. A district coordinates all activities and monitors the implementation of the IE programme. **Note;** read on them.

Model 6. Hostel Support

Under this model a hostel is provide for students who come from distance locations. Focus is on students with visual impairment who are been supported by resource teachers. The students do not pay any fee for the boarding and lodging. They are taught in Braille, Orientation and mobility. Basic literacy and numeracy and transition to mainstream school in 2 years and enrolled in nearby mainstream schools with the support of resource teachers. The students are taught by classroom teachers.

OBSTACLES

Obstacles to Inclusive Education in Ghana and worldwide have been identified as:

- Lack of community participation
- General attitude barrier,
- lack of large pupil-teacher ratio
- Limited knowledge of special education to basic school teachers,
- Ineffective transportation system,
- Lack of preschool preparation for children with disabilities,
- Lack of political will.
- Lack of Conducive physical environment.

- poor motivation for teachers.
- Teacher's negative attitude,
- lack of facilities and infrastructure
- strict adherence to academic knowledge
- Lack of teacher skills in adaptation of the curriculum

UNIT 2

TYPES OF LEARNING NEEDS

VISUAL IMPAIRMENT

Ocloo, Mortey and Boison (2005) simply define visual impairment as a person's inability to do what the normal person can use eyesight for without stress. Visual impairment is of two main types namely; residual or limited or low vision and total blindness. Blindness is often used to describe individuals who may be able to perceive light or images, but are not able to use residual vision for functional purposes. These children are often the targets for education in special schools for the blind (e. g., in Akropong and Wa Schools for the Blind). Low vision is often reserved for a condition relating to one's difficulties accomplishing visual tasks, even with the use of prescribed corrective lenses,

As indicated by Scholl (as cited in Avoke, 2004), meanings of visual impairment and blindness shift from discipline to discipline or organisation to organisation contingent upon administrations to be given. In general, visual impairment can be defined along medical and legal lines.

Medically, a child is depicted as having a visual impairment if the retina or other associated structures cannot transmit light impulses to the brain. The legal definition involves assessment of visual acuity and field of vision. Citing Goldstein, Avoke (2004) defines **legal blindness** as central visual acuity of 20/200 or less in the better eye with corrective glasses. This implies a man with visual impairment can see an object at 20 feet while a normal eye can see at 200 feet. A legal definition considers a man with low vision as having visual acuity of 20/70, implying that a man

with low vision can see an object at 20 feet, though a man with normal vision can see at 70 feet (Spungin, 2002). A person who has a visual field of less than 20 degrees is legally blind.

For **educational purposes**, the primary focus is on the child's ability to use vision as an avenue for class work such as reading, writing, colouring and drawing. One is educationally blind if his or her vision is defective to an extent that modification in curriculum content and adaptation is required. Visual impairment is likewise recognised as blind and low vision, and it ranges from mild to profound.

Causes

The major causes of visual impairments can be grouped into three broad categories such as: refractive errors, diseases and environmental

Refractive eye error problems: This is when the refractive structures of the eye (the cornea, lens, etc.) fail to focus light rays properly on the retina. Refraction is the bending of the light rays as they pass through the various structures of the eye. The types of refractive error problems include the following:

➤ **Hyperopia or farsightedness:** This occurs when the eye-ball is excessively short from front to back that light rays focus behind the retina. This person can only visualize objects at a distance but not close. The person may need a convex lens to correct this problem.

This problem has implication for sitting position in the classroom for the child.

➤ **Myopia or short or near-sightedness:** This problem occurs when the eye-ball is so long that light rays focus before reaching the retina. The person can visually objects at a close range. The error can be corrected by the use of concave lens. This problem has implication for sitting position in the classroom for the child.

➤ **Astigmatism:** This refers to the distorted or blurred vision caused by the irregularity of the cornea surface. The child may see things blurred.

➤ **Presbyopia;** It is the medical name for age related long sightedness. Around the age of 40 most individuals experience a deterioration of near vision. The problem can be corrected by wearing contact lens or reading glasses.

Diseases

Apart from the refractive eye error problems, diseases cause visual problems. They may cause improper muscle functioning in the structure of the eye.

- **Cataracts:** Another common change is development of degenerative opacities (cataracts) of the lenses, which lead to decreased sensitivity to colours, increased sensitivity to glare, and diminished acuity. This occurs when the lenses in the eye become opaque (or the clouding of the lens of the eye) resulting in severely distorted vision or blindness. Cataract is the condition in the lens of the eye that blocks the light rays necessary for seeing clearly.
- **Glaucoma** is a progressive eye disease that damages the optic nerve. Because the optic nerve transmits information from your eye to your brain, glaucoma can result in a gradual, irreversible loss of vision and may eventually lead to blindness. Although there are different types of glaucoma, high intraocular pressure (IOP) - also referred to as high eye pressure - is present and is one of several risk factors for glaucoma.,
- **Strabismus:** is a condition in which one or both eyes are directed inward (crossed eyes) or outward. This occurs when the muscles of the eyes are unable to pull equally, thus preventing the eyes from focusing together on the same object. The child may see things double.
- **Nystagmus:** This is a condition in which there are rapid involuntary movements of the eyeballs in either a circular or side-side pattern usually resulting in dizziness and nausea.

Environmental causes

- Infections: Such as sexually transmitted diseases (gonorrhoea), measles, etc.
- Drugs
- Accidents
- Lack of vitamins
- religious demands
- Threat of war
- Dressing styles of ladies of this generation.

CLASSROOM MANAGEMENT:

Children who are blind are to be educated in special schools because they have trained special educators in the field of visual impairment. However, those with limited vision may have their education in inclusive classrooms. Their presence demands that the teacher takes actions to support them in learning. Some of the classroom management strategies are discussed here as guides for the teacher.

Materials and equipment

- Use of strong felt pen or white chalk on the blackboard for accentuation
- Use of non -shining paper
- Use of enlarge print books
- Use of magnifying devices

Communication

- Demarcate chalkboard and write legibly taken into account the concept of visual acuity and field of vision
- Ensure the child's attention before giving instruction
- Light sources should be behind the child
- Encourage the child's interpersonal interaction between sighted peers
- Treat the child the same as their peers; and the same expectations should be maintained for all children.
- Provide verbal explanations for what is written on the chalkboard

Physical classroom arrangement

- Do not leave doors half-closed
- Provide larger table, boxes for child to keep materials
- Objects should have their „,permanent“ place known to the child
- Avoid placing children in locations where they face light directly or have light fall on books and papers they are reading
- Create sufficient traffic zones for easy movement
- Avoid standing in front of light sources when speaking
- Even though, the child may have low vision, do not compel him or her to sit at where you (teacher) thinks is suitable.

Assigning independent work

- A book stand should be provided
- Close work should be limited to short periods of time and alternate with distance work
 - When a child's eye gets tired, he or she should bath them with a cloth soaked in cool water.
- Provide containers for items
- Require the child to care for his or her own materials in order to foster a sense of independence.
- Assign sighted children to act as a guide as long as a child with visual impairment child does not become too dependent upon them.

IDENTIFICATION

Deku et.al listed the following characteristics of student with visual impairment that every teacher or parent ought to look out for these are:

Appearance

- Crossed or misaligned eyes (strabismus)
- Red-rimmed, encrusted, or swollen eyelids
- Inflamed or watery eyes
- Recurring sties (infections) on eyelids
- Colour photos of eyes show white reflection instead of typical red or no reflection
- Eyeballs in constant motion (nystagmus)

Behaviours

- Rubs the eyes excessively
- Close or covers one, tilt head, or thrusts the head forward
- Has difficulty in reading or in other works requiring close use of the eyes
- Blinks more unusual or is irritable when doing close work
- Hold reading materials close to eyes or far away from the face
- Is unable to see distant things clearly
- Squints eyelids together or frowns
- Exhibit irregular eye movements
- Has difficulties seeing from a distance

- Skipping over words or lines when reading or writing

Complains

- Eyes itch, burn, or feel scratchy
- Cannot see well
- Dizziness, headaches, or nausea following close eye work
- Blurred or double vision

COMMUNICATION DISORDERS

Definition and explanation of key concepts Communication:

Communication refers to the exchange of information, ideas, thoughts, and feeling (Hunt & Marshall, 2002). Communication requires that a sender composes and transmits a message and that a receiver decodes and understands the message. The sender and the receiver are therefore, partners in the communication process. The interactions take three elements: a *message*, a *sender* (who expresses the message), and the *receiver* (who decodes and understands the message). Communication can be verbal for example, speaking or non-verbal for example, the use of body language such as gestures and facial expression.

Language and speech are the two major tools use in communication in classroom teaching and learning process

Language: Language is a system used by a group of people for giving meaning to sounds, words, gestures and other symbols to enable communication occur with one another. It is the communication of ideas – sending and receiving them. Encoding or sending message is referred to as **expressive language**. Decoding or understanding message is referred to as **receptive language**. When people think of language, they typically think of oral language. Thus, language represents the message contained in speech.

Language involves *listening and speaking, reading and writing, and social interaction*. Language problems are therefore basic to many of the disability areas especially hearing impairment, intellectual disability, autistic spectrum disorders, and learning disability.

Speech: Speech is the audible representation of a language. It represents the vocal sounds used in language.

Communication disorders: A communication disorder involves the inability to transmit or receive ideas, facts, feelings, and desires and may involve language or speech or both, including hearing, listening, or writing. There are two main types of communication disorders. These are Language Disorders and Speech Disorders.

Language disorders

Language disorders include problems in comprehension and expression. In fact, language is governed by rules, and the problems of rule violations. They may either be expressive disorders or receptive disorders are concerned with taking in information. Expressive disorders deal with giving out information while receptive disorders are concerned with taking in information. Language disorders show in the following areas; Hunt and Marshall (2002) classified them into three areas. These are; the form, content and function of language disorders.

Forms of language disorders; Form describes the rule system used in oral language. (Phonology, morphology and syntax)

Phonology: refers to the rules governing speech sounds and the rules governing the sound combination.

Morphology: refers to the rules that govern the structure of words and the construction of words forms. .

Syntax: refers to the rules of organizing sentences that are meaningful, including subject and predicate and placing modifiers correctly (grammar).

Content of language; This refers to the intent and meaning of words.

Semantics: refers to the rules about attaching meanings and concepts to words (meaning of words).and sentences. Different arrangements can mean different things.

Function of language; When language is used in various social context, another set of rules is followed.

Pragmatics: refers to the rules about using language for social purposes. It talks about how language is used. It is therefore the combination of language components(phonology, morphology, syntax and semantics).

Speech disorders: When there are impairments in the production and use of oral language. They include difficulties in making appropriate speech sounds, production of speech with normal flow, and producing appropriate voice. Speech disorders fall into three categories namely: articulation disorders, fluency disorders and voice disorders..

Types of speech disorders

These are very heterogeneous and there are many different types, degrees, and combinations of them.

Articulation disorders: (The largest of speech disorders). It involves abnormality in the speech-sound production process, resulting in inaccurate or inappropriate execution of speaking. Typical problems in articulation disorders involve errors in producing speech sounds. The problem is not an underlying phonological problem but a disorder in which the individual omits, substitutes, distorts, or adds speech sounds.

Omission: Dropping of letters from words (e.g., „los“ – lost, „cool“ – school)

Substitution: Using a consonant for another e.g. train“ for ‘crane” sred for wed; river for liver)

Addition: Inserting an extra sound in a word (e.g., child says „balack“ instead of *black* and „belet“ instead of *belt*, etc.)

Distortion or lispings: Producing sound in an unfamiliar way especially the /s/ sound (e.g. „thunthine“ or „shunshine“ for sunshine; „schleep“ for „sleep“).

Fluency Disorders: When the speech is characterized by repeated interruptions, hesitations, or repetitions that interferes with communication. (e.g., stuttering or stammering). This involves abnormal interruptions by repetitions, blocking, or prolongations of sounds, syllables, words, or phrases. Stuttering and stammering have the same meaning - it is a speech disorder in which the person repeats or prolongs words, syllables or phrases. The person with a stutter (or stammer) may also stop during speech and make no sound for certain syllables.

Voice disorders: These are characteristics of pitch, loudness, and/or quality that are abusive of the larynx, that hamper communication. An abnormal acoustical quality in the sound made when a person speaks. Other voice disorders include hoarseness, aphonia (complete loss of voice), and

breathiness, odd pitch (voice too high or too low pitched or an inappropriately loud or soft voice)

Types of voice disorders:

Phonation: Involves voice that is breathy, hoarse, husky, or strained

Resonance: Involves too many sounds coming from or out through the air passage of the nose

CHARACTERISTICS OF COMMUNICATION DISORDER

The child with communication disorder can easily be identified through the following;

- Children may experience problems at vocal mechanism and physical anomalies such as cleft palate and deviant speech.
- Children may experience salivation and feeding problems due to problems of movement of speech organs
- Children may experience temporary or permanent hearing lost ➤ Children may experience respiratory difficulties.
- Low self esteem
- Does not respond when spoken to
- Looks careful at speaker's mouth when listening
- Does not contribute to class discussion and does not respond to questions
- Lacks attention in
- Developed language later than their peers
- Have immature speech patterns and grammatical errors ➤ Low cognitive abilities

Causes of speech disorders

- Physical malformations such as abnormal mouth, jaw, cleft palate
- Poor dental structures that affect the closure and fitting together of the dental structures (mal-occlusion) **Causes Language disorder**
- Serious damage
- Hearing impairment
- Serious emotional disorder

- Lack of modelling

CLASSROOM MANAGEMENT

- Cooperative learning
- Maintain eye contact with the student, then tell her to watch the movements of your mouth when providing direct instruction. Ask her to copy these movements when she produces the sound.
- When introducing new vocabulary, help a student with speech impairment practice difficult words; dividing words into syllable and pronouncing each syllable will improve speech, reading and writing’
- Teachers should constantly model the correct production of sounds.
- Create an environment of acceptance and understanding in the classroom and encourage peers to accept the student with speech impairment.
- Allowing more time for student to complete activities. Assignment and tests.
- Having student seat near you to easily meet her learning needs.

HEARING IMPAIRMENT

Hearing impairment:

Hearing impairment is a term which refers to a hearing loss from mild to profound or from slight to deafness.

Deaf: A deaf person is one with severe-profound loss. He/she communicates using sign language.

Hard of hearing: a person, who is hard of hearing generally, can benefit from the use of hearing aids and with a mild –moderate loss.

TYPES OF HEARING IMPAIREMENT

There are various types of hearing impairment. They are most often defined on the basis of; a.

Age of Onset

- b. Degree of loss; and
- c. Types of loss/

The age of Onset deals with when the loss occurred. Under the age of onset, we can distinguish congenital loss and adventitious/acquired loss. The congenital one is present at birth while the adventitious occurs after birth. Pre-linguistic loss is when the loss takes place before speech is acquired. Post-lingual loss occurred after the acquisition of speech.

The degree of loss has to do with whether the loss is mild to moderate or severe to profound. Losses ranging between 26 and 65dB are mild-moderate, and may hear reasonably well in one conversation, but will miss words and speech sounds when there is no background noise.

Individuals with moderate hearing loss ranging between 41 and 70dB miss a lot of speech sounds and telephone conversation and they often ask for repeats.

Individuals' degrees of loss in the range of (between 71-90dB) have severe hearing loss. They will miss the vast majority of conversational speech and the use of telephone will be very difficult. While Individuals with profound hearing loss (91-125dB) cannot hear speech sounds even if they are loud

The types of loss are concerned with the following:

- I. Conductive hearing loss which results from complication in the outer or middle ear e.g. accumulation of wax in the auditory channel.
- II. Sensor neural hearing loss result from damage to the cochlea and auditory nerves in the inner ear
- III. Mixed hearing loss is when there are problems with (i) and (ii) above. Below is a cross section of the ear. The outer ear is made up of pinna (ear lobe) and auditory canal. The middle ear consists of the eardrum, malleus, incus and stapes. The inner ear is made up of the semi-circular canals. Cochlea and auditory nerve. IV. Functional hearing loss involves emotional or psychological

NOTE; When one have hearing loss in one ear, it is known **unilateral hearing loss** and having it in both ears, it is called **bilateral hearing loss**..

Causes:

A number of causes of deafness in children are classified as hereditary and are actually associated with certain contagious diseases that the mother contracted during the early months of pregnancy such as rubella, mumps, and influenza.

According to Hallahan and Kauffman (2009) Causes of sensor neural hearing loss that have a non-congenital origin are classified as acquired deafness. They include: brain infections such as meningitis, brain fever, sleeping sickness, and communicable diseases such as scarlet fever, measles, influenza. Prolonged loud sound of any spectra can also produce a temporary threshold shift (auditory fatigue). Recovery usually takes place within a day. Continual exposure eventually produces a permanent hearing loss. As a general rule the ears should not be exposed to sounds over 130 decibels (units of loudness) longer than momentarily. Prolonged listening to amplified music is causing hearing to many which they have difficulty to realize early.

External otitis: In external otitis, there is inflammation of the auditory canal due to infection. Although a hearing loss does not occur with this condition unless there is severe swelling, the child should not swim until the infection subsides.

Otitis media: This is an infection of the middle-ear space caused by viral or bacterial factors which accounts for more conductive hearing losses than any other condition (Hallahan, et al., 2009).

CHARACTERISTICS OF HEARING IMPAIRMENT

Children with hearing impairment may exhibit the following; □

Difficulty in following instruction.

- The student may turn head to one side to hear well
- When the child always move closer to the speaker
- The child often frequently asks for repetition of everything is said to him/her
- When the child always watch what other students are doing before starting his or her work or looking at teachers or classmates
- A child who is poor in dictation but which is not a true reflection of his academic performance.
- The child may complain of frequent earaches, sore throats.
- The student may tend to isolate himself
- The student may have discharge from ears
- Sometimes the student may have inappropriate answers to a question
- The student may have difficulty in hearing text read by others, or the child may request his/her colleagues to read louder.

- Immature, unusual, or distorted speech may be due to hearing loss
- Watches the lip movement of a speaker
- Appear dull, interested and inattentive

CLASSROOM MANAGEMENT STRATEGIES

Deku et.al enumerated the following as strategies for managing children with communication disorder.

- Constant exposure to good models
- Allow the child sufficient time to consider and answer questions
- Provide a cue for the class, indicating that children must listen
- Speak in brief sentences, omitting unnecessary information and words
- Use pictures and concrete objects to support learning of meaningful vocabulary
- Provide numerous opportunities daily for the child to speak and listen
- Model good grammar by repeating a sentence correctly when the child makes an error
- Story telling
- Poetry recitals and use of songs

GIFTED AND TALENTED Introduction

The definition of giftedness is diverse and somewhat controversial. The definitions mirror educational, societal and political priorities at a particular time. As a result, numerous definitions are cited in literature. In spite of the apparent difficulty in defining this group, some attempts have been made.

Objectives

It is envisaged that by the time you work through this chapter you will be able to do the following:

- (i) Have a working definition of the gifted and talented?
- (ii) Explain the causes of gifted and talented
- (iii) Make a list of the characteristics and the classification of giftedness
- (iv) Having a working knowledge of identification procedures and the need for early identification
- (v) Identify strategies and educational adaptations suitable for educating the gifted and talented

Definitions Giftedness

This refers to children and youth with outstanding performance or who show the potential for performing at remarkably high levels of accomplishment when compared with others of their age, experience, or environment. With giftedness, there are high performance capabilities in intellectual, creative, and or artistic areas; individual may possess an unusual leadership capability, or excel in specific academic fields (US Department of Education, 1993, cited by Hardman et al. (2005).

Children capable of high performance include those with demonstrated achievements and potential abilities in the following:

- General intellectual ability
- Specific academic aptitude
- Creative or productive thinking
- Leadership ability
- Visual or performing arts
- psychomotor ability

Talents

Though used interchangeably, giftedness and talentedness are not the same. This is used to indicate a special ability. It involves those with the natural ability who are good at something. Capabilities show in athletic skills, drumming,/musical, artistic skills and on **Identification:**

Traditionally, IQ scores have been used as a criterion for identifying gifted children. Measures of intelligence may be part of the identification process, but no such single index or procedure can identify all domains of giftedness (Hallahan & Kauffman, 2003). Identification needs to involve a combination of procedures including:

- Intelligence scores
- Creative measures
- Achievement measures
- Teacher nominations
- Parent nominations
- Self -nominations
- Peer nomination

Early signs/ characteristics

- Good problem solving / reasoning abilities

- Rapid learning ability
- Extensive vocabulary
- Excellent memory
- Long attention span
- Personal sensitivity
- Perfectionism
- Intensity
- Moral sensitivity
- unusual curiosity
 - Persevere when interrupted
- High degree of energy

Intellectual traits:

- Shows deep curiosity about many things
- Love of knowledge
- Love of problem solving
- Avid reading
- asking of probing questions
- Analytical thinking
- Independent thinking
- Sees beyond the obvious
- Deals with abstract and complex ideas
- Learns and understands new concepts quickly
- intuitively knows before they are taught

Uses extensive vocabulary accurately

- has excellent short and long term memory

Academic traits enjoy academic

- challenging activities self-motivated in
- areas of interest

- Succeeds academically with little efforts
- demonstrates a wide variety of interest critically
- evaluates self and learning environment
- Achieve very high in one particular subject
- shows good organizing skills has
- intense interests in curriculum

Leadership traits

- Persuasive
- thinks clearly and shows good judgment
- is sought out by others
- Carries responsibilities well
- has unusual insight or perceptions regarding others
- Appears to be liked by others
- is articulate
- tends to direct others in group activity
 - takes an active role in decision making situations

Music traits

Are able to remember tunes

Have good listening skills

Have perfect pitch and so on

Have aesthetic awareness

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Potential Concomitant Problems of the Gifted and Talented

- ❖ Boredom with regular curriculum, impatience with waiting for group
- ❖ Perceived as show-off by children of the same age

- ❖ Perceived as stubborn, willful, unco-operative by teachers and adults
- ❖ Present being interrupted; perceived as too serious, dislike for routine and drill
- ❖ Usually vulnerable to criticism of others
- ❖ Use of humour for critical attack of others, resulting in damage to interpersonal relationships
- ❖ Intolerance of and lack of understanding from peer group, leading to rejection and possible isolation
- ❖ Refusal to take part in any activities where they do not excel
- ❖ Ridiculed by peers, not taken serious by elders; considered weird or strange
- ❖ Seen as deviant; became bored with mundane tasks; may be viewed as troublemaker
- ❖ May be considered inquisitive

EDUCATIONAL CONSIDERATIONS

The focus on educating gifted children is how to ensure their rapid progress through education. Several of such programmes directed towards their rapid development in education include:

Acceleration:

This involves moving a child ahead of his or her peers in one or more areas of the curriculum. Approaches to acceleration include may include early admissions and skipping.

Enrichment

An approach in which additional learning experiences are provided for children with special gifts or talents while they remain in grade levels appropriate for their chronological ages. Enrichment activities offer the child the opportunity to explore topics in depth or breadth and can include extended reading, creative research, and art projects, community service projects, and field trips.

Mentoring It involves providing opportunities for the child to work directly with research scientists, artists, musicians, and other professionals who excel in their fields of endeavour. Mentorship is intended to expose the child to experience skills in other people's development and ideas..

TEACHING GIFTED CHILDREN IN THE CLASSROOM

- Allow gifted children to design and follow through on self-initiated projects. Have them pursue questions of their own choosing.
- Provide gifted children with lots of open-ended activities-activities for which there are no right or wrong answers or any preconceived notions.
- Keep the emphasis on divergent thinking -helping gifted children focus on many possibilities rather than any set of predetermined answers.
- Encourage gifted children to take on leadership roles that enhance portions of the classroom program (Note: gifted children are often socially immature).
- Provide numerous opportunities for gifted children to read extensively about subjects that interest them. Work closely with the school librarian and public librarian to select and provide trade books in keeping with children's interests.
- Provide numerous long-term and extended activities that allow gifted children the opportunity to engage in a learning project over an extended period of time.

LEARNERS WITH AUTISM

An overview

The term originates from a Greek word "autos" was first used in 1943 by Dr. Leo Kanner at John Hopkins University Medical School, He used the label to describe common characteristics of 11 children he had studied between 1938 and 1943. These children were withdrawn and engaged in isolated activities. They did not relate well to people, including their own parents; they insisted on routines and displayed unusual body movements. Many of the children could talk, but rarely used speech to communicate with others. In addition, these behaviours were exhibited at an early age, before the age of three. Dr. Kanner borrowed the term "autism" from a Swiss psychiatrist who coined the term to describe adults with a certain form of schizophrenia.

Definition

IDEA as cited by Gyimah et.al (2015) employs the following definition of autism:

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, that adversely affects educational performance. Other characteristics of autism include irregularities and impairments in communication, engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

Early signs exhibited by children with autism

Hallahan and Kaufman (2009) listed the following as early signs of autism in children;

- Not smiling by six months age
- Not babbling, pointing or using other gestures by 12 months
- Not using single words by 16 months
- Not using two word phrases by 24 months
- Having a regression in development, with any loss of language or social skills
- Being rigid when picked up or not being cuddly or cuddle
- Avoiding eye contact or averting gaze rather than looking directly at a person or
- Relying on peripheral vision
- Unresponsive to physical contact or affection
- Prefer interaction with inanimate objects
- Forming attachment to objects rather than people
- Appearing insensitive to the feelings of others ➤ In many cases treat people as objects.
- Having extreme difficulty relating to other people

Physical Characteristics

Autism as a condition generally includes behaviour disorders, so it is rather difficult to physically recognize it or it is hardly recognizable. However, a few studies have mapped some differences in people with autism. The physical characteristics **of most** autistic children **are located in the eye and lip or in the face shape**. Some examples include the following:

- The corners of the mouth are low when compared with the center of the upper lip.
- The top of the ear flop over slightly.
- The ears are also lower and have a square shape.
- The head is normal to large size.

- Some have large mouth
- There is an open mouth appearance ➤ There is a prominent low jaw.
- There may be low facial muscle tone.
- Large eyes and impaired motor skills which are fine and gross motor.
- A wider spacing between the eyes and the middle section is more narrow face including cheeks and nose area. ***Social Incompetence***
- Normal attachments to parents, family members, or care givers do not develop
- Friendships with peers fail to develop
- Cooperative or peer play is rarely observed
- Emotions such as affection and empathy are rarely displayed
- Nonverbal signs (smiling, gestures, and physical contacts) of social intent tend not to be used
- Eye contact is not initiated or maintained
- Imaginative play is an activity seldom observed
- The lack of social-communicative gestures and utterances is apparent during the few months of life
- Preferred interaction style could be characterized as extreme isolation

Poor Communication Abilities

- Functional language is not acquired fully or mastered
- Content of language is usually unrelated immediate environmental events
- Utterances are stereotypic and repetitive
- Conversations are not maintained
- Spontaneous conversations are rarely initiated
- Speech can be meaningless, repetitive and echolalia
- Many fail to use the words *I* and *yes*, and problems with pronouns in general are apparent Both expressive and receptive language is extremely literal ***Unusual***

Behavioural Patterns

- Hypersensitivity and /or inconsistent behaviours are the response to visual tactile
- Aggression to others is common/particularly when compliance is requested

- Self-injurious or outwardly aggressive behaviours (hitting, biting, kicking, head banging) are common and frequent.
- Extreme social fears are manifested towards strangers/crowds/unusual situations, and new environments
- Loud noise (barking dogs, street noises) can result in startle or fearful reactions
- Noncompliant behaviour to requests from others results in disruption to the individual and others (tantrums).

Asperger's Syndrome:

Hans Asperger in 1944 also reported on four cases of children he observed in summer camp who preferred to play alone and not interact with other children. Persons with Asperger Syndrome have higher intelligence and communication skills than those with autism, but they display most, if not all of the other characteristics of autism spectrum disorders, with their primary difficulties being in social interactions. In general, we can think of Asperger syndrome as a milder form of autism.

Classroom management

A wide variety of instructional options are required to effectively teach children with autism. Some studies revealed that a programme of warm, loving acceptance by reinforcement procedures work well for autistic children.

- Focus attention on the child's specific needs- such as functional communication skills, social skills, self-protective skills, etc.
- Be creative, innovative and positive in teaching these children
- Autistic children often are generally very dependent on routines. Incorporate this into your teaching and learning process.
- Autistic children would like to learn in an environment that is simple and uncomplicated.
- Autistic children are easily over-stimulated; too many decorations or visual aids can serve to be major distractions. An area free from distractions, loud noise and bright lights are what you need to be aiming at.
- Autistic children may resist visual images, so incorporating simple illustrations or symbols that represent concepts can be a valuable teaching tactic
- Where possible, write behaviour roles for the child to read about what to do and what not to do.

- Positive rewards work better than punishment
- Remember that autistic children often tend to interpret speech very literally; it is important to avoid using slang, idioms and sarcastic comments when teaching.

LEARNERS WITH PHYSICAL DISABILITIES AND OTHER HEALTH IMPAIRMENTS

Children with physical disabilities or other health impairments are those whose physical limitations or health problems interfere with school attendance or learning to such an extent that they need special services or devices to support them.

Definition

Physical Disabilities: Physical disability is an umbrella term for fine and gross motor disabilities. These conditions affect the person's ability to move about, use the arms and legs effectively, to swallow food, and to breathe independently.

Types of physical disabilities

As mentioned already, physical disability is a broad term that covers two major categories of physical impairments. **Musculoskeletal disorders**

It involves damage to the skeletal systems such as bones, joints, limbs, and the associated muscles. Individuals with these conditions usually have trouble controlling their movements, but the cause is not neurological. Some need to use special devices and technology even to do simple tasks such as walking, eating, or writing that most of us take for granted. The conditions include the following; **Arthritis;** is a group of disorders that involve the joint symptoms includes swollen joints and stiff joints, fever and pain in the joints.

Muscular Dystrophy; affects movement and a muscle disease which is characterised by progressive muscle weakness.

Clubfoot; A foot deformity (Twisting inward)

Cleft lip and cleft palate; openings in the lip and roof of the mouth respectively. They are present at birth hence congenital.

Neurological disorders

A neurological impairment involves damage to the central nervous systems affecting the ability to move, use, feel, or control certain parts of the body. The resulting neurological disorder also limits

muscular control and movements. The damage to the central nervous system results to cerebral palsy, seizure disorders (epilepsy), spinal cord injury and spinal bifida.

Cerebral palsy (CP)

The term *cerebral* refers to the brain and *palsy* to disordered movement or posture. Therefore, cerebral palsy is a group of permanent disabling symptoms resulting from brain damage to the motor areas of the brain that occurs before birth, during birth, or during the first few years after birth. The injury hinders the brain's ability to control the muscles of the body properly.

It is important to note that the brain tells our muscles how to move and control the tension of the muscles. Without the proper messages from the brain, infants with cerebral palsy have difficulty learning basic motor skills such as crawling, sitting up, or walking.

Epilepsy

Epilepsy is a condition whereby the individuals have frequent seizures resulting from sudden excessive and abnormal discharge of neurons in the brain. Seizures can be accompanied by changes in the person motor or sensory functioning and can also result in loss of consciousness. **Spinal cord injury**

A traumatic disorder resulting in a functioning deficit that usually leads to severe and permanent paralysis. After initial slur to the spinal cord, additional structure and function are lost through an active and complex secondary process.

Spinal bifida

Is a defect in the backbone as a result of the failure of the spine to close during the first month of pregnancy. According to Gyimah et.al (2015), children suffering from this condition may have combination of associative problems. Most of them have difficulty controlling urinary tract and the bowel system because there are at the end of the affected spinal cord.

Musculoskeletal and neurological or orthopaedic impairment are frequently described in terms of the affected parts of the body. The terms are often used to indicate the location of limb involvement.

These are:

- ✓ **Quadriplegia** – all four limbs (both arms and legs) are affected; movement of the trunk and face may also be impaired).
- ✓ **Paraplegia** – motor impairment of the legs only (cripple).

✓ **Hemiplegia** – only one side of the body is affected; for example, the left arm and left leg may be impaired

✓ **Diplegia** – major impairment of the legs with less severe involvement of the arms.

Less common forms of involvement include:

✓ **Monoplegia** – only one limb is affected

✓ **Triplegia** – three limbs are affected (Deku et.al 2015)

Causes of physical disabilities

Generally, causes include infectious disease, congenital conditions or malformations, and developmental problems or chronic health problems that are poorly understood. A wide variety of disabilities, especially those associated with traumatic brain injury; result from vehicular accidents, gunshot wounds, burns, falls, and poisoning. Substance abuse and physical abuse by caretakers, infectious diseases, and substance abuse by the child or by the mother during pregnancy can lead to physical disabilities in the child.

Literally, several factors can result to physical disabilities involving any of these categories leading to these various physical disabilities in children, youth, and adults. Anything that can damage the brain during its development can cause CP. Before birth, maternal infections, chronic diseases, physical trauma, or maternal exposure to toxic substances or X-rays, e.g., can damage the brain of the foetus.

Classroom management

The following instructional strategies can be used to support the teaching and learning for learners with with physical disabilities in the classroom.

- Have the child with difficulty speaking (as in the case with cerebral palsy) use an alternative presentation format in place of oral reporting.
- Make sure all activities include all students.
- Be flexible and accept suggestions from affected child.
- Prevail on other children not to imitate the child's walking or language for fun.
- Consider environmental issues: seating placement in the classroom, work space free from distracters.
- Consider special seating arrangements: arrange room so that the child can move around easily. Even if the child does not use a wheelchair or other medical equipment, he or she may need extra room to get around in class and avoid falling.

- A **larger desk** may help the child balance books, papers, and classroom supplies. This larger table can accommodate a paraprofessional, too (other support teacher), if he or she is in class with the child.
- You should also ask the child where he or she would prefer to sit in the classroom.
- A child who has difficulty speaking due to cerebral palsy may need an alternative presentation format in place of an oral presentation.
- Do not assume, however, that the child cannot or does not want to give the presentation; the child may need more time to speak or do so.
- Consider the child's fine and gross motor defects and provide writing materials to suit.
- Create rooms for easy movement (traffic zones) and consider other environmental considerations (these can be: change in location of materials, work surface, etc).
- Change in attitudes: Be patient and never order the child to hurry up with an activity when you know he or she cannot "run".
- On the other hand, teaching children with physical disabilities is just a matter of providing motivation. The child should in no way be made to feel that he or she is different. His or her teaching should be included in that of other children.
- The child should be made to realize that he or she is also like other children and not those who cannot do certain tasks.
- Finally these children are not saintly creatures, neither are they pitiable objects; the teacher should emphasize cooperation rather than competition in activities that involve physical exertion (Hallahan, et. al., 2009).

HEALTH IMPAIRMENT

Health impairment is also a broad term that involves several other health conditions. Health impairments include diseases and special health conditions that affect a child's educational activities and performance.

Health disabilities affect children, youth, and adults in a variety of ways. Since children spend most of their time in school, it is important that the teacher pays particular attention to children's conditions in the school and refer any health problem for immediate medical treatment.

Types of health impairment

Health impairment are categorised into metabolic disorders and cardiopulmonary conditions.

Metabolic disorders are problems encountered in the breakdown of food substance in the body.

E.g. diabetes

Cardiopulmonary conditions are diseases found in the heart, lung and blood. Asthma is an example of lung disease usually characterised by difficulty in breathing.

Some specific related challenges

There are numerous complex specific challenges that children with health impairments may face.

The common challenges include the following:

- Loss of sense of control
- Inability to explain health condition
- Lack of understanding about specific health condition
- Fear, worry, anxiety, stress, anger, and guilt
- Changes in family dynamics
- Isolation
- Medical noncompliance (every effort is not helping the child to recover)
- Boredom
- Depression

- Pain
- Decreased self-esteem
- Negative body image
- Fatigue
- Mobility issues
- Issues involving attention
- Coordination difficulties
- Muscle weakness
- Frequent absences or lateness to school
- Lack of stamina for doing activities like others

EMOTIONAL AND BEHAVIOURAL DISORDERS

Emotional and behaviour disorders defies a specific definition because emotional and behaviour problems tend to overlap a great deal with other disabilities, especially learning disabilities and intellectual disabilities (Hallahan & Kauffman, 1994). It is therefore difficult to define emotional and behaviour problem as a disability clearly distinct from all others. Differences in the focus of different professionals tend to produce different definitions. In view of that, Hallahan and Kaufman (1997) opine that there is general agreement that emotional and behavioural disorder refers to:

- Behaviour that goes to an extreme that is not just slightly different from the usual.
- A problem that is chronic- one that does not quickly disappear.
- Behaviour that is unacceptable because of social or cultural expectations..

Classification of emotional and behavioural disorder

There is no universally accepted system of classifying behaviour and emotional disorder for special education. Hallahan and Kauffman 1994) proposed that children behaviour and emotional behaviour can be grouped under the following:

Schizophrenic order – is characterised by psychotic behaviour manifested by loss of contact with reality, bizarre thought process, and inappropriate actions.

Affective disorder– a disorder of mood or emotional tone characterisedby depression.

Conduct disorder – a disorder characterized by overt, aggressive, descriptive behaviour or covert antisocial acts such as stealing, lying and fire setting; may include both overt and covert acts.

Anxiety disorder – this on the other hand is characterized by anxiety, fearfulness, and avoidance of ordinary activities because of anxiety or fear.

Autism – a disorder characterised by extreme withdrawal, self-stimulation, cognitive deficits, language disorders, and onset before the age of thirty months.

Classification /types of emotional and behavioural disorders

Hallahan and Kauffman (1994) state that, emotional and behaviour problem can be categorised in six dimensions such as:

1. **Conduct disorders** – seeks attention, shows off, is disruptive, annoys others, fights, has temper tantrums, hyperactive, attention seekers.
2. **Socialised aggression** – steals in company with others, is loyal to delinquent friends, is truant from school with others, has „bad“ companions, and freely admits disrespect for moral values and laws. E.g. Truant, substance abuse and verbal abuse.
3. **Attention problems – Immaturity** – has short attention span, has poor concentration, is distractible, is easily diverted from task at hand, answers without thinking, is sluggish, is slow-moving, is lethargic
4. **Anxiety-withdrawal** – is self-conscious, is easily embarrassed, is hypersensitive, feelings are easily hurt, is generally fearful, is anxious, is depressed, is always sad.
5. **Psychotic behaviour** – expresses far-fetched ideas, has repetitive speech, shows bizarre behaviour.
6. **Motor excess** – is restless, is unable to sit still, is tense, is unable to relax, is overtalkative

Measuring behaviour disorder

The factors that can help to determining whether or not behaviour is normal or abnormal, acceptable or unacceptable are known as principles of behaviour analysis. Gyimah et.al (2015) states that, in determining what behaviour problem are one should consider the following:

Situational context; Behaviour is generally considered as being situation specific. This suggests that different situations would produce different type of behaviour appropriate

Cultural difference; Behaviour should be measured against the values and norms of any particular society. If behaviour pattern are not consistent with the norms of any one particular culture, it may be considered to be a problem.

Frequency of occurrence; This refers to the number of times such problems occurs, . Behaviour cannot be judged unacceptable behaviour when it occurs only on

Duration; this refers to the period of time, how long, the length, time or time frame during which the behaviour occurs.

Magnitude; this refers to the severity of the behaviour.

Stimulus control; the event that prompts a particular behaviour.

Sex/Age; A particular behaviour may be acceptable for a category of age groups. For example it may be in order for ladies and girls in Ghana to put on skirt and blouse, but when men and boys begin to do so, it raises a negative comment from society.

Topography; this refers to the shape of weather the behaviour is dangerous or bizarre.

Attention deficit and hyperactivity disorder (ADHD)

Other frequently noted behaviours of students with behaviour problem are hyperactivity (excessive activity), distractibility and impulsivity. These groups of students are constantly on the move even when the movement is inappropriate for them and the task at hand. .

Distractibility concerns attention to task or lack of it; if a student is easily distracted from school task and unable to maintain attention, he or she can be considered distractible. It is however imperative again to consider the circumstances. For instance, a student who did not have breakfast and is hungry may be basically distractible in class prior to lunch break.

Impulsivity – this condition is characterised by actions that occur without careful thought and deliberation. When students act impulsively and do not pause to reflect, their actions are more likely to be inappropriate and their classroom responses inaccurate (Lewis & Doorlag 1995). Other

relevant indicators of behaviour problem include descriptors such as disobedient, defiant, attention seeking, irritable, anxious, timid, preoccupied and passive.

Specific Characteristics of Students with Behaviour Problems

Avoke (2001) listed ten (10) characteristics of behaviours that every teacher or parent ought to look out for these are:

- Marked restlessness
- Inability to concentrate on task
- Failure to make and i-social behaviour such as truancy, crime, violence etc
- Excessive use of terminologies relating to drugs
- A flushed face
- Loss of weight
- Carelessness or a total lack of proper hygiene
- Sleeplessness
- Tremor and shakiness
- Needle marks, tracks in the veins of the arms and legs
- Reddening of the eye
- Cardiovascular effect such as increased heart rate and pulse
- Acute intoxication
- Coughing and bronchitis
- Tension, itching and muscular pain
- Dryness of mouth and throat
- Ringing in the ears
- Depersonalisation (loss of sense of own self) (Avoke, 2001)

NOTE: My dear students; to this extent, you are expected to trace the above discussed disorders in your class children and handle them accordingly.

Causes

The cause of are both biological and environment. Biological factors include the transmission of defective chromosome and genes. Individuals with Down,,s syndrome have been found to exhibit some forms of behavioural disorders.

Students, their families, and schools are all embedded in a culture that influences them. Apart from family and school, many environment conditions affect adults'' expectations of children and children''s expectations for themselves and their peers. A variety of cultural conditions are expressed in values, standards, demands, prohibitions and models that have to be observed.

Influences from the media, the use of terror as a means of coercion, the availability of recreational drugs and the level of drug abuse, changing standards for sexual conduct, religious demands and restrictions on behaviour, and the threat of war and the current atrocious dressing styles of ladies of this generation. Poverty and its related problems also exert tremendous influence on students'' behaviour.

Classroom management

There are various models on how to manage students with with emotional and behavioural difficulties. These includes; behavioural approach, cognitivst or behavioural- cognitive approach, the ecosystem perspective and psychodynamic.

NOTE; do read on these models.

The following behavioural modification techniques can be used to change student''s behaviour, action and feeling through systematic application of learning principles. These may include; Reinforcement, token economy, modelling, task analysis, response cost, timeout and punishment.

Reinforcement is used to describe events or rewards given to a person who compiles with requests of a behavioural change agent.

Token economy; in this technique, people are systematically paid to act appropriately with something that has little or no inherent value.

Modelling is a kind of learning that results in observation and imitation of a model.

Task analysis is the process of breaking down complete behaviour into its component parts for children to develop the skill.

Response cost attempts to reduce behaviour through the removal of a reinforcer. It may be described as a system of levying fines.

Time out is a procedure that serves as punishment by denying a student for a fixed period of time the opportunity to receive reinforcement. Time out is in different categories.

Punishment; an event is described as punishment only if the rate of occurrence of the preceding behaviour decreases. If punishment has to be used at all, it must be the last resort.

General management strategies

- Have occasional chats with the student on your expectation from him/her.
- Discuss his/her performance with him/her during free time.
- You must recognise and reward the child's desirable behaviour openly, and ignore bad ones quietly and privately.
- Provide counselling for parents of such children
- Seat the child in an area of the classroom that will minimise distraction.
- Establish clearly stated rules regarding child's behaviour..
- Consult the district special education coordinator.

LEARNERS WITH LEARNING DISABILITY An Overview

The first time learning disability came into the literature was in 1963. It was Professor Samuel Kirk who first introduced the term in 1963 during a meeting in Chicago. The purpose of the meeting was to form an organisation to champion the cause of children with diverse needs. It was known as The Association for Children with Learning Disabilities which later became Association for Children and Adults with Learning Disabilities (ACALD). Prior to Kirk's terminology, Lerner (2000) states that labels including perceptually handicapped, brain-injured and neurologically impaired had been used to describe children with the condition.

Definition issues

The term defies a universally accepted definition because of the generic nature of the condition. Learning disabilities is generally regarded as a heterogeneous (i.e. different) group of disorders. It

comprises conditions such as severe difficulties in spelling, reading, writing, written expression, mathematics, listening and thinking. Research indicates that between 1 and 30 percent of children of school going age have learning disabilities (Lerner, 2000).

The 1997 individuals with Disabilities Education Act (IDEA) define the term as:

The term „Learning Disability“ means those children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculation. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include a learning problem which is primarily the result of visual, hearing or motor handicaps, of mental retardation of emotional disturbance or of environmental, cultural or economic disadvantage.

It is important to note five elements in the IDEA definition. Lerner (2000) identifies them as:

- i. The presence of central nervous system (i.e. brain dysfunction which is presumed and determined through the behaviour the person exhibits).
- ii. Uneven growth pattern and psychological processing deficits i.e. mental abilities do not develop evenly leading to intra-individual differences.
- iii. Difficulties in academic and learning tasks. These differ from person to person. One person may experience difficulties in writing; another may be in the area of mathematical difficulties.
- iv. Discrepancy between potential and achievement. A gap exists between what the person is capable of learning and what he/she is able to achieve in academic works.
- v. Exclusion of other causes. Learning disabilities do not occur because of the presence of other handicapping conditions.

Forms of Learning Disabilities

Learning disabilities manifest in various forms which can be observed through the identification of specific disorders. These disorders can be grouped under the following

1. Dyslexia
2. Dysgraphia
3. Dyscalculia
4. Aphasia
5. Agnosia – Disability in interpreting visual, auditory or other sensory stimuli. It is a rare disorder characterised by an inability to recognised and identify objects or persons despite having knowledge of the characteristics of the objects or persons.
6. Apraxia – Disability in exercising previously learnt motor skill or difficulty making or planning movements when desired. This can range from walking and balance problems to difficulty with picking up a pencil

Dyslexia This refers to a person's inability to read. That is a learning disorder in which the individual omits, distorts or substitutes words when reading and reads in slow, halting fashion. This inability to read inhibits the child's progress in a variety of school subjects.

There are a number of reasons why some children are not good readers. Gyimah et.al.(2015) citing Lerner identifies them as:

- Faulty auditory perception without hearing impairment
- Slow auditory or visual processing
- Inability to perceive words (dyslexia)
- Lack of knowledge of the purpose of reading
- Failure to attend to critical aspects of the word, sentence, or paragraph □ Failure to understand that letters represent units of speech □ Failure to recognise that reading is a process.

According to Gyimah et.al citing Lerner the process involves the following:

- Reading must be fluent i.e. being able to recognise letters and words easily and quickly.
- Reading is a constructive process i.e. you have to bring your own personal experience and draw on our store of knowledge to the words or what is read
- Reading is strategic i.e. you need to use certain strategies to be able to understand what is read. Sometimes one has to use the syllables to help in pronouncing words.
- Reading requires motivation. When a book is interesting, you will want to finish reading the entire book. If it is not, you do not want to. Hence, we should let our children read books that are interesting. Additionally, the print should be bold enough to enable them to read what is written. For children, if there are some pictures they make for interesting reading.
- Reading is a lifelong pursuit i.e. we read throughout our life. We only stop reading when we die.

Signs and Symptoms

- Reads slowly and painfully
- Experiences decoding errors, especially with the order of letters
- Shows wide disparity between listening comprehension and reading comprehension of some text
- A discrepancy between the pupil's ability and their actual achievement. If you notice that a child who appears to be average or bright when they are talking to you is struggling to read, spell or cope with maths, this may be the strongest indicator that they may be dyslexic

- Has trouble with spelling. Sometimes words are spelt in the way that you would expect them to be spelt in the way that you would expect them to be spelt if our spelling system were rational, for example does/dus, please/pleeze, knock/nock, search/serch, journey/jerney, etc. Dyslexic children also experience difficulties with „jumbled spellings“. These are spelling attempts in which all the correct letters are presents, but are written in the wrong order. Examples include dose/does, friend/friend, said/said, bule/blue, because/because, and woress/worse.
- May have difficulty with handwriting. You will have noticed some children who mix up „b“and „d“ or even ;p; and the number „9“. These letters are the same in their mirror image, and cause regular confusion for a dyslexic person.
- Exhibits difficulty recalling known words
- Has difficulty with written language
- Substitutes one small sight word for another a, l he, the, there, was.
- Difficulty following 2 or 3 step instructions.

Dyscalculia

It is a term referring to a wide range of life-long learning disabilities involving mathematics.

Signs and symptoms

- The person may have difficulty in the following areas;
- Difficulty in keeping score when playing card games
- Displays difficulty in recognising patterns when adding, subtraction, multiplying or dividing
- Good at reading and writing but exhibit extreme difficulty in counting and solving mathematical problems.
- Poor grasp of mathematical symbols
- Difficulty in understanding terms like product, sum, addend, factories etc
- Poor grasp of spacial concepts and quantity
- Poor grasp of mathematical symbols
- Shows difficulty in using fractions
- Inaccuracy in working out answers

Dysgraphia

This refers to an individual“s difficulty in writing.

Signs and symptoms

- Inappropriate pencil/ pen grasp.
- Random position of punctuations
- Awkward positioning of paper
- Spelling errors
- Unfinished words or letters or mitted words

- Good at verbal communication but but poor writing skills
- Mixture of upper case and lower case or irregular sizes a.nd shape of letters
- Inappropriate writing position
- Shows laboured copying or writing even if it is neat and legible **Aphasia**

The term represents one's inability to speak.

Signs and symptoms

- Inability to find a word so use a similar word
- Inability to use appropriate grammar while speaking.
- Inability to describe in appropriate order the sequence of events in a story.
- Inability to vividly express oneself although the individual understands what he/she want to say.

Classroom management strategies

The following strategies can be used to manage learners with learning disabilities;

- The use of mnemonics.
- Provide constant counselling
- Use sufficient practice work
- Apply individualised instruction technique
- Shows, demonstrate and model
- Task analysis
- Using prompts
- Peer tutoring
- Cooperative learning
- The use of positive reinforcement
- Use small group instruction
- Set goals for each child base on his learning needs

Causes of Learning Disabilities Maternal stress

When there is delayed labour which may occur as a result of breech presentation, the stress the mother goes through stimulates the production of adrenaline to cause capillary constriction and to divert blood flow from the uterus to other parts of the body and organ (Deku & Yekple, 2015). Once this happens it destroys brain cells leading to learning disability.

Physical Accidents

Accidents can occur in many ways as falls or vehicular/ motor accident. Brain injury resulting from accidents can sometimes be fatal leading to learning disabilities.

Poisonous substances

Poisonous substances like marijuana and cocaine have been reported to be possible cause of brain damage.. Babies born to drug users may suffer neurological problems.

Genetic

Learning disabilities as a condition is inherited and parents who have learning disabilities are likely to pass it on their children.

Home factors

Amongst the home factors suspected to cause learning disabilities includes socio-economic status, family interactions and parental attitude toward learning.

LEARNERS WITH INTELLECTUAL DISABILITIES

Definition

The American Association on Mental Retardation (AADD) definition for intellectual disability is as follows:

Intellectual disability is a disability characterised by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18 (the developmental period) (Hallahan, Kauffman, & Pullen (2009: 147).

Key elements in the definition:

Significant limitations in intellectual functioning;

Intellectual functioning is determined by one or more of the standardized tests developed for that purpose. Performance on standardised intelligence tests of greater than two standard deviations below the mean is required before a score can be considered significantly subaverage. These are those who possess an intelligent quotient (IQ) of less than 70 when using the Stanford-Binet test or the Wechsler test. These are the two most frequently used tests for intelligent assessment. However, intelligent tests have biases in measuring all human domains. Think about the biases.

Adaptive behaviour: It refers to the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his/her age and social group (Hardman, Drew & Egan, 2005). Adaptive behaviour; this mainly has to do with competence in self-help skills. It comprises three skill areas such as:

- **Conceptual:** This involves language (receptive and expressive), literacy (reading and writing), money concepts, time concepts, number concepts, and self-direction (making choices, following schedules, initiating activities, seeking assistance, and solving problems).
- **Social skills:** This involves interpersonal skills, responsibility, self-esteem, gullibility, following rules, obeying laws, and avoidance of victimization).
- **Practical skills:** This involves activities of daily living occupational skills, maintaining safe environments, and instrumental activities of daily living (meal preparation, housekeeping, transportation, taking medication, money management, and telephone use) (Hardman, et al., 2005).

Manifest before age of 18: Intellectual disability can only manifest from a life span of zero to eighteen years (0-18) (the developmental period) which suggests that after attaining the age of 18 (the cut-off point), one's brain is fully developed and nothing can retard its development. Psychological or psychotic problems are not intellectual disability even though; persons with intellectual disability can show traces of these behaviours.

Classification of Intellectual Disability

Four types of intellectual disability are often distinguished. They range from the mild to moderate to severe to profound

The mild retarded the world health organization (WHO, cited in Gyimah, 2015) gives their IQ levels 50-69. An adult with mild retardation is usually capable of doing most of the things that the child from 8 to 11 years is able to do such as reading, calculating to the third-to fifth grade level, taking care of personal needs such as dressing and grooming with negligible assistance, holding down a simple job manifesting essentially normal coordination, and showing adequate social interaction.

The moderately retarded or trainable intellectual disabled have IQ levels between 35 and 49.. An adult with moderate intellectual disability can be expected to function at the level of the average 5 to 8 years old. This person needs occasional assistance with personal care and grooming, can read only at minimal level at all, and probably cannot live independently, but could hold a job if special provision were made for a child with special education needs as in sheltered workshop.

The severely retarded also known as custodial have IQ of 20-34. An adult with several retardation would be functioning at the level of an average pre-schooler. While this person could look after basic needs such as dressing, feeding and toileting and would certainly require considerable supervision throughout his or her life.

The profoundly retarded, also known as vegetable/custodial have IQ below 20. They have less than one-fourth the normal rate. A person with profoundly intellectual has a mental age of less than three years at adulthood. Thus, many cannot take care of basic bodily needs. Most are fully toilet trained; many need assistance with dressing while some do not even feed themselves. This category also includes many bad cases that never learn to walk. Language skills would be minimal. `

Characteristics of the Intellectual Disabled

Persons with intellectual disability have a number of characteristics. As a heterogeneous group they present numerous characteristics. One of their major problems according to Gyimah et.al as cited by Avoke (2004) is an “inherent cognitive difficulty that makes learning of some skills more difficult than normal” Some of these characteristics are as follow:

- **There is weakness in all academic skills:** including mathematics, spelling, reading, written expression, speaking and listening. The United Kingdom Office of Standard of Education indicates they have attainments below expected levels in most subjects across the curriculum and have difficult in acquiring basic literacy and numeracy skills. They attribute the difficulties to **short term memory, poor attention span and inability to transfer knowledge.**
- They are said to have: **communication, language and speech disorders.** Their speech and language may be delayed as a result of which they may experience difficult expressing themselves and understanding verbal instructions.

- **Individuals** with intellectual disability learn very little or not at all on their own from objects, events and activities in the environment. The environment could and be at home, school or any other place they may find themselves.
- They have **social problems** (i.e. how to get on well with others).
- They have problems with **self -help skills**.
- They experience **emotional problems** such as restlessness, withdrawal and destructiveness. They also tend to be hyperactive and cannot sit at one place for a long time
- Poor skills in incidental learning
- Difficulties in making choices
- Lack of interest in initiating activities“
- Unwillingness to complete task

Causes of Intellectual Disability

Pre-natal factors (this refers to the time when anything happens to the pregnant mother which can affect the unborn child)

Socio-economic status (poverty)

Some children live in poor economic conditions that they do not receive proper nutritional care even from time the woman is pregnant. Malnutrition during pregnancy in the child can lead to intellectual disabilities. Gyimah et.al citing Yepkle states that foetus draws the necessary sustaining nutrients from the mother through the umbilical cord. This shows that a mother who is malnourished has not stored these necessary nutrients for the foetus to start using immediately.

Genetic/Biological

Defects resulting from chromosomes abnormalities are typically accompanied by visually evident abnormalities. A normal human have 46 cell structures arranged in 23 pairs and develop without accident. Chromosomal arrangement occurs either before or after cell division can result in chromosomal abnormalities. However, a child may be born with one more or less, giving rise to what is known as chromosomal abnormality. This factor is sometimes referred to as hereditary. For instance, Down’s syndrome which occurs where there is presence of an extra chromosomes making it 47 instead of 46.

Fetal Alcoholic syndrome; Pregnant woman who drink excessive alcohol are susceptible to giving birth to children with disabilities. This is because alcohol can damage the brain and the spinal cord of the unborn child.

Maternal age Research indicates that the age of a woman significantly affects child bearing and that girl under 18 years and woman above 35 years are likely to have children with intellectual disability than those in the age of 19-35.

Maternal emotional stress; The amount of stress experienced by the mother and perhaps more importantly the personal support she receives from the family whiles she is pregnant , are related to a number of complications during pregnancy and delivery.

Drug abuse

Excessive use of drugs not prescribed as well as the use of illicit drugs such as cocaine and marijuana by pregnant women can harm the foetus.

Peri-natal (during delivery) Anoxia (oxygen deprivation)

This normally occurs during delivery and happens as a result of the presentation in the baby in the womb. The baby in coming out can cause oxygen deprivation. This usually occurs when the presentation is breech.

Narrow pelvic on the part of the expectant mother can cause damage to the head of the child and this may lead to intellectual disability.

Fall of a baby; Babies delivered in unexpected circumstances and fall could have injuries.

Post-natal (After birth) Diseases

Diseases, like mumps is highly communicable disease that spreads through contact with an affected person. Damage to the brain can occur as a result of inflammations. Other diseases include whooping cough, rubella, polio, tetanus, pneumonia among others.

Accidents

Physical accidents like lead poisoning, falling from height, motorbike/ vehicular accidents and heavy knocks on the head among others can affect children.

Classroom Management Strategies

Approaches in teaching learners with intellectual disability involve many some of which as listed by Gyimah et.al are as follows:

- Show the child what he/she should do rather than simply telling what to do.

- Use simple words when giving instruction and check that the pupil has understood
- Use real objects that the child can feel and handle rather than doing paper and pencil work.
- Use verbal physical and visual cues and prompts to guide their learning.
- Only few concepts should be introduced at a time.
- Provide prompts feedback. This will help students to know their performance.
- Give plenty of praise and encouragement when the child is successful
- Ignore undesirable behaviour if the child is doing it to get attention
- Teach students to put up appropriate behaviour and also learn to manage their behaviour.
- Engage children actively in learning
- Modelling, this is a method which the teacher demonstrate or perform the behaviour to be learned. After repeated demonstration, the child imitates the model.
- Highlight stimulus to facilitate attention
- Engage children in learning

Prevention

The old age „prevention is better than cure“ is very relevant in disability issues so far as prevention is concerned. For every family especially expected mother there is the need to;

- ❖ Immunised against childhood diseases (infections)
- ❖ Need for genetic screening, counselling and if necessary therapeutic abortion
- ❖ Address substance abuse
- ❖ Appropriate parental care
- ❖ Improvement of maternal habits especially before and during pregnancy ❖
- Prevention of lead and other chemical intake by children through accidents ❖
- Avoidance of continuous marriage of blood relations.
- ❖ Hygienic living conditions
- ❖ Modifying socio-cultural practices

