



INNOVATIVE PRACTICES FOR SPECIAL SCHOOL CHILDRENS AND ROLE OF TEACHERS

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Abstract

All the children with special needs must be enrolled in primary schools. After the assessment of their disabilities by a team of a doctor, a psychologist, and a special educator, in schools, the child will be placed in appropriate educational settings. Children with mild and moderate disabilities of any kind may be integrated in normal schools, severe in special schools/ remedial schools, drop outs who have problems in availing benefits of normal schools can join open schools. All the children with learning disabilities alone are first managed in the normal schools. Open and special schools also offer vocational courses also for children with disabilities.

The child with mental retardation has special needs in addition to the regular needs of all children, and parents can find themselves over whelmed by various medical, care giving, financial and educational responsibilities. Government of India, "The National Policy on Mental Handicap", has emphasized the importance of home-based care with parents as partners in the care process.

The present paper focused on the study of teaching strategies and learning materials for mentally retired children with prime objectives are (i) To understand importance and innovative best practices for mentally special school children's (ii) To discuss the role of teacher in the mentally special school children's.

Key Words: Teaching strategies, learning materials, mentally retired children



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Introduction:

Someone with intellectual disability has limitations in two areas. These areas are: Intellectual functioning. Also known as IQ, this refers to a person's ability to learn, reason, make decisions, and solve problems and second area is Adaptive behaviors. These are skills necessary for day-to-day life, such as being able to communicate effectively, interact with others, and take care of oneself.

IQ (intelligence quotient) is measured by an IQ test. The average IQ is 100, with the majority of people scoring between 85 and 115. A person is considered intellectually disabled if they have an IQ of less than 70 to 75. To measure a child's adaptive behaviors, a specialist will observe the child's skills and compare them to other children of the same age. Things

that may be observed include how well the child can feed or dress themselves; how well the child is able to communicate with and understand others; and how the child interacts with family, friends, and other children of the same age. Intellectual disability is thought to affect about 1% of the population. Of those affected, 85% have mild intellectual disability. This means they are just a little slower than average to learn new information or skills. With the right support, most will be able to live independently as adults.

Intellectual disability in children:

There are many different signs of intellectual disability in children. Signs may appear during infancy, or they may not be noticeable until a child reaches school age. It often depends on the severity of the disability. Some of the most common signs of intellectual disability are:

- ✓ Rolling over, sitting up, crawling, or walking late
- ✓ Talking late or having trouble with talking
- ✓ Slow to master things like potty training, dressing, and feeding themselves
- ✓ Difficulty remembering things
- ✓ Inability to connect actions with consequences
- ✓ Behavior problems such as explosive tantrums
- ✓ Difficulty with problem-solving or logical thinking

In children with severe or profound intellectual disability, there may be other health problems as well. These problems may include seizures, mood disorders (anxiety, autism, etc.), motor skills impairment, vision problems, or hearing problems.

Important and Innovative Programs

“Innovation” refers to something new or different in approaches – techniques, methods which are introduced to deal with the situation or condition which is to be managed so as to bring about required changes. Some of the important innovative programs in the field of mental retardation are: • Yoga and its effects on the child with mental retardation. • Community Based Rehabilitation in the community. • Augmentative Intervention, the catalysts.

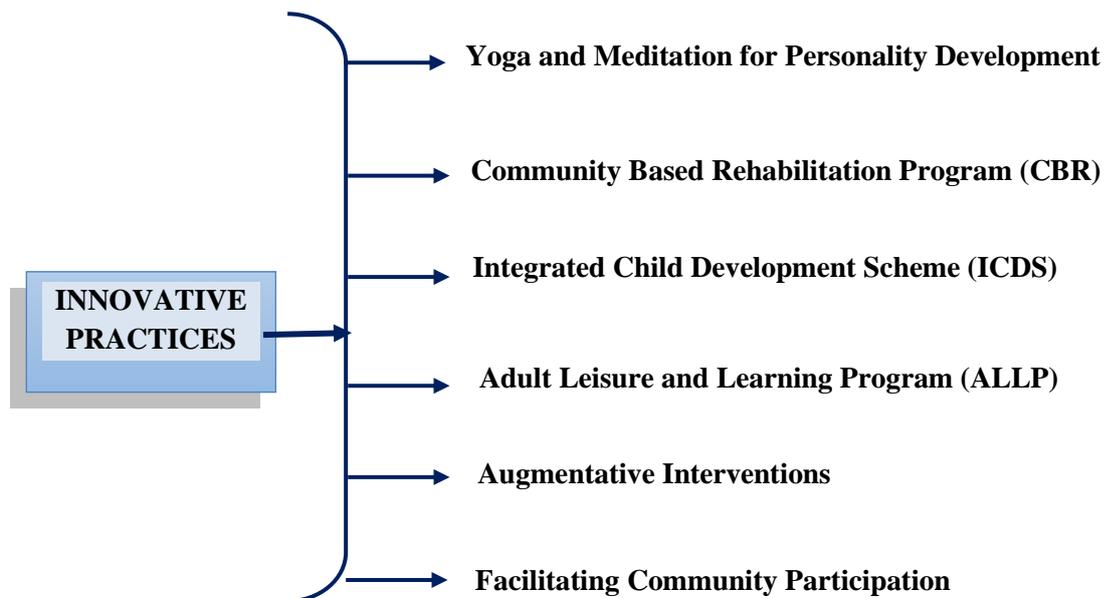
OBJECTIVES OF THE STUDY:

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- (i) To understand importance and innovative best practices for mentally special school children’s
- (ii) To discuss the role of teacher in the mentally special school children’s.

INNOVATIVE PRACTICES FOR SPECIAL SCHOOL CHILDRENS:

Children with learning disabilities show greater learning when techniques like task analysis, peer teaching, cooperative learning, learning corners and multisensory approach are used. The following innovative practices would be helpful to both the parents and teachers when trying to teach such children.



Yoga and Meditation for Personality Development-

Yoga is known for its time tested legacy in health care which includes prevention and treatment of ailments. Definitions Yoga is bringing two things together to unite (V. S. Apte, 1979). It causes the movements in the mind to come together and helps one achieve the fullest of his capabilities (Desikachar, 1982)

Yoga, practised regularly and systematically, helps in focusing attention on the activity that is being performed, in achieving higher levels of performance by exploiting one's potential fully and in relying on one's abilities, making one healthy, and having better relationship with others. The Yoga Mandiram (1977) has introduced yoga in a joint research project with Vijay Human Services, Chennai, a service organization, for persons with mental retardation.

Yoga for Persons with Mental Retardation •

The person should maintain a certain amount of steadiness in the posture without much effort or tension, "sthira" (Desikachar, 1982). • Comfort and steadiness in a posture is attained

through undistracted concentration of the mind on posture. • The practice of asana is coordinated through regulated breathing, that is, through pranayama.

Community Based Rehabilitation Program (CBR) -

CBR is a solution to the available inadequate services to fulfill the needs of persons with mental retardation, especially in the rural areas.

Definition–CBR (World Health Organisation)

As defined by the WHO, CBR involves measures taken at the community level to use and build on the resources of the community, including the impaired, disabled and handicapped persons themselves, their families and their community as a whole.

Facilitating Community Participation -

Community may participate (through providing manpower, facilities, logistics support and funds) and may involve itself actively in understanding the problems, feasibility of the proposal for implementation and using primary care services for prevention and protection.

Integrated Child Development Scheme (ICDS) -

Health workers, urban and rural, who are given periodical inputs in health care, in early detection and identification and referrals to the health workers, nutrition, growth monitoring, and child guidance, visit the ICDS Centres regularly to implement the scheme developed by the Government of India with funding from international organizations.

Adult Leisure and Learning Program (ALLP) -

An earlier survey conducted in Delhi in 1980 by the Federation for the Welfare of the Mentally Retarded, observed that persons who had received systematic schooling up to adult years were not directed to engage themselves in any productive or meaningful occupations. With their active participation, an improvement in the quality of life, particularly in the years after completion of school life was noticed. The young adults participate in very structured and activity-oriented recreational and learning activities, such as, story telling, playing games, learning simple cooking, visiting post offices, banks, etc., which leads to greater participation in community and family life.

Foster Care -

Home Foster Care Home is a special home for children with mental retardation who require accommodation and special care. Almost all the States have initiated establishment of foster homes for their practicality and traditional approach.

Augmentative Interventions -

Apart from special education, other augmentative interventions, given to persons with mental retardation, are mentioned below.

Chanting Vedic chanting practiced by persons with mental retardation has shown positive effects in articulatory movements of the lips, the tongue, and in matching the pitch in sound production (Sriram, Germany).

Dance Therapy -

Rhythm, facial expressions, body language, are the different facets of dance in which training can be given. Music as an accompaniment adds to the therapeutic effects

Dance promotes the spacio-motor perception and bilateral movements; it provides follow up to balancing skills, posture corrections and other fine and gross motor skills required in performing daily living activities. As a medium of expression through facial expressions, symbols (mudras) and body language, dance has facilitated acquisition of effective communication skills and social interaction (Jyotsna Buch, Chennai and Tripura Kashyap, Bangalore).

Instrumental Music-

Many music band teams have been formed by children with mental retardation all over the country. Instruments, both string and wind, and the modern day keyboard have also been introduced in special schools. Training to play on these instruments facilitates sensory motor stimulation, finger dexterity, fine motor skills, and breathing.

Role of Teacher for Special School Children's -

The child with mental retardation has special teaching –Learning strategies in addition to the regular needs of all children.

1. Montessori Method -

Maria Montessori's multisensory approach came to stay, initially in Chennai and later, all over India. The scope of teaching children with mental retardation was later enlarged to include normal children. In following the multisensory approach, besides hearing and vision, other sensory modalities are also utilized, the tactile sense being depended on much, with focus on children in the pre-school and school stages. Discrimination among weights, colours, sounds, and so on was reinforced to aid in exercising the children's judgment and reasoning.

2. Child centric Project Method –

John Dewey John Dewey's 'Project Method' envisages a wholehearted and purposeful activity, carried on in a social environment. A significant landmark in the history of methodology of education, Dewey's method implies the principles and fulfills the conditions of a good learning process. Kil Patrick has enunciated this method.

3. Activity Based Participation Method –

Caldwell– Cook Cook, the first person to advocate “way of play” for educating the child. Regarded play as a means of training individuals as individuals, a wonderful technique of making school education interesting and practical.

Teaching strategies for Persons with Mental Retardation Using Behavioral Approach

Teacher-centered process giving way to a child-centred one, has influenced the area of special education with emphasis on the Individualized Education Program (IEP) planning for children with mental retardation. Along with individualized instruction, the teaching strategies introduced are cooperative learning, peer tutoring, computeraided learning (CAL), multi-sensory teaching and clinical-diagnostic teaching.

✓ Procedures–IPP

The individualized program plan (IPP) is based on assessing a person and evolving a baseline at the point of entry into the program, setting goals and objectives in the order of priority and converting the goals and objectives into concrete lesson plans which include the teaching steps, the planning strategies for use, the material selection and finally, evaluation.

✓ Behavioral Technology

Although behavioral technology principles in all cases not only ticked to certain model of teaching, but also incorporated the principle of task analysis, condition of promoting learning in special integrated setting. At the National Institute of Mentally Handicapped (NIMH), Peshwaria and Venkatesan (1992) developed the “Behavioural Approach in Teaching Mentally Retarded Children” which has been tested in class rooms and at homes. Parents and teachers can develop programs suited to the specific needs of an individual child. The teacher is also acquainted first with the behavioral assessment of the person with reference to the current level of functioning, and the current problem behavior/s. The teacher must then assess each child's performance rather than its deficiency, that is, what he can do rather than what he cannot do. The behavioral assessment tools available in India are: MDPS, NIMH assessment schedule, Functional assessment tools, and problem behavior management system

(NIMH). While teaching, the teacher has to identify and analyze problem behavior and use behavioral techniques to manage the same. The details are given in the manual and the teacher has to go through the orientation. Studies done by Narayan, Peshwaria, and Myeredi support its effectiveness. Even though research studies prove the effectiveness of the Behavioral Approach, evaluating on that basis is not yet practiced at every teaching institution.

Curriculum–Diploma in Special Education Curriculum and Teaching Manual

Curriculum should be need based and student centric. Teaching strategies and programming consideration given below are being followed sporadically in some special schools. Teaching Strategies and Programming Considerations Success in educating profoundly and severely handicapped persons require extensive knowledge, a broad range of professional skills, and a positive attitude. Required also is individualization. A sense of humor always helps. Since a successful approach on a day might be the antecedent for a behavioral problem on another, it is important to have a variety of teaching strategies in one's instructional repertoire.

Instructional Programming and Organizational Strategies

Normalization Considerations Age appropriateness: Selected instructional materials and activities must be suitable for non handicapped individuals of the same age and those reflecting the student's cultural and ethnic background as well as the cultural diversity of his society. Age-appropriate reinforcement must be used. Help the student to look and behave as appropriately as possible as those deviant get stigmatized. Involvement in activities with non handicapped peers and interest in their welfare must be encouraged.

Use your voice to communicate, supplemented by gestures whenever possible. Remain calm and poised no matter what. Be familiar with handling assistive devices used by the handicapped. Avoid stereotyped judgments. Do not assume that on account of his handicap, a person is unable to acquire some skills and/or not participate in some activities and events. Assign the student a classroom responsibility no matter how severe his handicap and no matter how small the task. Show appreciation when there is progress or compliance with your request which may be a giant step for the student. A show of warmth, interest, and love will elicit positive response. Flexibility is desirable in carrying out lesson plans, especially, if unexpected negative behavior occurs which requires immediate action. Human Resources Seek the co-operation of other teachers, professionals and support staff. Community helpers can assist in normalizing the lives of your students. Train teacher aides, parents,

grandparents, and house parents, as agents of carry-over and practice. Materials Use exciting materials and activities from other disciplines. Use of current materials, toys, games, television shows, and music to motivate the student contribute to success. An element of surprise, suspense and novelty goes a long way.

Skill Demonstration

Teach a skill at the time of its functional use, i.e., when it occurs naturally. Due to wide diversity among the handicapped, personalizing instruction is essential. Programming in small steps helps the student to be successful.

Instructional Grouping

One-to-one instruction is often not practical in classrooms. Organize your lessons in such a way as to take advantage of the benefits of peer tutoring and buddy systems.

Reverse Programming

When working on some motor skills consisting of a series of separate motor events, program in reverse. For example, the backward chaining approach is helpful in teaching the tying of shoelaces. Starting in the middle of a sequence may also be appropriate for some students.

Task Analysis

Use a task analysis approach whenever possible. Teaching Environment Consider the environment, i.e., the home, the school, in which the teaching activities are to be presented.

Learning Materials (LM) for Persons with Mental Retardation:

It is found in literature that we learn 1.0 percent through taste, 1.5 percent through touch, 3.5 percent through smell, 11.0 percent through hearing, 83.0 percent through sight and we remember 20 percent of what we hear, 30 percent of what we see, 50 percent of what we see and hear, 80 percent of what we see, hear and do. Therefore, the teaching learning process should facilitate active participation of the students. Since students with mental retardation have less ability to grasp, maintain and generalize the learned concepts, extensive use of appropriate learning material is very much warranted. For learning to be more meaningful, students must be provided with experiences of manipulating the material themselves. Learning Aids and Functional Aids Special teachers use both learning aids and functional aids. Once the student learns a concept, the utility of a specific learning aid ceases whereas the same may continue to be used as a functional aid.

Teaching -Learning Material for Persons with Mental Retardation

The Department of Special Education, NIMH, had undertaken a project on the development of learning materials, specifically to teach persons with mental retardation. Twelve units of hardware material, four work books and four flip books were developed, designed in a way that the same unit could be used with pre-primary to pre-vocational level students to teach a specific core area and across different core areas depending on the intention of the user. The prototypes were field tested and modified. The same Department also developed software packages on literacy and numeracy under the project on Computer Assisted Instruction. In continuation, development of software packages on Literacy, Numeracy, My Country, Living and Non-living, Health and Hygiene, Sports and Games, Community Utilization is in progress. TLM should be age appropriate, readily available, prepared from local material, inexpensive, attractive and colorful.

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