Manual on Inclusive Education for Tutors in Cambodia

Strengthening Community Support for Children with Disabilities project in Takeo province, Cambodia, supported by Caritas Czech Republic. (©Georgi Stojkov)

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CONTENT

Glossary

AAC	Augmentative and Alternative Communication (Communication Strategies and Devices for LD)
ABA	Applied Behavior Analysis
ADHD/ADD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CCR	Caritas Czech Republic
CI	Cochlear Implant
CRS	Catholic Relief Services
CVI	Cortical Visual Impairment
Db	Diabetes
EBD	Emotional and Behavioral Difficulties
ID	Intellectual Disability
IE	Inclusive Education
IEP	Individualized Education Program
IQ	Intelligence Quotient
MID	Mild Intellectual Disabilities
NGO	Non-governmental organization
PECS	Picture Exchange Communication System
PTTC	Provincial Teachers Training Centre
PwDs	People with Disabilities
SCLN	Speech, Communication and Language Needs
SEN	Special Education Needs
SENCO	Special Education Needs Coordinator
SpLD	Specific Learning Difficulties
SID	Severe Intellectual Disabilities
TB	Tuberculosis
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
VOCAs	Voice Output Communication Aids
WHO	World Health Organization

Introduction

This Manual was prepared by the team of IE Consultants Dr. Sulochini Pather and Dr. Pavlína Šumníková led by Assoc. Prof. Jan Šiška in collaboration with the NGO Caritas Czech Republic (CCR) as part of the project focused on sharing inclusive educational strategies from Czech university to Cambodian teachers training centers (PTTCs). The project was funded by the Czech Development Agency and carried out by CCR and Catholic Relief Services (CRS). The aim of the project was to provide series of trainings for tutors from PTTCs and other NGO representatives and teachers interested working in the field of inclusive education in Cambodia.

Modules and topics of the training are based on the results and recommendations of the survey (Situation Analysis of Inclusive Education Training Courses in Cambodia) conducted in 2012 by Czech and International experts in the field of Inclusive Education and follow up discussions with variety of stakeholders and development partners. The aim of the survey was to investigate current involvement in inclusive education at Cambodia Teacher Training Colleges (PTTCs); to investigate perceptions of inclusive education & barriers held by senior managers and tutors at teacher training colleges; to identify existing courses for training professionals (teachers, principals, education managers) to support children with disabilities and special needs in terms of their aims and content; and to identify gaps in the training in relation to current demands on teachers in schools with respect to the inclusion of children with disabilities and special needs. The survey revealed that there is an extensive need within educational community in Cambodia to raise knowledge and professional expertise about special and inclusive education. Only well-equipped educational professionals will effectively work towards fundamental principal "Education for All".

This publication outlines the individual sessions delivered during the training programme as part of the project „Transfer of inclusive education teaching methods from Czech Universities in Cambodian University". It gives basic information about principals of inclusive education, categories of special educational needs and some strategies to meet these needs. The publication is to be understood as a notepad or a reminder for those participating in the training programme.

The publication is also based and follows existing Basic IE Manuals released by the Cambodian Ministry of Education, elaborating and broadening existing content of the manuals on inclusive paradigm and social model of disabilities. Educational strategies, examples of good practices are also included. However, to turn the idea "Education for All" into practice relies on teachers´ creativity and respect to diversity. Therefore the training manual should serve as baseline for further professional development of all those involved.

1. HOW TO USE THE MANUAL

This Manual is divided into twelve main chapters, following the training sessions facilitated by Dr. Sulochini Pather, Assoc. Prof. Jan Siska, PhD, and Dr. Pavlina Sumnikova, PhD, from Charles University in Prague and Roehampton University in London. First four chapters are introducing topic of inclusive education, definitions and its trends in the world. Next chapters are describing different disabilities and impairments and introducing techniques for lectors and teachers to use within their respective classes and courses. Final chapters talk about intellectual disability, its causes and impacts on learning, communication aids and methods; and transition from school to work.

Activities, discussion and reflections are highlighted in special boxes.

Content of the manual is based on three training sessions conducted by Caritas Czech Republic in Cambodia in 2013, with support from Catholic Relief Services. Training sessions were focused on hearing and visual impairments, learning and intellectual disabilities, following in-depth analysis of existing learning courses available in Cambodia.

Training manual is intended for participants of training sessions. Tutors should be able to follow the trainings and activities used in the book to further train teachers at PTTCs and/or RTTCs.

2. SUPPORTING LEARNERS WITH SPECIAL EDUCATIONAL NEEDS IN AN INCLUSIVE SETTING

Introduction of the Course Participants
- Who are you?
- Which part of Cambodia do you come from?
- Where do you work and what work do you do?
- What is your thoughts/feeling's about Inclusive Education?

Activity: Group Discussion

Write down all the words or phrases you would associate with 'inclusion'
1. From a _personal_ point of view:
   o What does 'inclusion' mean to you? Think of a situation where you felt included. How did this feel?
   o Think of a situation where you felt excluded. How did this feel?
2. From a _professional_ point of view (or what policy and theories say/think it is)

International Shifts in thinking & global commitments
- 1949 Human Rights
- 1989 UN Convention on Rights of the Child
- 1990 Education for All, Jomtien
- 1994 Salamanca
- 2000 Dakar World Conference
  Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. Moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system (Salamanca Statement).
- 2006 UN Convention on the Rights of People with Disabilities

Activity: Group Discussion

Are you aware of a national disability strategy or a national strategic policy on education? If yes, does it cover education for children with special educational needs (disabilities) or education for all, if yes, to which extend?

3. UNDERSTANDING DISABILITY

There are two major models of thinking about disability
1. Medical/ medical-deficit/ individual
2. Social

3.1 The Medical Model of Disability[1]
- the child is housebound
- the child is chained to a wheelchair
- He can't get up steps or walk
- He is sick
- He needs cares and help
- He may develop bitter attitudes
- He cannot see or hear
- He has fits
- He needs doctors or remedy

Problem of the person directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals.[2]

Challenges[3]

- What is normal?
- Whose interests are served by special education?

3.2 The Social model
- inaccessible transport
- Poor Job prospect
- No lifts or ramps in buildings
- Superior
- Attitudes of able bodies
- Segregated of education system
- Prejudiced attitudes
- Poverty and low income
- Isolated families
- Badly designed buildings

From the social model perspective disability is seen as a socially created problem. It is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment.

Following external barriers can be identified:

- Socio-economic aspects such as
    - the lack of access to basic services
    - poverty and under-development
- Factors that place learners at risk such as

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[1] Oliver; 1998
[2] International Classification of Functioning, Disability and Health; WHO; 2001
[3] Oliver, Clark et al; 1998

- physical, emotional and sexual abuse
- political violence
- HIV/AIDS epidemic

- Attitudes of
  - staff
  - pupils
  - parents/carers
  - other professionals
  - governors
  - disabled people as a result of low self-esteem and poor self-image

- Organizational barriers relating to
  - content, diversity and delivery of curriculum
  - employment of staff
  - whole school policies (behavior, bullying, equal opportunities, SEN and inclusion)
  - assessment, tests and examinations

- Language and communication

- Inaccessible and unsafe built environments

- Inappropriate and inadequate provision of support services

- Lack of parental recognition and involvement

- Lack of human resource development strategies

4. INCLUSION

Inclusivity…..places the welfare of all citizens at the center of consideration. It seeks to engage with the question of belonging and solidarity, and simultaneously, recognizes the politics of difference.[4]

4.1 Key concepts

- **Diversity** (liberal pluralism)[5]

- **Democracy** – participation (voice) & expression in decision-making process by parents, members of community groups, employers and others.[6]
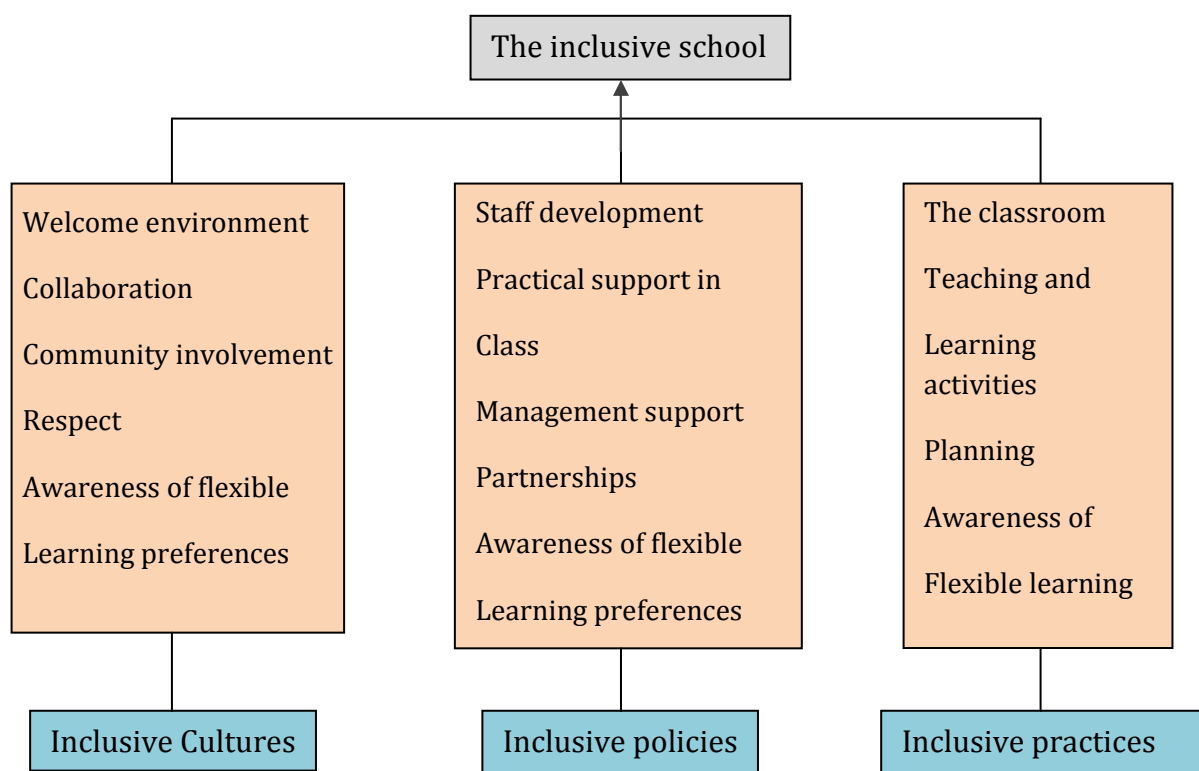
    Egalitarianism = equal opportunity, fairness

- **Special educational needs** often used interchangeably with *impairment* and *disability.*

Emphasis is on **the educational need**, and on identification and support within schools and classrooms.[7]

4.2 Key theories of Inclusive Education[8]

Theory 1: An Inclusive School

[4] Barton, 1998; in Swain and Cook
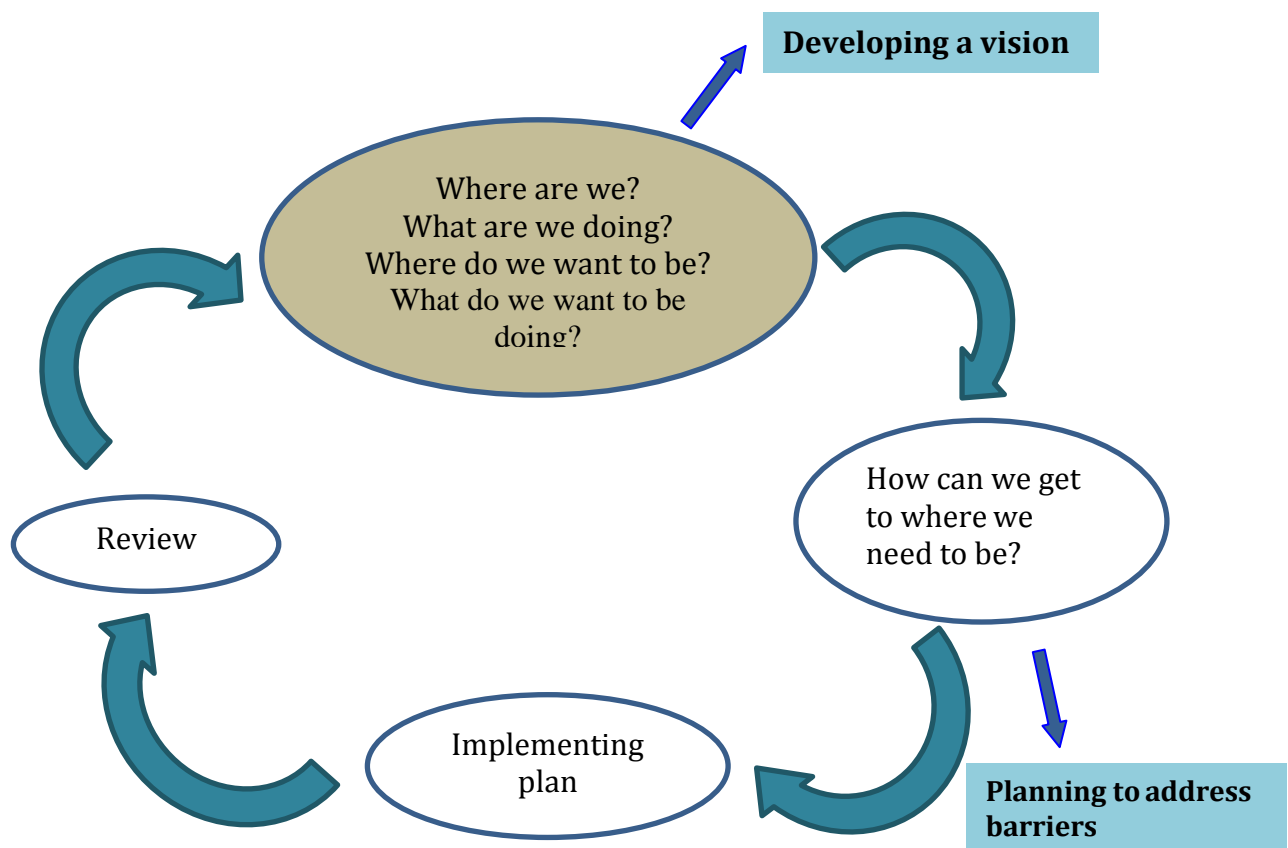[5] Sedgwick, 1994
[6] Ranson, 1994; in Halpin
[7] Warnock, 1978
[8] Boothetal, 2001: Index for Inclusion

Theory 2: Inclusion is a process[9]

Inclusion is not a single movement; it is made up of many strong currents of belief, many different local struggles and a myriad of practice.[10]

Developing a vision

Where are we?
What are we doing?
Where do we want to be?
What do we want to be doing?

How can we get to where we need to be?

Review

Implementing plan

Planning to address barriers

Activity: Discussion

In reality, is there really a difference between the following in terms of local thinking, policy and practice in Cambodia?

Mainstreaming / integration

Vs.

Inclusion

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[9] Skidmore; 2001: *Consensus Thesis: Conflict brigs about change.*
[10] Clough and Corbett; 2000

5. CATEGORIES OF SPECIAL EDUCATIONAL NEEDS

5.1 Special Educational Need (UK example)[11]

- Intellectual Disabilities
- Specific Learning Difficulties
- Hearing Difficulties
- Visual Difficulties
- Physical Disabilities
- Medical Conditions
- Speech and Language Difficulties
- Emotional and Behavioral Difficulties

1. **Intellectual Disabilities**
   - Mild, moderate and severe, profound, multiple
   - Usually assessed through IQ testing
   - Problems in acquiring basic literacy skills
   - Problems in learning basic self-help skills such as dressing and toileting
   - May include Autism, Autistic Spectrum Disorder (ASD)

2. **Specific Learning Difficulties** (SpLD)
   - Problems in acquiring basic literacy or numeracy skills in contrast to other abilities
   - Dyslexia

3. **Hearing Difficulties**
   - Hearing loss from mild, moderate to severe and profound

4. **Visual Difficulties**
   - Visual loss from those whose impairment is corrected with glasses (low vision) to those who are blind

5. **Physical Disabilities**
   - Result of congenital condition such as cerebral palsy
   - Suffered injury leading to mobility problems
   - Brittle Bone Disease
   - Muscular Dystrophy
   - Spina Bifida and Hydrocephalus
   - Cystic fibrosis

6. **Medical conditions**
   - Epilepsy
   - Asthma
   - ADHD
   - Diabetes
   - Downs Syndrome
   - Dyspraxia (*clumsy child*)

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[11] SEN Code of Practice; 1994

7. **Speech and Language Difficulties**
   • Communication problems

8. **Emotional and Behavioral Difficulties**
   • Difficulty functioning effectively at school

5.2 Intellectual Disabilities (ID)[12]

Children with intellectual disabilities will have a general level of academic attainment significantly below that of their peers. In most cases, they will have difficulty acquiring basic literacy and numeracy skills and many will have significant speech and language difficulties. Some may also have poor social skills and may show signs of emotional and behavioral difficulties.[13]

For example

• Largest group of children with SEN

• Degrees of disability i.e. mild (MID), moderate, severe(SID), profound, multiple

• Specific learning difficulties (SpLD) for example dyslexia(Literacy), dyscalculia (Math)

• A-typical patterns of learning e.g.. Autism

Assessment of ID[14]

• IQ testing of cognitive ability

• less than 70 = ID (100 being average)

• 50 – 70 = mild ID

• 35 – 50 = moderate ID

• 20 – 35 = severe ID

A major problem with these tests lies, however, in the fact that intelligence is not only difficult to define, but also difficult to measure. An ability to perform well in English, math and other academic studies, for example, may result in a higher IQ score than skills in music or the arts.

It is now realized because cultural and environmental factors affect scores on IQ tests, these cannot be regarded as fixed.[15]

Causes of ID

Prenatal

• Chromosomal, genetic or inherited disorders such as Down Syndrome

• Substance abuse (alcohol, nicotine, cocaine etc.)

• Dietary deficiencies including iodine or folic acid deficiency, or severe malnutrition in the mother

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[12] See more on Intellectual Disability in Chapter 12: *Supporting Learners with Intellectual Disabilities*.
[13] SEN Code of Practice; 1994
[14] Turner; 2011: *Supporting Children with Learning Difficulties*
[15] Stakes and Hornby; 2000

- Exposure to harmful chemicals, medications or radiation

- Infections in the mother (rubella, syphilis, HIV, etc.)

- Complications in pregnancy such as heart disease, kidney disease or diabetes in the mother

Perinatal (*at birth or neonatal period i.e. the first 4 weeks*)

- Severe prematurity or very low birth weight

- Lack of oxygen during the birth process

- Difficult delivery

- Conditions in the baby such as jaundice *(yellowish discoloration of the whites of the eyes, skin and mucous membranes caused by deposition of bile salts in these tissues)* or septicaemia (blood poisoning)

Postnatal
- Brain infections such as bacterial meningitis

- Head injury

- Nutritional deprivation

- Neglect

- Gross under stimulation

- Measles, mumps, rubella (MMR) vaccine – some think causes autism, but no conclusive evidence/proof

Effects of ID
- Short attention span, concentration and motivation

- Challenging behavior (as a result of pain, boredom, frustration, fear, anger or confusion as a result of communication skills)

Social Causes of ID
- Poor teaching

- Inflexible curriculum

- Inflexible assessment

- Lack of support (material and human)

- Lack of adapted materials

Key Strategies for teaching these children
- Focus on the child's strengths as well as weaknesses

- Start from what the child knows and go at the pace of the child

- Ensure tasks are within the child's capacity in order to ensure success

- Use semantic/concept mapping to build on the child's existing knowledge

- Include lots of repetition, praise and encouragement

- Focus on oral language and social skills such as following directions

- Use practical activities – games, stimulations, role-plays and field trips

➢ Use a range of resource materials – visual aids such as charts/artifacts

➢ Use peer tutoring and cooperative learning groups

➢ Give access to computer for drill, skills building and word processing

Factors that facilitate learning

- Strong visual awareness and visual learning skills, including ability to:

- Learn and use sign, gesture and visual support

- Copy the behavior and attitudes of peers and adults

- Learn from hands- on activities

Factors that inhibits learning

- Delayed motor skills–fine and Gross

- Auditory and visual problems

- Speech and language difficulties

- Poor short-term auditory memory

- Short concentration span

- Avoidance strategies

Speech and Language Difficulties

- Receptive skills are better than expressive skills

- Poor articulation and dysfluency (stammering), common in young people

- Difficulty in understanding instructions

- Smaller vocabulary leading to less general knowledge

- Difficulty learning rules of grammar e.g. connecting words, prepositions

- General problems in learning and managing social language

- Smaller mouth cavity and weaker mouth and tongue muscles make it harder to physically form words

Short concentration span

- Short, focused and clearly defined tasks

- Change the activity regularly

- Frequent breaks from adult directed tasks

- Encourage peers to play with or alongside the child

Generalization, thinking and reasoning

- Do not assume that the child will transfer knowledge automatically

- Teach new skills using a variety of methods and materials and in a wide range of contexts

Consolidation and retention

- Extra time and opportunities for additional repetition and reinforcement

- Present new skills and concepts in a variety of ways

- Concrete, practical and visual materials

- Move forward but continually check back

Structure and routine

- Explicit timetable, routines and rules

- Allow time to learn

- Visual time tables

- To signal next activity, use objects of reference

- Stick to routine

- If change, prepare the child before hand

Behavior

- Similar to other children

- In appropriate behavior may be due to:

  o Attention seeking

  o Confusion or uncertainty

  o Anger or frustration

  o The need to control

  o Immaturity

Strategies to manage behavior

- Clear rules

- Consistently firm

- First point of contact

- *Can't do* vs. *won't do*

- Why is the child doing this?

- Ignore attention seeking behavior with reasonable limits; praise them good behavior

- Reward

- Work or play with peers

Support

- Be aware that too much one-on-one support can result in a child failing to:

  o Benefit from the stimulation and models provided by the peer group

  o Learn to play co-operatively

  o Become independent

  o Develop social relationships with their peers

Liaison with side agencies

- Speech and language therapists

- Physiotherapist or occupational therapist

- o Seating

- o Physical activities

- o Hand-eye co-ordination

- Pediatrician, school doctors or health visitors

  - o Heart problems, hearing, vision, toileting or physical difficulties

- Clinical psychologist for assessment

- Portage workers, area SENCOs or preschool advisory teachers

  - o Advice on curriculum planning, targeting setting, resources

Educational Curriculum

Focus on

- Communication

- Mobility

- Play

- Socialization

- Independence

- Self-help

- Inclusion in the life of the preschool setting

Other focus areas

- Developing play skills

- Developing IT skills

- Developing self-help skills

Communication Strategies and Devices (AAC) for Children with ID, Cognitive Impairment and Language and Communication Difficulties[16]

- Gesture

- Objects of Reference

- Picture Exchange Communication System (PECS) (incl. for Autism)

- Makaton - is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking

- Voice Output Communication Aids (VOCAs); Electronic Communication Aids; Speech Output Devices

- Total Communication

5.3 Physical Impairments and Medical Conditions

- Dyspraxia

- Cystic Fibrosis

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[16] See also chapter 11: *Learning as Reciprocal Communication*.

- Brittle Bone disease

- Cerebral Palsy

- Down Syndrome

- Asthma

- Myalgic Encephalomyelitis

- Epilepsy

- Muscular Dystrophy

- Spina Bifida

- Hydrocephalus

- Microcephalus

- HIV/Aids

- Malaria

- TB (Tuberculosis)

- Diabetes

Physical Disabilities

Examples[17]

- Cerebral Palsy

- Paralysis of the brain

- Affects movement of arms,

- Legs or facial muscles

- Hypertonic – decreased muscle

- Tone

- Hypertonic – increased muscle

- Involuntary movements

- Athetoid Cerebral Palsy

- Mixed

Causes

- Delayed birth, lack of oxygen to brain

- Anemia – yellow jaundiced

Classroom Adaptations

- Very little adaptation (mild)

- Special seating to keep head and body straight

- Special height-adjusted desks

- Modified toilet facilities e.g. rails

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[17] See also at www.disabledsportseasternsierra.org.

Teaching Strategies

- Alternative means of communicating e.g. pictures, symbols
- Allow extra time for communication
- Use assistive communication devices where necessary

Augmentative and alternative communication aids (AAC)

- Learner works through a series of pictures, symbols and words to produce sentences of synthesized speech
- Communication aid or laptop
- Recording and voice software

Refer for:[18]

- Physiotherapy (exercises)
- Clinic or school nurse (change catheter for incontinence)

Emotional, social and behavioral challenges

- Autism
- ADHD/ADD (Attention Deficit Hyperactivity Disorder)
- EBD/EBSD/BESD (Emotional and Behavioral Difficulties)
- Bipolar
- Other Behavioral Challenges

5.4 Specific Difficulties (Dyslexia)

Basic stages of language development

- 0-6 weeks (vegetative sounds)
- 6 weeks (cooing)
- 16 weeks (laughter)
- 16 weeks – 6 months (vocal play)
- 16-18 months (single word utterances)
- 18 months (2 word utterances)
- 2 years (telegraphic speech)
- 2 years 6 months (full sentences)

Glossary of terms associated with Language Development

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[18] Roy McConkey; 2001:*Understanding and Responding to Children's Needs in Inclusive Classrooms – A Guide for Teachers*; UNESCO

Stakes, R. and Hornby, G.: 2000: *Meeting Special Needs in Mainstream Schools: A Practical Guide for Teachers*; London; David Fulton Publishers (chapt1-4 in Readings)

Chib, M.; 2011: *One Little Finger*; London; Sage Publications Ltd.

Phonological awareness
- Term used to describe an individual's understanding of the sound features of language.

Phonemic awareness
- Specific term referring to that aspect of phonological awareness involving the recognition of a spoken word is made up of a sequence of individual sounds.

- Lack of phonemic awareness undermines a child's ability to learn how to decode words.

Phonemic/ phonological Skills (*necessary for reading development*)
- Recognizing rhyme (bat, fat, sat, hat, mice, dice, rice, price)

- Identifying the initial sound in a word (house = /h/; tree = /tr/)

- Being aware of alliteration (greedy green gremlins)

- Being able to count of clap syllables in a word (/Mom/ - / day/)

- Blending a sequence of phonemes to make a word (/pr/ - /o/ - /d/ = prod)

- Being able to break single syllables into onset and rime units (truck: /tr/ = onset. /uck/ = rime)

- Breaking words down into a sequence of phonemes (pram = /p/ - /r/ - /a/ - /m/)

- Manipulating sounds to form different words (rake can become bake; mat can become map; set can become sit)

Phonic skills
- Refers to an individual's ability to apply knowledge of letter-sound relationships to reading and spelling words
- *The most powerful tool to help children become independent readers*[19]

Activities to support language development
- Speed naming items
- Rhyme detection images

Activity: Imitation of Writing and Reading Difficulties

➢ Use your non-dominant hand for writing
➢ Copy the text below as quickly and accurately as you can
➢ Try hard to concentrate
➢ No asking for help!
➢ Make sure your spelling is accurate

Good morning comment vas-tu? J'espère que vous avez été tenue avec les lectures et le développement de vos idées pour la prochaine réflexion.

TRANSLATION

Good morning how are you? I hope you have been keeping up with the readings and developing your thoughts for the next reflection.

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[19] Rubin; 2000; Strickalnd; 1998 (cited in Westwood; 2001)

What was it like?
How did you feel?
What was most difficult?

Definition of Dyslexia

The word DYSLEXIA comes from Greek and means *difficulty with words*.[20]

- Is a learning difficulty (a learning based learning disability);

- Affects skills involved in accurate and fluent word reading and spelling;

- Difficulties in phonological awareness, verbal memory and verbal processing speed;

- A continuum, not a distinct category;

- Co-occurring difficulties: language, motor co-ordination, mental calculation, concentration and personal organization.

What causes dyslexia?

- Exact causes are still not completely clear;

- Problems with identifying the separate speech sound within a word and/or learning how letters represent those sounds, a key factor in their reading difficulties;

- Not due to either lack of intelligence or desire to learn - with appropriate teaching methods, dyslexics can learn successfully.

Some signs

- Organization

- Sequences e.g. remembering days of week, numbers, alphabets

- Disorientated

- Difficulty remembering

Types of Memory

- Visual (eye)

- Auditory (ear)

- Kinesthetic (hand)

Supporting Dyslexia - Strategies

- Dyslexics can learn, provided they are shown how to learn

- No more than one word per week (imagine word *on the wall*)

- Say things aloud repeatedly

- Look, cover, remember, write

- Use joined up writing (to get hand used to writing the word)

- Simple books to read

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[20] See at: British Dyslexia Association; www.bdadyslexia.org.uk.

Multisensory approaches[21]

I hear...I forge t
I see...and I remember
I do...and I understand

(Ancient Chinese Proverb)

- **Visual learners** prefer diagrams, flow charts, images, artifacts etc.
- **Auditory learners** prefer hearing explanations, stories, discussions, verbal rehearsal etc.
- **Kinesthetic learners** prefer typing, skywriting, skipping/clapping whilst spelling, drawing whilst listening, activities etc.

Dyslexia and co-occurring difficulties

- Dyspraxia or Development Co-ordination Disorder
- Dyscalculia
- ADHD
- Autistic Spectrum
- Speech, communication and language (SCLN)

Supporting Reading Difficulties

Develop phonemic awareness

- Alphabet
- Phonic skills

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[21] Westwood; 2007

Through

- Oral language
- Beginning reading activities

Strategies to develop phonological awareness

Through oral language

- Rhyming

- Alliteration (words beginning with same sound)

- Syllable awareness – clap out syllables, stretch out words to pronounce them with syllable breaks

- Identify initial sound

- Identify onset and rime

- Creating words from given onset e.g. bl - black

- Identify final sound

- Sound-blending (segmenting separate phonemes)

- Segmenting words into separate phonemes

- Exchange phonemes to create new words

Building Site Vocabulary

Supporting Reading & Writing Difficulties

- Simple story

- Pictures (to begin with)

- Key words

- Shared reading

- Questions

  - *Completion - leave out words*

  - *Prediction – what happened next?*

  - *Modification – could you change this?*
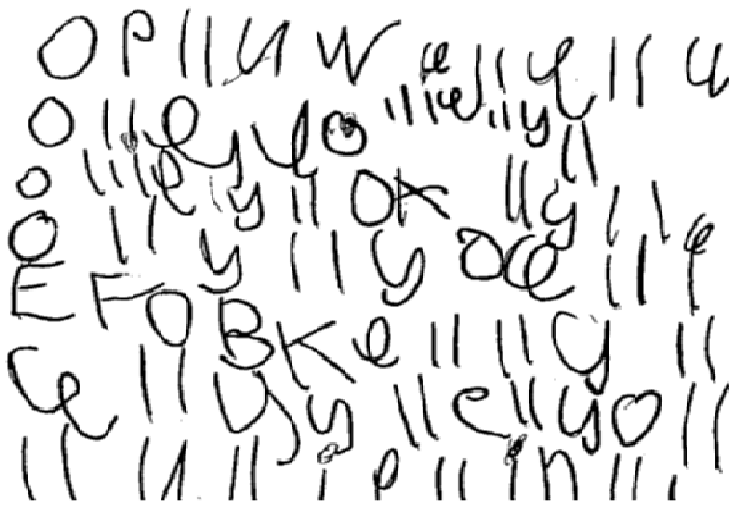
5.4.1 Understanding and Supporting Writing and Spelling Difficulties

The mechanics of handwriting

- Many children with dyslexia find that they have problems with the mechanics of writing; may also be dyspraxia, or left handed.

- The effort required may distract them from thinking about the content of the work, and final checking may cause problems if their writing is hard to read.

What does Kelly know about writing?[22]

> What skills has Kelly got? What does she know about writing?

> What would you focus on to enhance her writing?

> When Kelly is reluctant to write, what approaches would you use to motivate her to write?

> What else would you like to know about this pupil to support **YOU** in selecting writing activities for this pupil?

> What does this child know about writing? What skills has s/he got? What aspect of spelling would you work on next and why? What else?

5.4.2 Supporting Writing Difficulties

- Keywords
- Mind map
- Story/writing frames
- To help organize/structure/sequence thoughts:
  - What was the title?
  - Who were the main characters?
  - Describe the main characters?

[22] Graham, J. & A.Kelly: 2000: *Writing under Control;* London; Fulton

- What did the main character try to do?

- Who were the other characters in the story?

- What was the story about?

- What was the main part of the story?

- How did the story end?

- Reinforce memory by repetition

Writing their own stories: Writing Difficulties

Storyboards

- Pictures and key words

- Questions and prompt

Consider your response to this writing

> **Questions:**
> - Can you understand what these stories are about?
> - What are the children trying to say?
> - What are the difficulties for the picture above?

Can you work out what Roger's story is?

> Bake To my fishing I was
> Fishing For 10 mies wen
> I flote a Tar on my
> Shoder I ~~sue~~ Tyed ~~it~~ ~~sued~~
> and I saw a appol mum
> I went for my knife but
> it ~~fee~~ faal in the woeter it
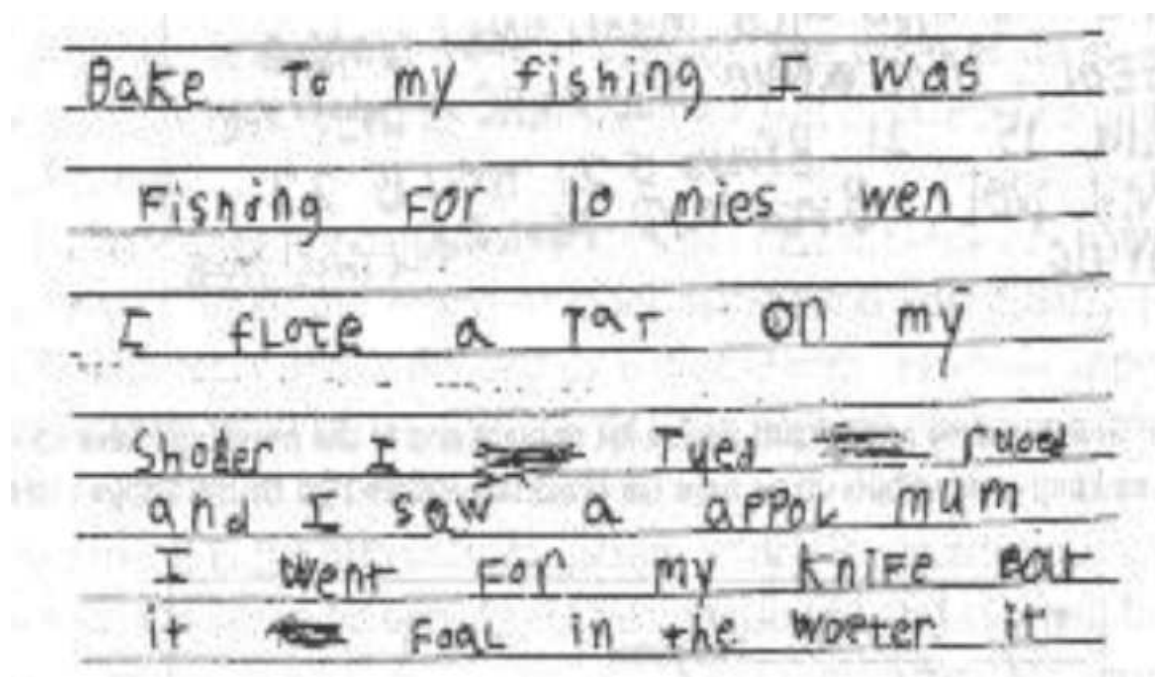
Strategies to improve spelling

- Taught to listen to the voice
- Feel the shape of the mouth when making sound
- No more than one word per week (imagine word *on the wall*)
- Say things a loud **REPEATEDLY**
- Look, cover, remember, write
- Finger trace over the letters on word, saying the whole word (word card)
- Imagine on the wall
- Color coding & picture imaging

Electronic spell checkers & dictionaries

- If you want to know how a word is spelt and you are not working at a computer, just key in the word that you are looking for. **Franklin spell checkers** will work from even quite unusual spellings and offer the correct spelling.
- They come in a variety of sizes and with different dictionaries.

MP3 players / Dictaphones

- Useful for taking notes, entering reminders for home work or clubs.
- Older students can record lectures and seminars.
- In primary school, the teacher or assistant can record a message to take home.
- Great for field trips and off-site visits.

Word-processing

- When using a key board and screen children can devote more attention to the content and spelling of their writing.

- It's much easier and less depressing to read and they can correct their work on the screen.

- The text is more consistent, and more legible, so easier to remember.

Why do we want a computer to speak?[23]

- A talking computer can act as proof reader, helping you hear any mistakes or inconsistencies in your writing.

- It can also reduce the strain of reading: hearing along document maybe a lot easier than reading it conventionally.

- Computer speech is also important in software for teaching and is often used in spelling programs, for example to reinforce ideas using both sight and hearing (e.g. on a white board).

5.5 Understanding Emotional Difficulties and Autism

Definition of Autism

A mental condition usually present from childhood, characterized by complete self-absorption and a reduced ability to respond to or communicate with the outside world.[24]

- What is it?
- Medical cause
- Behavioral challenge

Triad of Impairment

Impairment of Social
Communication

Impairment of
Social
Imagination

Impairment of
Social
Relationships
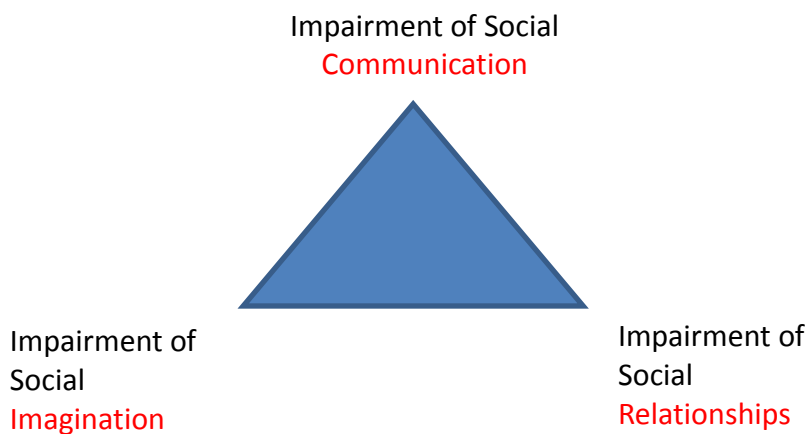
Common Issues

- Genetic disposition;

- Known as Autism Spectrum Disorder (ASD);

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[23] See also *Dragon Naturally Speaking*: http://www.youtube.com/watch?v=0AcYWIEBWwI&feature=related.
[24] Concise Oxford Dictionary

- Difficulty relating to his/her environment
  - Social skills
  - Communication (including Asperger Syndrome)

- Only some with intellectual impairment;

- Behavior challenges – withdrawn **OR** very active;

- Often respond to sensory stimulation in an atypical manner and may exhibit odd behavior such as hand flapping, spinning, or rocking and may also demonstrate unusual uses of objects and attachments to objects.

Common Characteristics

- They are passionate, pay meticulous attention to detail and lack interest in social gossip.

- *He/she can't see the forest for the trees* is an often heard description of an autistic person (a common trait among autistic people: they see the parts instead of the whole).

- Their only friends are their family.

- They think in pictures, but it's hard to understand their conversation.

- They like animals, not people.

- They keep an open mind.

Language and Communication Difficulties

May include:
- Difficulties with non-verbal communication

- Difficulties following long verbal instructions

- Difficulties remembering a sequence of instructions

- Inappropriate facial expressions

- Unusual use of gestures

- Lack of eye contact

- Strange body postures

The comprehension of language may be context-specific.

Assessment of Autism

- ➢ Speech and language pathologist
- ➢ Informal observation & classroom-based evaluation

Support Children with Autism

- ➢ Adapt environment to reduce inappropriate behavior
- ➢ Teach more appropriate behavior
- ➢ Applied Behavior Analysis (ABA)

Strategies to Support Learning
- Visual approaches
- Praise
- Meaningful reinforcements
- Tasks at level
- Age-appropriate materials
- Opportunities for choice
- Break down instructions into small steps
- Pay attention to processing and pacing issues
- Use concrete examples and hands-on activities
- Use task-analyses and others

Communication Strategies and Devices (AACS)
- Gesture
- Objects of Reference
- PECs
- Makaton (an example) - signs
- VOCAs
- Electronic Communication Aids; Speech Output
- Devices
- Total Communication

5.6 Hearing Impairment
- Hard or hearing (mild), deaf (profound)
- Conductive or sensory-neural
- Sometimes temporary (head colds, ear infections)

Common signs
- Poor attention
- Poor speech development

- Difficulty following instructions
- Complain of ear ache
- Discharge from the ear

Causes

- Rubella (pre-natal)
- Genetic
- Accidents
- Exposure to loud noises
- Ear infection (temporary)

Assessment

- Audiologist
- Audiogram
- Levels:
  o 0 – 20 Db. (normal)
  o 21 – 40 Db. (mild)
  o 41 – 70 Db. (moderate)
  o 71 – 95 Db. (severe)
- Below 95 Db. (profound)
- Residual hearing

Types of Hearing Aids

- Behind the ear

- In the canal

- Body Aid

Cochlear Implants

A cochlear implant (CI) is a surgically implanted electronic device for damage to sensory hair cells in their cochlea.

Communicating with deaf learners
- Oral and lip-reading (Oralism)
- Sign language
- Total Communication

Sign language

Different sign language systems & dialects
- American Sign Language
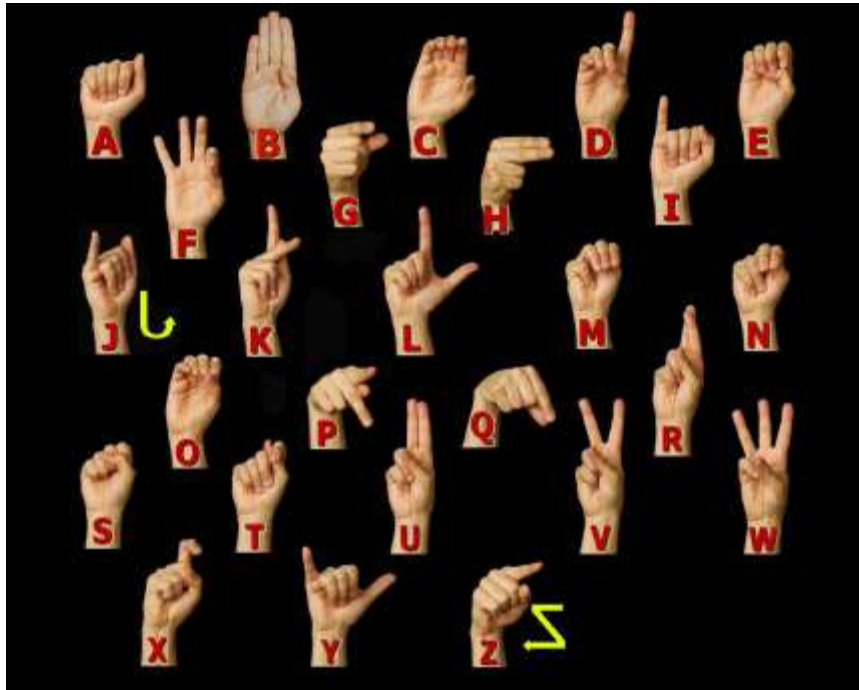
Factors affecting inclusion

- o Parental choice and pressure on school
- o Early identification (age 3)
- o Early intervention (speech therapy)
- o Siblings and peers
- o Community schooling
- o Independence
- o Teacher and peer support
- o Principal's attitude
- o Classroom adaptations

Classroom Adaptations

- • Seated close to the teacher
- • Teacher facing pupil
- • Other pupils are visible
- • Minimize noise
- • Ensure hearing aids are checked (where applicable)

6. VISUAL IMPAIRMENTS – DEFINITION, CAUSES, AND FUNCTIONAL VISION

Key facts[25]

- 285 million people are visually impaired worldwide: 39 million are blind and 246 have low vision.

Classification of Visual Impairments

- Normal vision
- Moderate visual impairment
- Severe visual impairment
- Blindness
- Moderate visual impairment combined with severe visual impairment is grouped under the term *"low vision"*: low vision taken together with blindness represents all visual impairment.

The consequences of low vision

- Level of vision for distant and near object – visual acuity

Original   Optical Blur   Cataract Simulated Contrast Loss
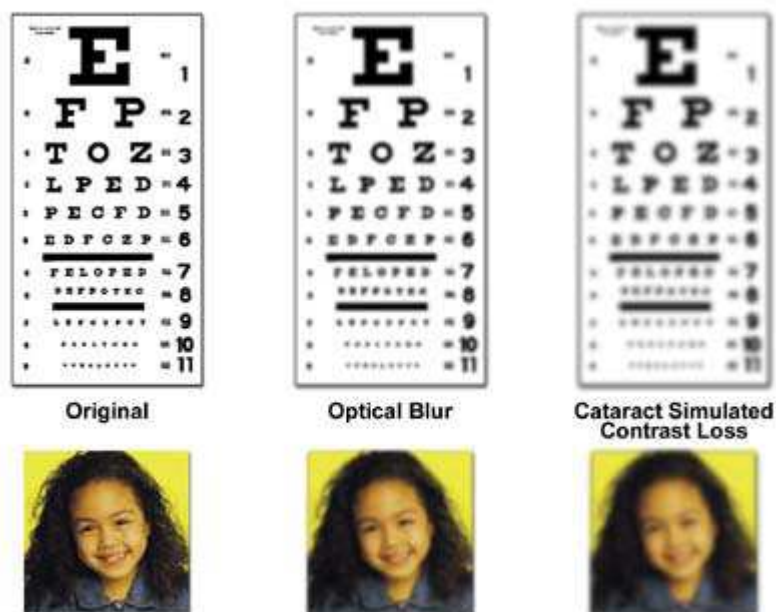
- Visual field
  - The normal human visual field extends to approximately:

    Horizontal 110°

    Vertical 180°

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[25] See more at http://www.who.int/mediacentre/factsheets/fs282/en/.

- Visual field loss
  - o Central
  - o Peripheral
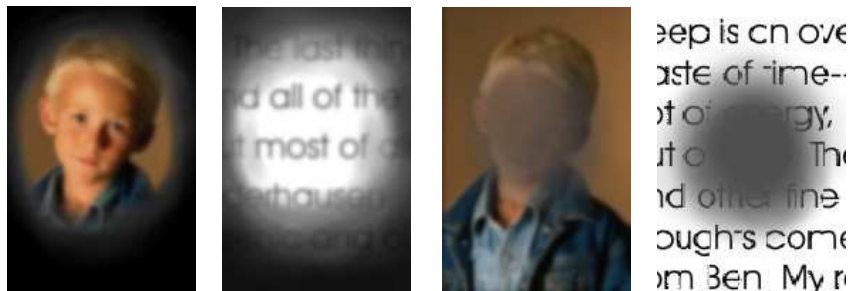
- Ability to see print or objects which have poor contrast

Some individuals experience difficulty driving at night due to poor contrast sensitivity or from glare.

- Color vision
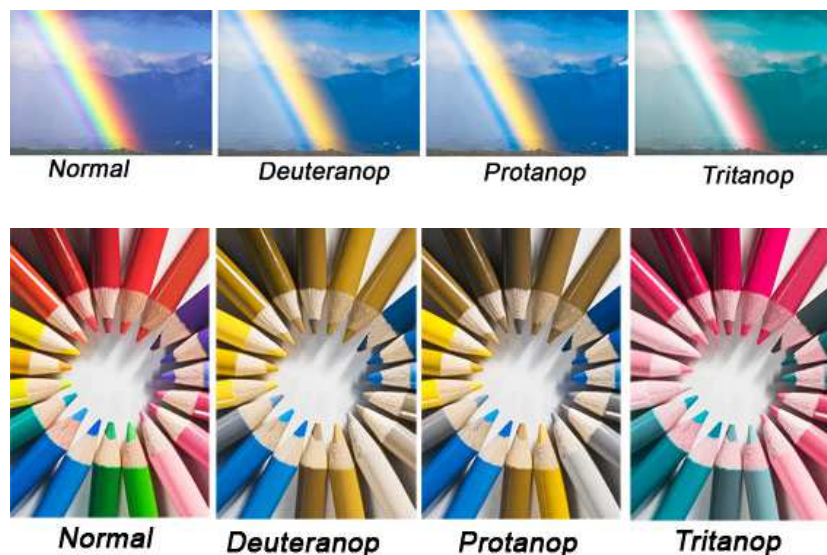
  - o Protanopia and protanomaly (red deficiencies)

  - o Deuteranopia and deuteranomaly (green deficiencies)

o   Tritanopia (blue deficiencies)

o   Rod monochromacy or achromacy (no color)

o   The colors with which they have difficulty distinguishing depend upon their type of color-blindness, but red-green deficiencies are the most common.

6.1 Factors affecting how person sees and recognizes objects

- Are the objects familiar or strange to the person

- Are the objects far or close to the person
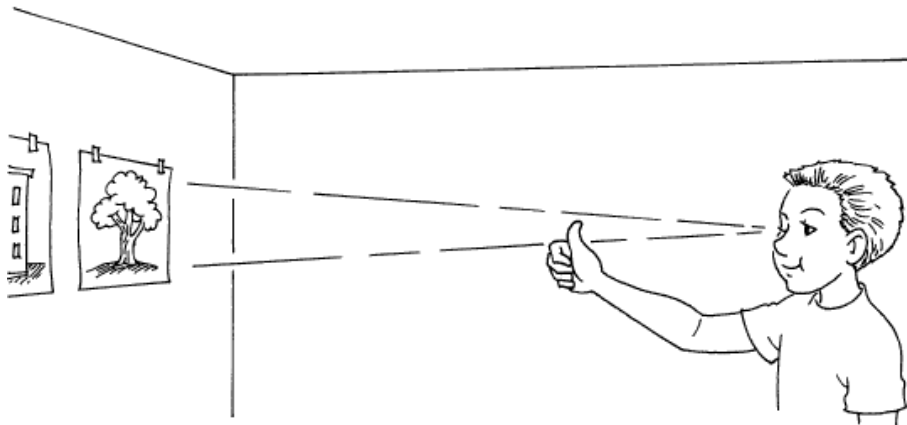
Other factors include

- Size of objects

- Detail or simplicity of the object

- Amount of light on the object

- Contrast against the background

- Color of the object

- Whether objects are still or moving

- How easy the object is to find
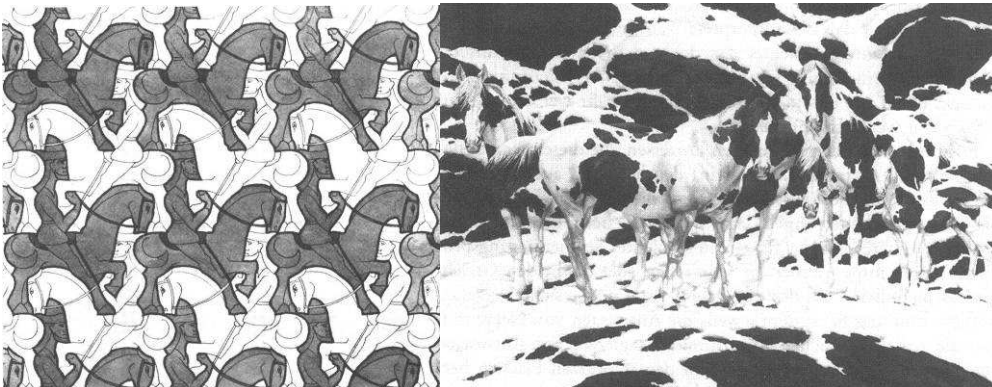
- Position of the object
- Time available for looking

6.2 The causes of visual impairment

- Uncorrected refractive errors (myopia, hyperopia or astigmatism);
- Cataract;
- Glaucoma ;
- Most of us are familiar with visual impairments such as near-sightedness and far-sightedness.

Less familiar visual impairments include:

- Strabismus = where the eyes look in different directions and do not focus simultaneously on a single point.

- Congenital cataracts, where the lens of the eye is cloud.
- Retinopathy of prematurity, which may occur in premature babies when the light-sensitive retina hasn't developed sufficiently before birth.
- Retinitis pigmentosa, a rare inherited disease that slowly destroys the retina.
- Coloboma, where a portion of the structure of the eye is missing.
- Nerve hypoplasia, which is caused by underdeveloped fibers in the optic nerve and which affects depth perception, sensitivity to light, and acuity of vision.
- Cortical visual impairment (CVI), which is caused by damage to the part of the brain related to vision, not to the eyes themselves.

Functional vision[26]

- *Functional vision* refers to the interaction between our environment and how we process visual information - functional vision is our everyday vision.
- This refers to the use of vision for a particular purpose. Even small amounts of vision can be useful, for example to recognize a person close up, or to avoid objects.
- The use of vision depends on a person's experiences and can vary with different conditions. Functional vision may be improved with refractive correction, low vision devices or instruction in the use of vision.

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[26] See more at http://www.contrastsensitivity.net/fv.html.

6.3 Contact and guiding of persons with visual impairment

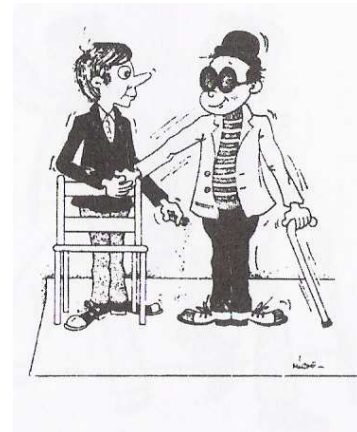**The Courtesy Rules of Blindness[27]**

„If I am walking with you, don't grab my arm, let me take yours. I will keep a half-step behind, to anticipate curbs and steps."
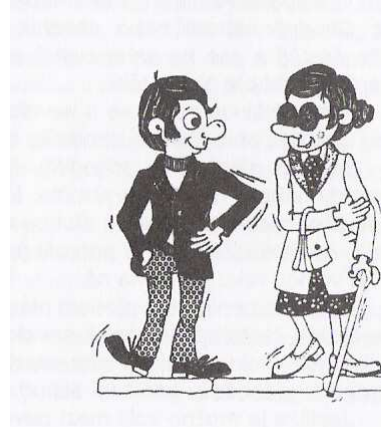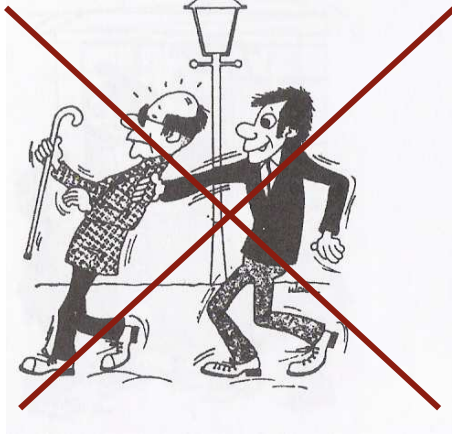
„I want to know who's in the room with me. Speak when you enter. Introduce me to the others, include children, and tell me if there's a cat or dog. Guide my hand to a chair."

„I'm sorry, I have to go away for a moment"

„I'm an ordinary person, just blind. You don't need to raise your voice or address me as if I were a child. Don't ask my spouse what I want —"Cream in the coffee?"—ask me."

„Good morning, sir, I´m waiter. What would you like to drink?"

[27] Pictures: Herman van Dyck; see more at https://nfb.org/images/nfb/publications/vodold/vfal9817.htm and http://www.jeffstateonline.com/services/ada-office/faculty-handbook/courtesy-rules-of-blindness/.

„I don't want pity. But don't talk about the wonderful compensations of blindness. My sense of smell, touch, or hearing did not improve when I became blind. I rely on them more and, therefore, may get more information through those senses than you do—that's all."

„If I'm your houseguest, show me the bathroom, closet, dresser, window—the light switch, too. I like to know whether the lights are on."

„I'll discuss blindness with you if you're curious, but it's an old story to me. I have as many other interests as you do."

„Don't think of me as just a blind person. I'm just a person who happens to be blind."

6.4 Understanding How Children with Visual Impairments Learn Haptic Touching

HANDS are a primary information-gathering tool for children with visual impairments.

The Functions of Touch
- Vibration
- Surface texture
- Wetness/dryness
- Surface temperature
- Shape
- Slope
- Curved
- Hardness/softness
- Weight
- Elasticity
- Pliability

What Can We Do to Develop Hand Function?[28]

- Honor the child's hands.

- Watch what the child does with his/her hands.

- Use a hand-under-hand approach in guiding the child or modeling actions with your hands.

- Watch what child can do with his/her hands.

- Give the child objects that encourage the development of skills.

- Provide the child with many opportunities each day to explore a wide variety of objects on his/her own.

- Make your hands available to the child for him/her to be able to tell you something or show you something. Model hand-use for the child as you do things. Let the child know you are experiencing the object he/she is experiencing. Play hand games with the child.

- Offer many hands-on learning experiences with real objects. Provide more time for the child to explore objects within activities.

- Create object books and boxes for a child to *recall* an event they have experienced by exploring materials associated with that activity.

6.5 Low vision students in a classroom

The teacher can ask questions like:

- What can you see?

- Can you read the text on the blackboard?

- How many people are there in this picture?

- Can you read the first sentence in this book?

Common signs that a child may have visual impairment

- Eyes that don't move together when following an object or a face.

- Crossed eyes; eyes that turn out or in; eyes that flutter from side to side or up and down; or eyes that do not seem to focus.

- Eyes that bulge, dance, or bounce in rapid rhythmic movements.

- Pupils that are unequal in size or that appear white instead of black.

- Repeated shutting or covering of one eye.

- Unusual degree of clumsiness, such as frequent bumping into things or knocking things over.

- Frequent squinting, blinking, eye-rubbing, or face crunching, especially when there's no bright light present.

- Sitting too close to the TV or holding toys and books too close to the face.

- Avoiding tasks and activities that require good vision.

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[28] Kate Moss; see more at https://www.tsbvi.edu/seehear/spring05/things.htm.

6.6 Support for student with low vision[29]

- Preferential seating is often necessary for a student with low vision.

- Let the student select a seat where he/she sees well.

- Seat a student as close to the board as practical.

- Reduce glare from windows and lights as much as possible.

- Seat the student with his/her back to windows.

- Copy materials written on the board or overhead projector.

- Clear contrast between the print and the background will help the student be more successful.

- Contrast, print style, and spacing of letters can be more important than print size.

- Low vision students may require more time to complete assignments.

- Low vision students are usually slow readers because of the visual impairment.

- Word games, puzzles and graphs may be inappropriate for a low vision student.

- Storing and using large print materials may be difficult to manage in a classroom for the student. Help the student find a place for books and supplies. Also, a locker may not be appropriate if it has a combination lock.

6.7 Support for blind students

- Be more verbal.

- Help the child learn the workings of the classroom.

- Organize the child's desk area and materials storage area for maximum independence.

- Adapt materials or parts of the lesson when necessary.

- Provide hands-on opportunities. These will make experiences more meaningful for the blind child.

- Model movements for songs, finger plays etc. You want the whole class to learn by moving the blind child through the motions. Sighted children get the benefit of watching and the blind child can learn by experiencing his/her own movement.

- Offer information instead of help. Instead of getting an object for the child, give the child a chance to find it by describing its size, shape, and location. Then give the child enough time to explore and correct mistakes before you give more prompts.

- Understand and respect the skills of blindness. Learn the general sequence of the skills. Provide opportunities in the class for the child to practice and offer appropriate support as the child is working toward mastery.

- Braille reading and writing is the equivalent of print reading and writing.

- Information can be reliably perceived through the sense of touch.

- The blind child should be moving about more and more independently as time goes on using orientation and mobility skills.

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[29] Carol Castellano; see more at https://nfb.org/images/nfb/publications/fr/fr15/issue3/f150302.html.

- The child will learn to use sound, memory, mental mapping, and various special tools and will learn to ask for information when needed.

To achieve this goal they will:

- Keep expectations high.

- Provide the same or equivalent information, experience, and education for the blind child as for the sighted children in the class.

- Build in the expectation, the instruction, and the practice time for independence in all areas-academic, social, and personal.

- The classroom teacher will assume the same responsibility for the education of the blind child as he or she assumes for the education of the sighted children in the room, i.e. speak directly to the child at all times, grade the child's papers, know the child's work, interact with the child daily, discipline the child etc.

- Understand and respect the alternative skills the child will be learning, i.e. the use of Braille, cane, sound, touch, and memory, various special tools etc.

6.8 Braille code

Questions

- What is Braille?
- What does Braille look like?
- How is Braille written?

What is Braille?

- Braille is a series of raised dots that can be read with the fingers by people who are blind.

- Teachers, parents, and others who are not visually impaired read braille with their eyes.

- Braille is not a language. It is a code by which languages such as Khmer or English may be written and read.

Khmer Braille code[30]

ក	ខ	គ	ឃ	ង
ច	ឆ	ជ	ឈ	ញ
ដ	ឋ	ឌ	ឍ	ណ

ត	ថ	ទ	ធ	ន
ប	ផ	ព	ភ	ម
យ	រ	ល	វ	ស
	ហ	ឡ	អ	

What does Braille look like?

- Braille symbols are formed as braille cells.
- A full braille cell consists of six raised dots arranged in two parallel rows each having three dots.
- The dot positions are identified by numbers from one through six.
- Sixty-four combinations are possible using one or more of these six dots.
- A single cell can be used to represent an alphabet letter, number, punctuation mark, or even a whole word.

6.9 The long cane technics

Why use a long cane?

A long cane is designed primarily as a mobility tool used to detect objects in the path of a user. White canes require minimal training to get started moving about independently.

Safety

A long cane helps the user to detect obstacles and hazards, drop-offs, ground level changes and stairs in the path of travel.

Information

A long cane provides information from the environment that assists orientation, such as tactual feedback. For example, the cane user can detect changes in surface textures between grass and concrete to follow a footpath.

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[30] Krousar Thmey; 2013.

Confidence

Many cane users experience an increase in confidence because they hesitate less about the safety of the next step.

Posture

A long cane improves the user's posture, because they don't need to feel the ground with their feet while travelling or walking with their head down to check the surface directly.

Identification

As most canes are colored white with a red tip, they indicate to drivers and other pedestrians that the cane user may be unable to see objects or other people.

What are the long cane techniques?

As there are various cane techniques, our instructors help people with vision impairment to learn the right techniques based on their individual needs, ability and living environment. The duration of training will vary depending on these factors, and training takes place in the person's own living environment.

The most commonly used techniques are:

- Diagonal technique

- Touch technique

- Constant contact technique

- Shoreline technique

Basic posture

- Body upright

- The hand that holds the stick - in the waist before the middle of the body

- Cane is directed obliquely forward at an angle of 30 to 40°

- The lower end in contact with pads 70 cm from tip feet

- Arms and shoulders relaxed

Basic holding

- The handle is in the palm, fingers around of cane and finger is drawn down the stick

- The hand does not lie on his stomach - 10-15 cm before

- It uses full-length sticks, a firm grip

Diagonal technique

➢ The cane is held in front and slightly diagonally across the body. The tip is in contact with the ground or just above. This technique can be used in familiar controlled environments, or by those with low vision.

Touch technique

> The cane tip is arced from side to side. When the left foot steps forward the cane sweeps to the right, and when the right foot steps forward the cane sweeps to the left. This technique allows safe travel in all environments by clearing the area for each step before it's taken.

Constant contact technique

> The cane is held in front and sweeps from side to side. The tip remains in contact with the ground. This technique is a variation of the touch technique, and allows for earlier detection of drop-offs and changes in the footpath.

On the Stairs

> A long cane allows people to locate and safely ascend and descend stairs. After making contact with the stairs, the person uses cane to check the step width and height, and then proceeds with the cane always one step ahead of the footstep.

6.10   Non-optical and optical devices

REMEBER! Two groups of students:

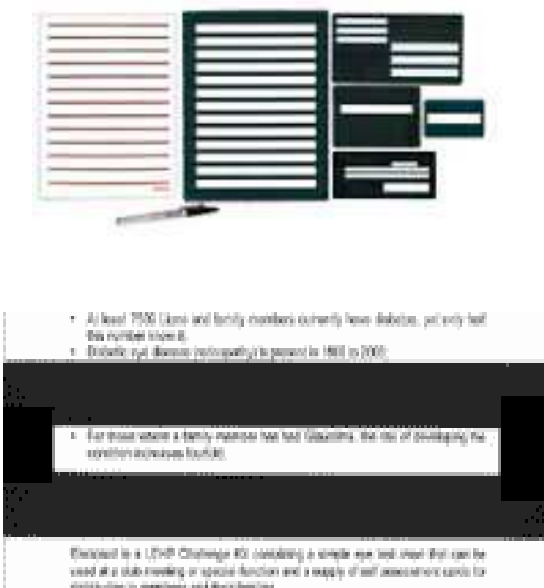| **Those with low vision** | **x** | **Blind children** |
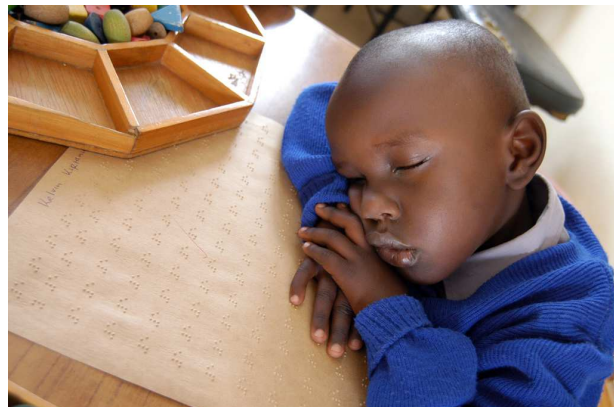
Student with low vision

- BIG
- Bright
- Bold (contrast)

6.11   Non-optical devices

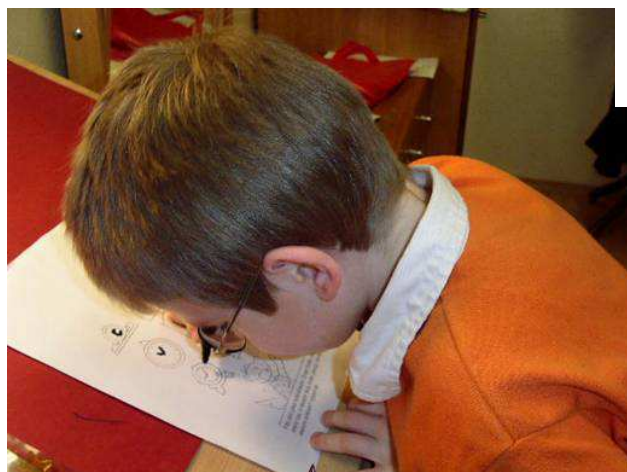- Typo scope

- Enhances the images and reduces glare

Enhance contrast

- Felt-tipped pens

- Good lighting on object or print

- Bold lined paper

Adjust or provide a comfortable working distance

- Reading stand

- Good reading techniques

Change to environment

- Control or adjust light/glare with hat, eye shade or lamp, sunglasses

- Organize space with less clutter

- Change of person to subject ratio

- Reading and writing media

Low vision non-optical devices include

- Flexible-Arm Task Lamps

- Electronic Video Magnifiers

- Absorptive Sun lenses/Sunglasses

- Colored Acetate Sheets

Optical devices for near tasks

- Magnifying glasses

- Handheld magnifier

- Stand magnifier

Optical devices for distance tasks

- Telescopes

7. LEARNING AND INCLUSIVE CLASSROOMS

How do learners learn?
How do you learn best?

## 7.1 How do learners learn[31]

- **VISUAL-SPATIAL** Thinks in images. Likes drawing and observing. Does well at mind mapping, puzzles, and graphics. Learner sees and imagines pictures well (architects, navigators, artists, designers, pilots).

- **BODILY KINESTHETIC** Thinks through sensations. Likes sport, drama, movement, physical activity. Good at using the wisdom of the body and the brain's motor cortex (sportsmen, dancers, performing artists).

- **MUSICAL-RHYTHMIC** Thinks rhythmically and in tunes. Likes music and dance. Often taps and hums. Recognizes tonal patterns, sounds, beats (musicians, actors).
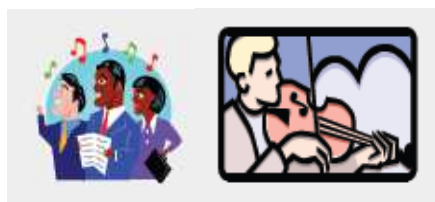
- **INTERPERSONAL** Thinks best with others. Likes co-operative & group activities. Good at interactive, people centered activities. Good person to-person relationships and communication (educators, lawyers, nurses, radio and TV personalities, actors).

[31] Multiple intelligences of Howard Gardner.

- **INTRA-PERSONAL** Thinks best alone. Likes individual self-paced and managed activities. Reflective and quiet. In touch with self and own feelings (writers, philosophers, psychologists, religious leaders, actors).

- **VERBAL-LINGUISTIC** Thinks in words. Likes reading, writing, listening and speaking. Does well with books, dialogues, debates (journalists, speech writers, political leaders, educators).

- **LOGICAL-MATHEMATICAL** Likes reasoning. Likes to organize and interpret data. Does well at math and science problem solving. Good at inductive, deductive and abstract thinking (mathematicians, scientists, designers, architects, economists).
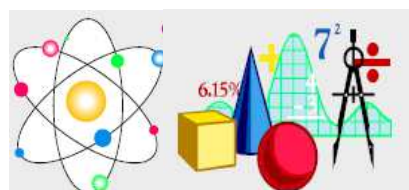
- **NATURALISTIC** Creating an understanding and meaning through the world, excursions and research (geologists, scientists, veterinarians).

Teaching-learning Activities[32]

May include:

Verbal/ Linguistic	Visual-Spatial	Logical- Mathematical	Bodily-Kinesthetic
Essays	Puzzles	Higher-order	Dramatization
Word search	Exercises in	reasoning	Dance
Memory games	logic	Outlining	Mimes
Drama	Deductive	Pattern games	Games
Speeches	reasoning	Logic exercises	Demonstrations
Debates	Calculations	Deductive	Invention projects
Diary writing	Logical analysis	reasoning	
	Copying	Calculation	
	designs	process	
	Developing	Logical analysis	
	designs	and critique	

7.2 Finding out how pupils learn

- Teacher Observation
  - o Social
  - o Environmental
  - o Emotional
  - o Cognitive
  - o Metacognitive
  - o Parent report
  - o Self-assessment
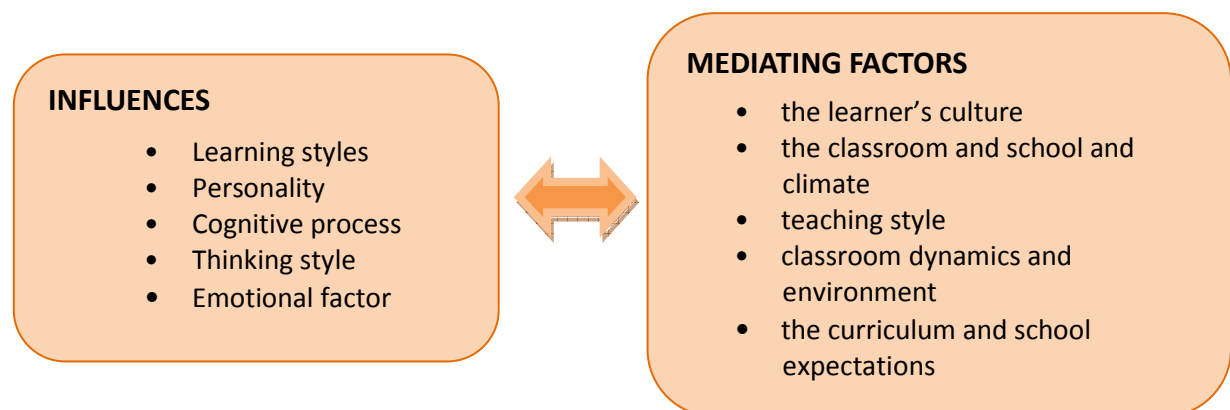

Clipart: 'drawing'

What influences learning?

- Modality preference
  - o visual, auditory, tactual, kinesthetic input
- Personality types

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[32] Adapted from Lazear, 1994 in Reid; 2005

- o   Intuitive

- o   Risk-taking

- o   Cautious

- o   Reflective

- Social variables

  - o   Work alone

  - o   Work with others

- Cognitive processes

  - o   Memory, comprehension and methods of information processing

- Movement and laterality

  - o   Active learning and left- and right-hand hemispheric activities

- Emotional factors

  - o   Can be incorporated in many of the above categories such as personality and social preferences

INFLUENCES
- Learning styles
- Personality
- Cognitive process
- Thinking style
- Emotional factor

⟷

MEDIATING FACTORS
- the learner's culture
- the classroom and school and climate
- teaching style
- classroom dynamics and environment
- the curriculum and school expectations

Learning Environment[33]

- The *learning environment* refers to conditions external to the learner, including the nature of the skill, performance elements, practice methods and feedback. It might be divided into four parts: **Microsystem, Mesosystem, Exosystem,** and **Macrosystem**.
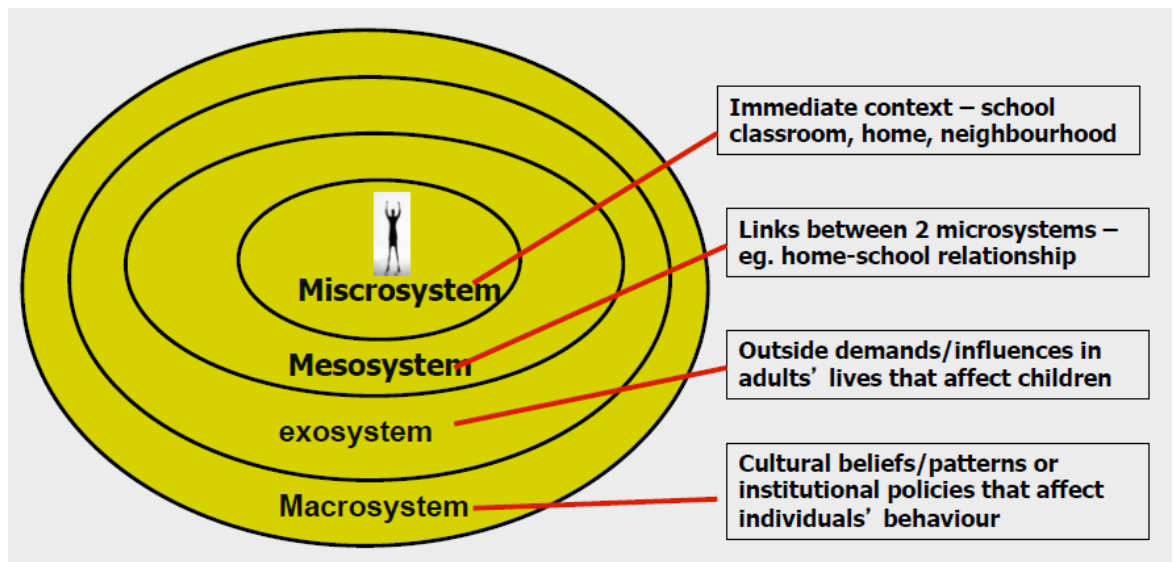
Classroom Environment and different teaching styles

Similarly as learning environment above, we can also classify classroom environment. Type of classroom environment is determinated by strategies a teacher uses such as discipline or choice of activities for learners. These strategies have a direct effect on learners.

The mind your table Manners classroom	The set menu classroom	The a la carte classroom	The buffet classroom	The street Market classroom
Teacher-directed	Teacher directed	Fewer items on display	Overwhelming amount of displays	Very busy
Students have little control	Set corners for different items	Degree of competitiveness	Highly stimulating	Stimulating for some, but chaotic for others
Classroom rules	Secure and predictable	Layout can be visually appealing	Students have sense of ownership and responsibility	Too few rules
Students feel apprehensive and restricted		Some pattern and predictability		Students have sense of ownership
High predictability				

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[33] Reid; 2005

Which needs learners have - hierarchy of needs[34]

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8. DIFFERENTIATION AS A TEACHING STRATEGY FOR INCLUSION

8.1 Inclusive teaching

Setting suitable learning challenges

Responding to pupils' diverse needs

LEARNING OBJECTIVES

TEACHING STYLES

Inclusion

ACCESS

Overcoming potential barriers to learning
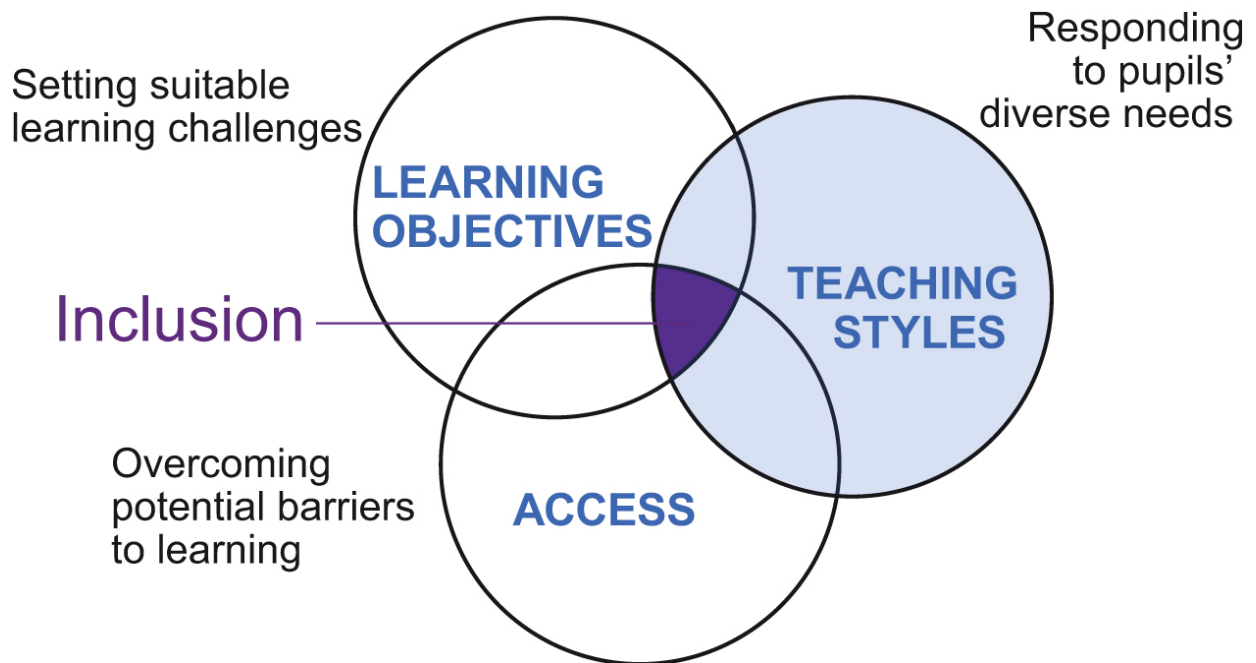
Differentiation by Learning Objective

Differentiation by Access

> **Key points to consider**
> - Know your learner
> - Understand his/her learning style and intelligence(s)
> - Construct activities to support learning individually and within groups
> - Never underestimate the value of peer support
> - Never underestimate the ability of your learner OR limit his/her capability

8.2 Effective planning for pupils with SEN is important

Effective planning will:

- Be embedded in the teacher's usual planning format.

- Incorporate personal targets wherever possible (recognizing what children can do, and to extend the boundaries).

- Draw on the three principles of inclusion –learning objectives, teaching styles and approaches, access strategies, and.

- Involve collaboration.

> **Key points to consider**
> - Know your learner
> - Understand his/her learning style and intelligence(s)
> - Construct activities to support learning individually and within groups
> - Never underestimate the value of peer support
> - Never underestimate the ability of your learner OR limit his/her capability

8.3 Managing Pupil Grouping

Collaborative Learning Strategy: Think-Pair-Share
- Relieves the pressure on the teacher to be the sole source of knowledge and support in the classroom.
- Exploits the social and learning benefits of pupils teaching and learning from their peers.

Principles of grouping
- Group pupils flexibly on the basis of what you want them to learn;
- When teaching a group directly, group together pupils who need to work on similar learning objectives;
- When pupils work on a collaborative task independently of the teacher, use mixed-ability groups;
- When pupils are working independently but individually, plan seating arrangements that provide pupils with good role models and peer support;
- Plan for social as well as academic learning.

> **Remember the strategies you would use to support children with:**
> - Intellectual Disabilities
> - Dyslexia
> - Reading Difficulty
> - Writing Difficulty
> - Hearing Impairment
> - Visual Impairment
> - Cognitive Impairment
> - Physical Impairment
> - AND other children

8.4 Lesson planning for differentiation and inclusion

The usual individual educational plan (IEP)

Steps

- Deciding Lesson Strategies: **PLANNING (CLASS LESSON PLAN INCLUDING IEPs)**

- Delivering the Lesson

- Assessment – **TO WHAT EXTENT HAVE CHILDREN ACHIEVED THE OBJECTIVE?**

Reflections on possible lesson plan

1. What is the concept/Unit/Topic/Subject/goal?

2. What types of learners are in the class?

3. How the teachers introduce this concept to the children?

4. How the teacher engages the children I the topic?

5. How the teacher explains/demonstrates all the knowledge/skill requires so that pupils understand the information? How children interact with the material? How the teacher can check for understanding?

6. How the pupils practice new knowledge with teacher support? How the children get enough practice to gain in dependence on the topic?

7. How the pupils in dependently practice knowledge and skills required? How the teacher provides opportunities for extra support where needed?

8. How the teacher summaries the lesson for the pupils?

9. How the teacher measure what the pupils have learnt? Is there more than one way to determine if pupils had gained knowledge from the lesson?

10. What modification the teacher makes for pupils with intellectual disabilities and/ or impairments?

> **Activity: Now your turn**
> - Work in pairs
> - Decide on details on your lesson planning template

Lesson focused and learning outcomes includes strategies for all learners, including the learner you've identified with ID, learner with visual impairment, and learner with dyslexia.

Learning outcomes (Grade1)

Children will be able to:

- Distinguish words

- Identify and name objects

- Make associations

- Reproduce and act out dialogue

- Reproduce and answer questions orally

> Fill in the lesson plan template

> Use the story of the Hare and the Tortoise as a resource

- Take part in guessing games

- Follow oral instructions

- Listen for detail

- Apply prior knowledge

- Develop fine motor control of hands and fingers

- Co-ordinate hand-eye movement

Choose one objective from the list

Class of 25 learners. You have learners with:
1. Intellectual Disabilities
2. Visual Impairment
3. Dyslexia

9. SUPPORTING PARENTS AND WORKING WITH COMMUNITY

We will look at partnerships

- School-parent partnerships

- Enabling participation and educational transitions: role of the setting/professional

- Difficult situations

- External support, including community agencies

Parent-School Partnerships

United Nations, Convention of Rights of Child (UNCRC) states:

- State signatories must **respect the rights and duties of parents** (and recognize that) both parents have common responsibilities for the upbringing of the child.[35]

- **A child shall not be separated from his or her parents against their will** (and shall be permitted to cross national borders) for family reunification.[36]

Role of parents

- Choice

- Participation

It's a working relationship that is characterized by a shared sense of purpose, mutual respect and the willingness to negotiate. This implies as sharing of information, responsibility, skills, decision-making and accountability.[37]

Factors affecting the power and voice of the parent

- Gender
- Status
    - Poor families
    - Economic survival is priority
- Disability
- Ethnicity
    - Lack of trust
- Because of own experiences
- Experience of racism and discrimination[38]
    - Choice of school?
    - Language
    - Cultural notion of 'professional' and parent

9.1 Managing Family Expectation: Education

Legal Right to Education

- UNCRC

- Local Legislation

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[35] Articles 5 & 18
[36] Articles 9 & 10
[37] Pugh and De'Ath; 1989 in Siraj-Blatchford; 2003
[38] Ibid.

Parent Rights

- Right to consent
    - Testing and assessment by local professionals and local authorities
- Responsibility to participate
    - In the development of an Education Plan
    - Participation
    - In ability to attend
- Right to disagree
- Right of confidentiality
- Responsibility to become involved

Motivating the child to learn

If parents could spend more time with me it would work out….my parents had faith in me and I wanted to prove I could do better[39]

Is Inclusion the best choice?

- Voice of parent (1) - mainstream
- Voice of parent (2) – special setting

Role of settings and the professional

- Welcoming
- 'open door policy'–an ethos of partnership
- Support and advice e.g. For SEN issues
- Explain roles clearly (understand cultural beliefs)
- Interest in individual parent & parent as educators

> **Considerations:**
>
> Knowledge of the parent
>
> Background and cultural beliefs

Communication, sharing in formation

- Regular and effective
    - Face-to-face, telephone, written notes, home-school diaries, home visits, report forms, parent-teacher meetings at school, Open Days
- Willingness to share about child and setting
- Willingness to ask advice about child and seek views on curriculum, child rearing and assessment

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[39] Brill; 2001

- Work towards common goals

- Take time to explain and listen

- Display liking for parent and respect for feelings

- Be approachable and open to negotiation

- Share responsibility and willingness to work together

- Emphasize that child is at the center and therefore care/family is significant

- Language of communication

- Skills needed[40]

    o Listening, counseling, assertion skills

- Examples of information

    o Photographs of staff in setting

    o Staff who are leaving and new staff

    o Display of day's activities

    o Significant events

    o Causal conversations while waiting for children

    o Encourage parent supporting each other meeting spaces

- Parents as a resource:

    o Voluntary teacher aides at school, preparation of materials, fundraising

    o Teacher training programs: Parents who are members of parent or professional organizations e.g. Parent Partnership Services; parents involved in SEN groups e.g. Disability organization e.g. Downs Syndrome Association

    o Minority ethnic parents – cultural festivals etc.

Recognition of the changing family

- Cambodia societal norm or stereotype (?)

- **BUT** Minority existing ethnic communities, unmarried, divorced, disabled, adopted, fostered, living in children's homes, homeless, unemployed parent (s)

- Focus on understanding who cares for child and relationships

9.2 Possible Tensions in Collaboration

Parent vs. Setting

- Values

- Culture

- Practice dialogue and negotiation

- Setting's equal opportunities policy

- Other policy statements e.g. And-bullying, discipline code, SEN code Outline parents' rights and responsibilities at the outset.

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[40] Refer to Stakes and Hornby; 2000

9.3 Responding to Barriers to Learning and Participation: a Community Approach

What do you do when you find a child experiencing a 'difficulty'?

How do you respond?

Who could be involved?

- Teacher
- Pupil
- Peers
- Parents/caregivers
- Coordinator (school or district level)
    - o Learning support coordinator
    - o Special Educational Needs Coordinator (SENCO)
    - o Lead person
- Community – outside agencies, voluntary groups
- Integrated services (Education, Health, Social Services etc.) joined up'thinking and response.

Who are Professionals?

Education

- Teachers
- Teaching Assistants
- Special Education Advisers
- Local Authorities

Medical

- Doctors
- Nurses
- Therapists
    - o Deaf: Speech therapist

- o   Physical Impairment: Occupational Therapist & physiotherapist

- o   Intellectual Disabilities: Educational Psychologist

9.4 Responding to barriers: a collaborative approach – chart

See the collaborative approach cart on page no. 10

STEP 1: Identify Strengths and Barriers

- • Review information on the form (**TEACHER, COORDINATOR**)

- • Identify the strengths which need to be supported (**TEACHER, COORDINATOR**)

- • Identify that the barriers are (**TEACHER, COORDINATOR**)

    - o   individual

    - o   group-related

    - o   teacher-related

    - o   peer-related

    - o   school-related (ethos, policy or practice)

    - o   home related

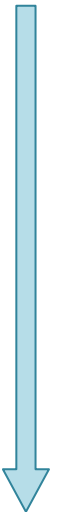   - o   community-related

STEP 2: Addressing Barriers

- • Decide how these barriers can be addressed (plan of action, process)

- • Decide who will be involved (responsibilities)

- • Decide who will monitor progress (monitoring and evaluation)

STEP 3: Accessing support

STEP 4: Providing Support

STEP 5: Evaluating and Reviewing Support provision
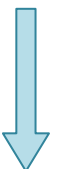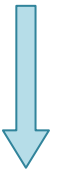
10.   REMINDER - WHAT IS INCLUSION?

Inclusion is about respecting individual differences

Inclusion is about moving from a belief system of identifying problems within the child (medical paradigm) to a system of identifying problems within the system (social paradigm).

Medical paradigm

- If a child can't perform/ if a child doesn't learn then something is wrong with the child or with the way we treat his family.

Inclusion paradigm

- If a child doesn't learn something is wrong with the way we treat children and teach them. Hence, we need to change the way we treat and teach them. **Solution oriented.**
- Moving people from Medical paradigm to Inclusion paradigm.
- Not about asking **why** questions, it is about asking **how** questions.
- Inclusion is about the ability to see both the vase and the two faces at the same time

   (Try on the picture below)
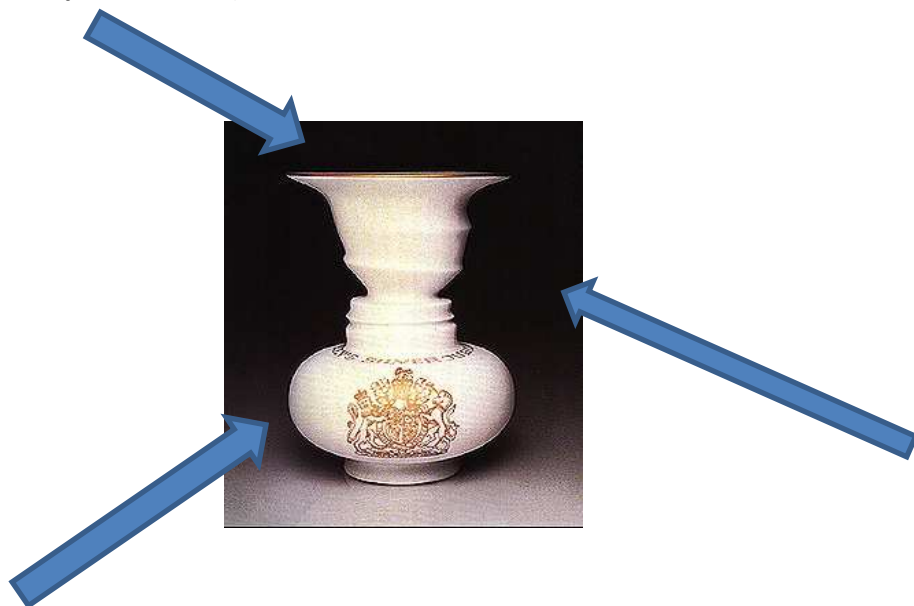
Inclusion in „developing countries": what do we know?

- Historically very inclusive (South Asian countries)
- It is not happening now.
- Policies and legislation do exist.
- Some successful pilot projects in most of the developing countries.
- Pilot projects to wider scale implementation are difficult.

Why? Many barriers:

- Inadequate educational material

- Lack of knowledge about inclusion

- Lack of knowledge about how to acknowledge diversity

- Lack of time

- Lack of funding

- And…? (you can add by yourselves)

Activity

How would you define inclusion in Cambodia?

10.1 Three Key Components of Inclusive Policy and Practice
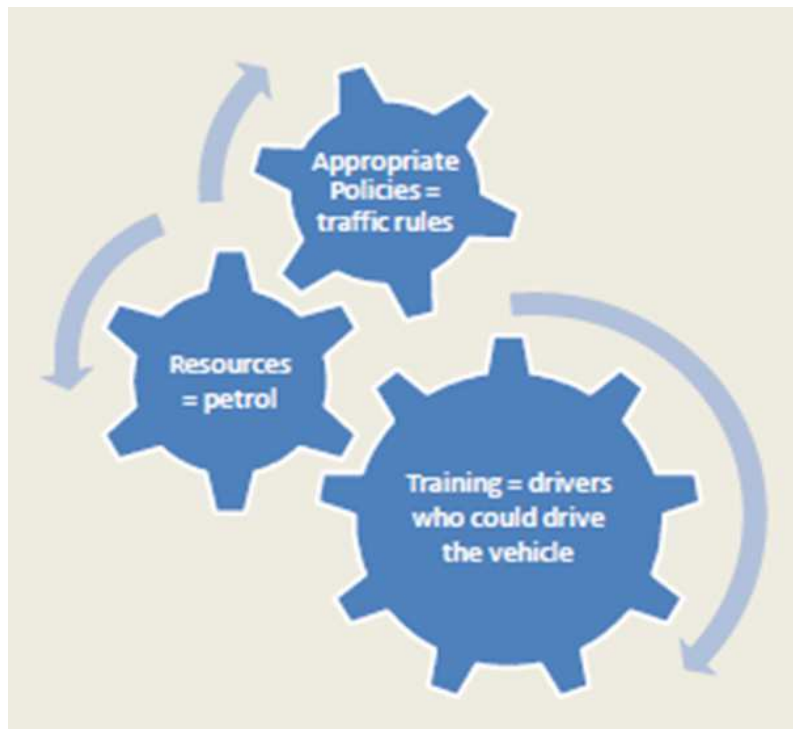
Appropriate policies = traffic rules

- Good rules rather than inappropriate rules

- Enabling legislation and policies rather than exclusionary

- Avoid policies that require labeling

- Supportive policies

- Awareness of rules

What kind of vehicle do we need?

- We need a vehicle that is not too expensive (ideally runs without any petrol).

- A vehicle that can be driven by local people.

- A vehicle that is suitable for our roads.

- Finally a vehicle that will take us across the river/sea.

Resources

- Policies without resources?

- Imagine driving a car without any fuel.

Training = so they could drive the vehicle

Problem is the way we train our teachers.

- Training to ride a bicycle and asking to swim!

- We are training teachers to **EXCLUDE** rather than include.

  o Emphasis on differences rather than similarities.

  o Problems within the child.

 o Limited or no information on *how to include*?

> ## Conclusion
> The only thing that distinguishes failure from experimentation is perception. A student's fear of making mistakes can prevent him/her from enjoying the experience of learning through trial and error; a teacher's fear of making mistakes can undermine their creativity and innovation. Failure can be our greatest resource. Yet, too often we see our mistakes as a reflection of personal incompetence rather than as a potentially enjoyable process of experimentation.[41]

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[41] Kunc; 2004

11. LEARNING AS RECIPROCAL COMMUNICATION

Reciprocal communication

- Communication is a two-way (reciprocal) process.

- We communicate with others to make our needs and desires known, and others communicate back to us to acknowledge and respond to our needs.

- Initially, we all need to be taught this basic premise of communication.

- Useful tool is a **FEELING SCALE**. Have someone point to the face that best explains how they feel. They are useful when determining if a person is sick or hurt.

Feeling scale

| 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 - 10 |
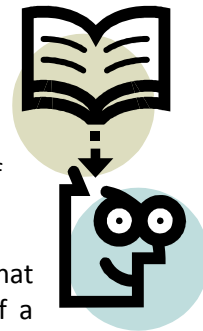
I don't feel good   headache   earache
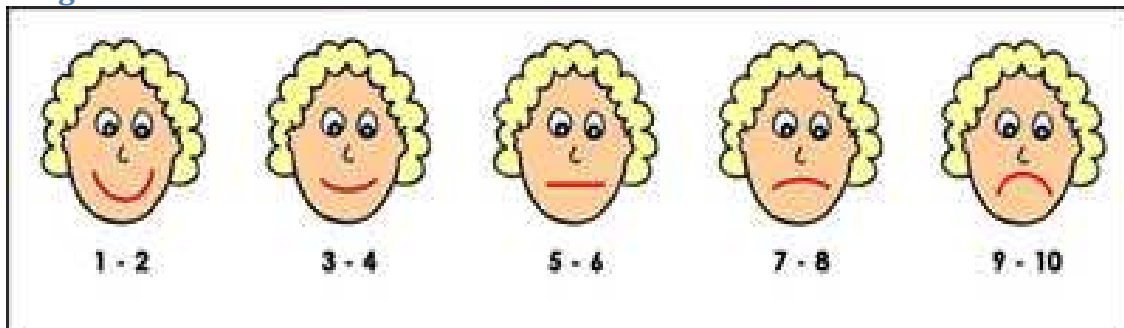
Tips

- Make the picture cards available to a person learning to communicate. Teach him to bring you a picture to express one of his needs.

- Any attempt to communicate which is initiated by the person learning this skill must be enthusiastically received.

Some Examples - Making choices

- To teach choice making, start by offering two items simultaneously to someone with a clear preference for one over the other.

- Offer something like ice cream together with something the individual clearly doesn't like, such as carrots.
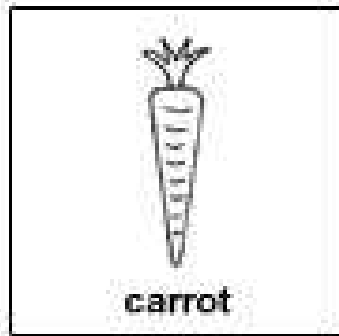
Again, do this repetitively. Say: "You choose."

- Once the concept of choosing is understood, you can begin to offer more subtle choices.

- Choice boards for learning coping skills can be very helpful.
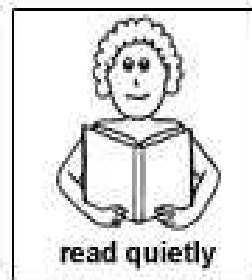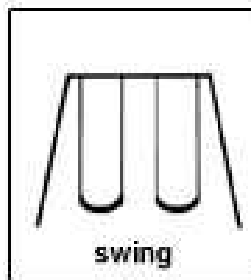
Be creative! The list of possibilities is endless.

Some Examples - Schedules

- Picture cards can be used to build schedules **to organize and structure daily activities**.

- For home use, a picture card schedule can **portray entire day's activities**, or detail the **mini steps of one activity**, such as brushing teeth.

- *On the fly* drawings can help reduce anxiety brought on by a change in plans, or just let someone know what comes next.

- For school use, a picture schedule can list the day's activities as well as mini schedules, such as **what things need to be done when you enter the classroom (put up backpack, put away lunch box, hang up coat, sit at desk)**.

- Often, the more stress caused by a situation, the more structure needed. High-stress situations require a more detailed breakdown using sequential pictures.

- Each routine is learned by doing tasks in sequential order.

- Many people need schedules only temporarily to learn certain sequences.

- Other routines will always need to be presented in a visual format.

- The goal is to create an environment where each person can operate successfully.

Some Examples - Building a morning schedule

Step 1: Select, print and cut out the appropriate picture cards.

Step 2: Attach each picture card by paper clip in sequential order on a heavy piece of paper or cardboard.

Step 3: Instruct the learner to remove the picture card as the activity is completed and put in a designated finished container.

This teaches the concept of completing an activity and transitioning to the next. Keep the schedule in the bedroom or wherever the morning routine takes place.

Displaying the schedule

- Mount picture cards to poster board, use single strip or full size with days of the week grid.

- Mount cards on a clipboard hung on back of doors or carried.

- Mount cards in photo albums.

Transitioning between activities

- Cross or check off picture as activity shown on picture card is completed.

- Move picture to a finished container when activity on picture card is completed.

- Turn picture card over on chart when completed.

- Take completed picture card to next activity area when it is finished.
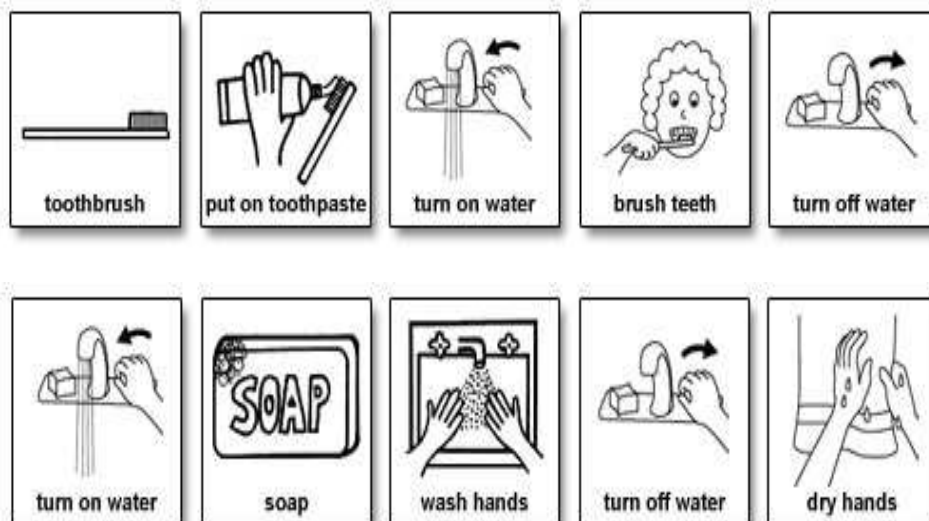
Some Examples - Reminder Strips

- These are shorter strips that help to remind someone how to perform a particular sequence.

- Sequences can include anything an individual seems unable to remember without a visual cue.

For example, place a tooth brushing routine above the sink, or a toileting sequence next to the toilet.

Frequently used reminder strips

toothbrush | put on toothpaste | turn on water | brush teeth | turn off water

turn on water | soap | wash hands | turn off water | dry hands

pull down pants | pull down underwear | go to bathroom | toilet paper

pull up underwear | pull up pants | flush | wash hands

Other layouts

- **Horizontal grids** build early reading readiness with left to right orientation as seen in the reminder strips.

- **Vertical grids** - the visuals go down the side as seen in the morning schedule.

- Using vertical grids, activities are checked off as completed and the schedule can be used for a week at a time. Grids can also hold more complex written information for more advanced readers.

Activity in your group
Make your own manual schedule or grid.

Conclusion

- Always use verbal communication together with other communication method.

- Pay close attention to gestures, signs etc.

- Use what works.

- Motivation, rewarding is crucial.

- Be creative – *what else could be used to facilitate communication?*

12.   SUPPORTING LEARNERS WITH INTELLECTUAL DISABILITIES

Major characteristics of Intellectual Disability (ID)

12.1   Intellectual Functioning

➢ **All academic areas.**

- 2-4 years behind in all areas of cognitive development (e.g. reasoning, problem-solving, working memory).

- Low achievement in most or all academic areas (e.g. reading comprehension, mathematics, written expression).

- Short attention span and easily distractible.

- Delays in speech development.

- May not be confident in school and is easily frustrated.

- Difficulties with learning concepts.

- Academic difficulties last across the school years.

- May seem to learn more slowly than do other students.

- Difficulty with working memory tasks (e.g. math facts or spelling words).

- May seem to remember information one day, and forget it the next.

- Difficulty using academic strategies (e.g. note taking, memorizing definitions).

- Difficulty with generalization of information to other material.

- Difficulty generalizing material learned in one setting to another (e.g. from school to the community).

- Difficulties with more advanced academic skills related to content (e.g. math word problems, identifying themes and symbols in literature).

- Delays in language may affect reading.

- May have difficulty comprehending and summarizing what has been read.

- Weak vocabulary (knowledge of words).

- May operate at a concrete rather than abstract level of thinking.

12.2   Adaptive Behavior

➢ **Communication, socialization, daily living, behavior**

- Difficulty bathing, dressing, grooming, and/or feeding oneself.

- Language may be slow to develop.

- Speech may be delayed, or there may be no speech at all.

- Difficulty understanding and using language (verbal and nonverbal).

- Social skills may be poor (relationships with family and friends).

- May misinterpret the intentions of others.

- May not understand how to pay for things.

- May lack understanding of personal safety or community navigation issues.

- Has trouble linking actions to consequences.

- May use simple language with short sentences.

- May need reminders about hygiene - washing hands, brushing teeth, etc.

- Exhibits problem behaviors and some immaturity.

- Displays some obsessive/compulsive behaviors.

- Difficulty following rules and routines.

Categories of Intellectual Disability
- Categories of *mild*, *moderate*, *severe* and *profound* levels of intellectual disability are defined on the basis of IQ scores (Intelligence Quotient).

- Some students will require greater support than others will.

Mild Intellectual Disability
A mild intellectual disability is defined as an IQ between 50 and 70.
- Can independently participate in most leisure activities within their communities.

- Will have important relationships with the people in their life.

- May struggle in certain social situations.

- May marry and raise a family with support.

- May have a job suited to their skills.

- May live and travel independently with support.

- May need help to handle money and to plan and organize their daily routine.

- May learn to read and write in appropriate educational setting.

- Likely to develop reading, writing, and math skills at a basic level.

Moderate Intellectual Disability
Moderate Intellectual Disability IQ is between 35 and 50.
- Will have important relationships with the people in their life.

- May learn to navigate their community and travel with support.

- Will have difficulty planning trips and handling money independently.

- Will recognize environmental print (e.g. signs, logos, sight words) in daily life.

- Will need visual prompts such as daily schedules and pictures of routines.

- Will need support in their daily lives.

- May display independence in certain daily living activities, such as dressing and bathing.

Severe or Profound Intellectual Disability
Severe (Profound) Intellectual Disability IQ is under 35.
- Will have important relationships with the people in their life.

- May have little or no speech and will rely on gestures, facial expressions, and body language to communicate needs or feelings.

- Will require functional communication systems (e.g. low or high-tech augmentative communication devices) in order to express their wants and needs.

- Will need visual prompts such as daily schedules and pictures of routines.

- Will require extensive support with daily living activities throughout their life.

REMEMBER

Learners have weaknesses same as strengths!

13. TRANSITION FROM SCHOOL TO WORLD OF WORK

There is nothing at all in disability as such that says that people who live with it can´t work.[42]

13.1 Benefits of work

There are many other advantages of being in work then just earning money.

> **Activity**
>
> Write down at least three advantages it brings.

The social and psychological benefits of work

- It structures the day.
- It provides company.
- It provides friendship.
- It gives dignity.
- It gives status.
- It enhances confidence.
- It prevents boredom and isolation.
- It gives feeling of security.
- It gives feeling of being useful.

13.2 Why are people with disabilities disadvantaged in the labour market?[43]

1. Environmental barriers;
2. Prejudice and discrimination;
3. Ill health;
4. Role of education in preparation for work *(Thought helplessness)*;
5. Access to personal support counseling;
6. The organization of work (intellectual skill necessary, shift of industry to countries with cheaper labor force);

13.3 Approaches to employment for people with disabilities

- Sheltered Approaches
- Therapeutically Approaches
- Open labor market approaches

---

[42] Shearer; 1981
[43] EUMAP; 2005

Sheltered Approaches[44]

- Originally seen as *stage of transition;*

- Minimal wage if any;

- Managers often depend on their most productive workers;

- Segregation and reinforcement stereotypes what PwDs (People with Disabilities) can and cannot do;

- Little evidence of cost effectiveness.

Open Market Approach – Supported Employment

- History

- Definition

- Methodology

Supported Employment

1. **Paid Work** – Individuals should receive commensurate pay for work carried out – if a country operates a national minimum wage then the individual must be paid at least this rate or the going rate for the job.

2. **Open Labor Market** - PwDs should be regular employees with the same wages, terms and conditions as other employees who are employed in businesses/organizations within the public, private or voluntary sectors.

3. **Ongoing support** – This refers to job support in its widest concept whilst in paid employment. Support is individualized and is on a needs basis for both the employee and the employer.

Supported Employment - Method

Supported employment is a comprehensive and flexible method with several steps. First, a person with disability together with supporting agency should identify where he or she can and would like to work. Secondly, they will look for what is available in the labor market. Thirdly, potential employers will be contacted and working employment opportunities discussed. Finally on job support including orientation in the culture of the working place will be provided according to individual needs of a disabled person and his employer.

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[44] Gold, M.; 1980
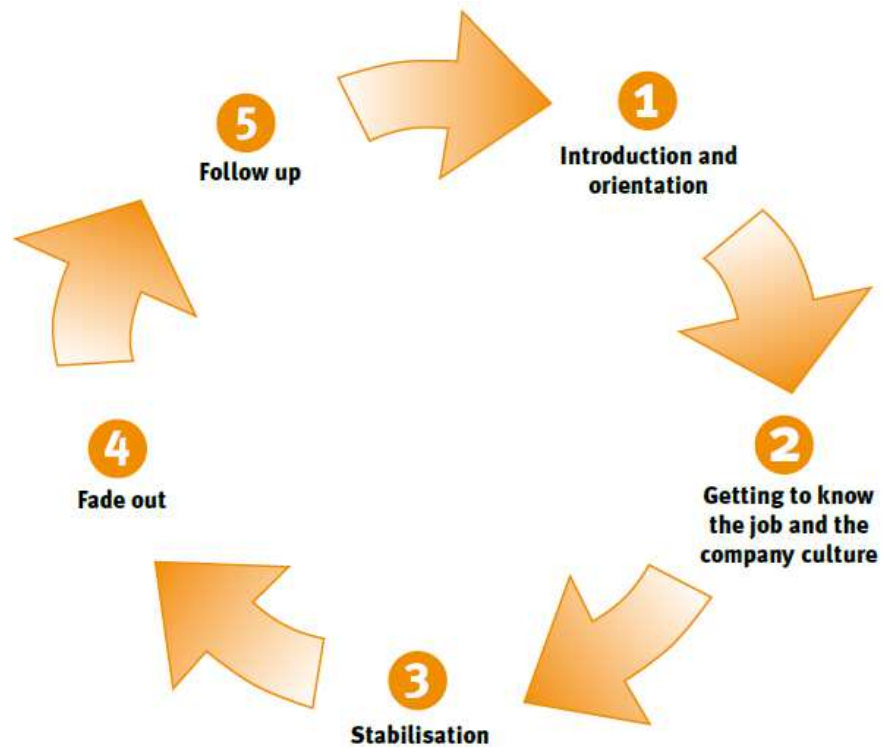
13.4   Actions for Transition from School to Employment[45]

1. Enable people with disabilities to have more resources and supports to complete secondary school and enter higher education.

2. Provide PwDs with opportunities to acquire functional and transferable skills that correspond to the realities of today´s job market.

3. Don't underestimate the capabilities of PwDs.

4. Provide greater physical access to places providing education, training and employment.

5. Consider each situation individually to construct a positive experience for employee and employers.

6. Increase public awareness through media and opportunities for direct interaction.

7. Increase support services provided by companies with employment equity policies by budgeting for job accommodation or providing information in alternative formats.

8. Improve access to community services so that the supports individuals need are provided consistently and reliably enabling them to get and keep their jobs.

9. Negotiate collective agreements that address issues of PwDs.

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[45] See more at http://www.euse.org/.

The tragedy in life doesn't lie in not reaching goal. The tragedy lies in having no goal to reach.

Benjamin Mays