

MODERN TEACHING OF EXCEPTIONAL CHILDREN



BHARAT SINGH

MODERN TEACHING OF EXCEPTIONAL CHILDREN

**[Teaching Methods for Physically Challenged,
Handicapped and Abnormal Children]**

(For B.Ed. Course)

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Preface

Education is a vast discipline and Teachers' Training is a vital part of it. The responsibilities of the educationists and educators are focused on the task of providing better training to the future teachers for their better learning and proper development. Needless to say that this responsibility can only be exercised, if the trainers are equipped with the required knowledge of the subject concerned. That's why it becomes essential for making adequate provisions for each course to the student-teachers or teacher trainees. The present series is designed for providing a solid workable base for all course-papers. It has been prepared strictly according to the syllabus of the B.Ed class, prescribed by the UGC for different universities.

No doubt, there are so many other books on the subject, available in the market, written by worthy authors. However, every writer has his or her own style and way of presentation. The present work also has its own features and characteristics.

In preparation of this series of texts, the editor had to refer to the works of other authors and information sources. The editor feels a deep sense of gratitude for incorporating their ideas in the text. Hopefully, this series would serve as a 'ready to refer' tool for all teachers, teacher-students and others.

—Editor

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Introduction

Education of exceptional children is a challenging field. The term “Exceptional Children” refers to children whose needs are very different from those of the majority of children in society. These children deviate from average children to the extent they cannot receive classroom instruction in regular schools. This was the belief prevalent for several years.

Many children are hard of hearing but every such child is not exceptional unless the loss is such as to impair communication skills. Within a particular group of exceptional children, there are also variations. There are different degrees of hearing loss. Hence, it is appropriate to define exceptional children as those who differ from the average to such a degree in physical and psychological characteristics that the traditional school programme does not allow all round development and progress for them. They need special education or special ancillary services to grow according to their ability.

Special education refers to instruction that is specifically designed to meet the needs of exceptional children. It involves designing the physical environment in the classroom (e.g., use of ramps) teaching procedures, teaching content and equipment (hearing aids for the deaf) for a particular type of disability.

Several terms have been used to describe exceptionality: subnormal, handicapped, disabled, exceptional, special, impaired etc. These have added confusion to understanding and placing the children

who are different from the average. As a result of widespread debate, discussions and research, the World Health Organisation has clearly distinguished the use of three terms: impairment, disability and handicap.

Impairment means, abnormalities of body structure and appearance and organ or system function resulting from any cause in principle. Impairment represents disturbances at the organ level (WHO, 1976).

Disability reflects the consequences of impairment in terms of functional performance and activity by the individual (WHO, 1976).

Handicap on the other hand, refers to disadvantages experienced by the individual as a result of impairments and disabilities; handicaps thus reflect interaction with an adaptation to the individual's surroundings (WHO, 1976).

These terms are based on an organic model having functional interrelationship.

Impairment → Disability → Handicap

The inter-relationship between the three can be explained by means of examples:

- A child born with a finger-nail missing has a malformation—a structural impairment but this does not in any way interfere with the function of the hand and so there is no disability; the impairment is not particularly evident, and so disadvantage or handicap would be unlikely.
- A myope or a diabetic individual suffers a functional impairment but, because this can be corrected or abolished by aids, appliances, or drugs, he would not necessarily be disabled; however, the disadvantage is considerable, e.g., he may not be allowed to take part in group activities or may have to give himself regular injections.
- An individual with colour blindness has an impairment but it would be unlikely to lead to activity restriction; whether the impairment constitutes a handicap would depend on circumstances—if his occupations were agricultural he might well be unaware of his impairment, but he would be at a disadvantage if he aspired to drive a railway engine, because he would be prevented from following this occupation.

“Subnormality of intelligence is an impairment, but it may not lead to appreciable activity restriction; factors other than the impairment may determine the handicap because the disadvantage may be minimal if the individual lives in a remote rural community, whereas it could be severe if he lives in the midst of university graduates living in a large city, of whom more might be expected.”

Hence, children are considered exceptional when they have some characteristics that deviate from the normal or average child. It is for this reason the term “Exceptional Children” is used more often. It is more inclusive in the sense that it consists of the handicapped in one extreme and of the gifted at the other. These children are classified into certain categories for the purpose of placement and educational care.

The following categories of children represent the various types of exceptional children:

- The Educable Mentally Retarded
- The Trainable Mentally Retarded
- The Profound or Severely Mentally Retarded
- The Visually Handicapped
- The Hearing Handicapped
- The Emotionally Handicapped
- The Disabled Learner
- The Physically or Neurologically Handicapped
- The Speech and Language Handicapped
- The Slow Learner
- The Gifted
- The Multiple Handicapped
- The Socially Handicapped

The operational definitions of all these categories and a brief overview of their characteristics are given below in order to help the reader understand the text easily.

The Educable Mentally Retarded (EMR) children have IQs between 60 to 85 (earlier 50-75) accompanied by impaired behaviour. These children can learn minimal academic skills by their late teens with special educational support. They are capable of social and vocational independence with proper education and training. Some of them need supervision and guidance. On an average 2.5 per cent children are within educable range. They come from low socio-economic

backgrounds and are classified as non-pathological or cultural-familial. They are slightly below normal children in physical development. Their greatest difficulty is with learning of abstract concepts. They have a higher expectancy of failure than the intellectually normal. They need to make more effort, immediate and tangible reward and language training. Special teachers work hard to teach the EMR social-emotional adjustment, academic knowledge, physical and motor activities. These children are deficient in information processing habits and have low aspirations. Their rate of forgetting is rapid. But they do profit from training.

Trainable Mentally Retarded children have IQs between 40-60 approximately. By adulthood they have the intelligence of 4 to 8 year old. They can only learn selfcare socialisation and oral communication skills. They need personal attention and care throughout their lives. They can be partially self-supporting after training in sheltered workshops. They contribute 0.5 per cent of the retarded children population. They usually live with parents, relatives or are cared for by some social agencies. They display behaviour problems withdrawal, distractibility, and unusual emotional states. Special school setting sometimes is the answer to their training and care.

Visual handicap is defined in terms of visual acuity, field of vision, and visual efficiency. Visual ability is the ability of the eye to see distant objects clearly using Snellen chart. Individuals who see the letter capital 'E' from a 20 feet distance instead of 200 feet are legally blind. There are children who have low vision or residual vision. These children are sighted and their visual acuity does not exceed 20/70. These children have orientation and mobility problems. Low vision is defined in terms of clarity whereas partial sightedness is defined in terms of distance from the Snellen Chart. Education of these children is based on multi sensory approach, use of plus curriculum, use of Braille, etc.

An emotionally disturbed child is one whose reactions to life situations are unrewarding to himself and unacceptable to his peers and other members of society. They vary in degree. They show over a long period of time and to a marked degree certain characteristics which affect their academic performances. These are:

- a. Inability to learn, that cannot be explained by intellectual, sensory or health factors.

- b. Inability to build and maintain satisfactory interpersonal relationship with peers and teachers.
- c. Inappropriate behaviour or feelings under normal circumstances.
- d. General and pervasive mood of unhappiness or depression.
- e. Tendency to develop fear associated with personal and school problems.

Educational programmes are planned quite cautiously to handle these children.

Hearing handicap is defined in terms of degree of hearing loss. These are classified as mild (20-30 dB), marginal (30-40 dB), the moderate (40-50 dB), severe (60-75 dB), and profound 75 + dB. The deaf hardly profit from auditory training but the hard of hearings do. They have poor self concept, inferiority feeling, temper tantrums, submissiveness, lack of cognitive functioning and language reading difficulties. Interventions and psycho-educational programmes have proved helpful for them including speech therapy.

Learning disabled children exhibit disorder in one or more of the basic psychological processes involved in understanding and using the spoken or written languages. These disorders are manifested in listening, thinking, talking, reading, writing, spelling, arithmetic. They include conditions which are referred to as perceptual problems, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia. They do not include learning problems which are primarily due to visual, hearing or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage. These children are near or above average in intelligence, impulsive, distractible, poor in language organisation, and abstract ideas, hyperactive as well as hypo-active in different situations. They have severe reading problems. Emotionally unstable, these children are over dependent. They display deficiency in memory processes and thinking.

A variety of interchangeable terms have been used to describe persons with physical handicaps e.g., physically handicapped, crippled, orthopaedically handicapped, multiple handicapped. But the legal definition for orthopaedically impaired is a severe orthopaedic impairment that adversely affects child's educational performance. The term includes

clubfoot, poliomyelitis, bone tuberculosis, cerebral palsy, amputations, fractures or burns that cause contractions.

Health handicap is manifested by severe communication and other developmental and educational problems, or having limited strength, vitality or alertness because of heart condition, tuberculosis, rheumatic fever, asthma, epilepsy, lemmophillia, lead poisoning, leukemia or diabetes.

From an educational point of view, crippling and neurological handicaps would include all children with non-sensory physical handicaps whether or not they are accompanied by a neurological damage whether they result in chronic health condition or crippling. Muscle weakness, paralysis, non-coordination are grouped under neuromuscular impairment. The difficulty usually occurs in nerves which innervate the muscles. This may result from infection or injury at any time during the individual's life. Poliomyelitis otherwise known as infantile paralysis comes under neurological impairment. Spina Bifida, Cerebral Palsy and Epilepsy are known neurological handicaps. They require special educational-services and treatment. These children show perceptual problems, inability for spatial orientation and judgement.

Speech impairment is the most common disorder among exceptional children. Speech is defective when it deviates so far from the speech of other people that it calls attention to itself, interferes with communication, or causes the child to be maladjusted. Much can be done for these children by the regular classroom teacher and speech therapist. These children have articulation problems, stuttering, voice disorders, delayed speech and language problems. Language disorders are characterised by abnormal comprehension and/or production of symbols, grammatical structure and words. These are corrected by appropriate language training and intervention from early stages. Speech defects are corrected by speech therapy. .

Slow learners are seen in the classroom. They are regarded in numerous ways. Slow learner refers to children and adolescents who learn or underachieve in one or more academic areas. Intellectually they are within 80 and 95 IQ points range i.e., on the borderline between average low average classification of intelligence. Slow learners are not special education students. They receive remedial education and for them the regular classroom curriculum and learning are applicable. There

is no diagnostic or descriptive profile that characterises the slow learner. They are under achievers and they come from low socio-economic backgrounds. They have low self-concepts. They need educational attention but not special educational services.

Gifted are those children whose cognitive abilities place them in the upper three to five per cent of the population. The gifted children have an IQ of 130 and above. They have superior cognitive ability, creativity in thinking and production. They display superior ability in problem solving and possess high aspiration, high motivation, goal oriented behaviour, analytical ability, perseverance, action oriented, linguistic competence and physical abilities. They learn faster and remember for longer time than average or normal children. But for rare exceptions they are well adjusted in home and school. They can be future problem solvers, innovators, and evaluators of culture if adequate educational experiences are provided.

The presence of more than one type of disability in an individual is referred to as multiple handicap. Most multiple handicapped children are characterised by mental retardation along with another physical disability. Emotional disturbance is also often associated with other disabilities i.e., cerebral palsy, epilepsy and mental retardation. Much thought is currently being given to the education of multiple handicapped children. The term does not include deaf-blind children.

Social Disadvantaged Children refer to children who come from socio-economically backward sections of the community who cannot profit from school because of deprivation of one sort or another. They live in interior tribal and rural areas of the country where educational facilities are minimal. These children have been identified by various types of tests which are either in conflict with one another or are not comprehensive enough, (Panda, 1995). The disadvantaged children show progressive decline in intellectual functioning, cumulative academic deficits, and premature school termination and, high dropout rates. Besides these, the behavioural characteristics include: distractibility, poor self-concept, low motivation, and impulsive behaviour.

Can these children be called as "Children with Special Needs?" It is true that these children have special educational needs and the term special needs children is also used simultaneously for exceptional children. A brief discussion on this point is imperative.

The concept “children with special educational needs” is of British origin. Prior to 1944, provision of education was made on the basis of a specific handicap i.e., visual and hearing impairment, essentially through charitable initiatives. The emphasis was more on training than on education. Originally, provision for children with sensory and physical disabilities and mental handicaps were made, and subsequently extended to those with emotional and behavioural problems.

In the period following World War-II an increasing amount of research was directed at children with special education needs, particularly in the USA. It was recognised that this could not be achieved through the classification of children into handicap categories which had no direct educational implications. Parents became conscious and concerned that their children’s educational needs should be met and in the period following the War many parents’ organisations were started which then exerted pressure to improve educational provisions. This was the second cycle of development in special education.

Research on social deprivation indicated that children’s educational progress did not reflect factors within the child but within the child’s environment. This led to the Head Start programme in USA and “the educational priority area” programme in Britain. The third development was growing concern for the rights of the minorities. Equal educational opportunities were seen as essential to realising the rights through participation in the general system of education.

Integrated education was regarded as necessary to enable an individual to become an accepted member of society. These views led to a strong demand that those with special educational needs should be educated in ordinary schools. Integrated education in different forms was introduced, but in Britain it waited to be implemented till the 1988 Education Act was formulated about special education needs.

2

Basic Concepts

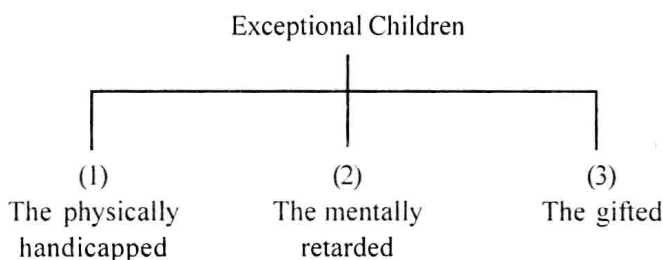
The term "Exceptional Children" refers to those children who deviate from normal children in any way. The Committee for the National Society for the Study of Education has described exceptional children as "those who deviate from what is supposed to be average in physical, mental, emotional or social characteristics to such an extent that they require educational services in order to develop their maximum capacity. H.J. Baker has emphasised that these children do not form a separate class. Even they are not also distinct from normal children (Baker, H.A; 1953). These children are far enough below or far enough above the average range. They need specialised attention which is not provided in regular classrooms. The basic educational aim is similar to that of all other children. But only the means of education differ. Here, the basic guiding principle is equality, not identity.

In the classroom, children are so distributed that a majority of them may be classified as average or normal. Some children are there who deviate mentally socially, educationally or physically from normal children. Such children require special educational care and their adjustment problems have to be tackled in an exceptional manner. These deviated children come under the designation of "Exceptional Children".

According to Barbe, "exceptional" refers to those children who differ from the average to an extent that their differences warrant some type of special school adjustment, either within the regular classroom or in special classes. According to psychologists, all children are "exceptional" because they are unique in themselves and are different

from one another. In other words, children differ from each other in a variety of ways. Anyhow children are not alike in any way. Every child is unique. The difference in the case of exceptional children is only one of degree. The word "exceptional" according to Barbe, is only used to obtain a better understanding of the child. The difference lies in learning or behaviour of the child. For example, many students have impaired vision, but most of the cases can be corrected by glasses. Only a few require special helps like large print, magnifiers or braille materials. These students can be categorised under "exceptional children".

Crow and Crow say: "the term typical or exceptional is applied to a trait or to a person possessing the trait if the extent of deviation from normal possession of that trait is so great that because of it, the individual warrants and receives special attention from his behaviour responses and activities are thereby affected." The following classification may be made taking the above definition of "exceptional children" into consideration.



The physically handicapped, can be sub-grouped under the category of the crippled, the blind, the near blind, the deaf, and those having defective speech and delicate health.

Presently, only a small number of exceptional children are receiving the special services they need. In some affluent societies, special instructional techniques, equipment and school schedules are being organised to meet their needs. Teachers, with professional qualifications, are also being employed to educate them. Special training programmes are also being undertaken by governments to help the teachers.

Teachers who work with exceptional children need to have abundant confidence, self-control and self-direction. Sometimes, patience and perseverance bring success. The education of the exceptional child should be taken as a problem to be solved. The teachers must develop

a scientific attitude in dealing with it. If some methods do not work, they should try out other methods. If certain materials are not productive, they should be done away with. The teachers should keep themselves physically and mentally fit, otherwise they are likely to develop a habit of fault finding or become over-critical towards the children.

In a developing country like India, the facilities available to educate exceptional children are not as sophisticated as in developed countries. Although Article 45 of the Indian Constitution says that free and compulsory education should be provided for all children, including those who are physically, mentally and socially handicapped, no steps have been taken to extend this benefit to the handicapped children. Recently, some guidance centres were opened in metropolitan cities to enable parents and teachers to deal with such students. Of course, in the last few decades, interest in behavioural therapy has greatly increased. In the 1950s behaviour modification was not even considered a major technique for application to children; but in the 1970s, there were several treatises devoted exclusively to behaviour modification.

In India, the guidance movement started in Calcutta in 1938. Later guidance centres were opened in Patna (1945), Bombay (1947) and Allahabad (1948). In 1954, a Central Bureau of Educational and Vocational Guidance was established at Delhi by the Ministry of Education. It offered financial help to the state governments to start their own bureaus.

In the developed countries, child guidance has become an integral part of their health and educational services. They have child guidance centres just as they have schools and hospitals. At these centres, parents, teachers, doctors, nurses and juvenile court magistrates are given advice on the management and upbringing of problem children.

Generally, a child guidance centre has a psychiatrist or psychotherapist, a social worker and a psychologist. At some centres, there are also paediatricians, play therapists and speech therapists. Unless remedial measures are adopted during childhood, the life of the child becomes miserable. As an Indian proverb puts it, what cannot be bent as a plant, cannot be bent as a tree. If proper attention is paid, a number of maladjustments can be easily rectified.

Specific Needs

Exceptional children need special education services. Emphasis is placed upon three factors. These are: