

BEC 224 – CHILDREN WITH SPECIAL NEEDS.

1. Discuss the current trends, issues and institutions offering services for children with special needs
2. Discuss instructional resources for children with special needs
3. Describe assessment and assessment for children with special needs
5. State and explain assessment procedures for children with special needs

INTRODUCTION

Welcome to this module on Children with Special Needs. During the learning process, you will learn on your own, do assignments and spend at least two hours daily studying the module. During the semester, you will be given two assignments which will carry 30%, while end of semester exam will carry 70%. Note that failure to submit assignments will result to failure in the unit, kindly take assignments seriously. This is an important course which will provide skills understanding and preparation for the teacher to work with aspects of exceptional learning behaviors amongst young children. **WISH YOU SUCCESS.**

Objectives

By the end of the course the learners should be able to;

- a. Define terms and concepts related to children with special
- b. Identify categories of children with special needs
- c. Explain the causes of the different special needs (challenges)
- d. Identify the individual differences of children with special needs in education
- e. Identify characteristics of children with special needs (categories)
- f. Identify the best practices and services for children with special needs available in Kenya
- g. Discuss the effects of occurrences of a disability in a family
- h. Discuss screening procedures of children with special needs
- i. Identify intervention strategies for children with special needs

COURSE CONTENT

1. Definition of terms

- Impairment
- Handicap
- Stability

- Assessment
- Screening
- Integration
- Identification
- Special needs

2. Categories of children with special needs

- Mental challenges
- Learning disabilities
- Behavior disorders
- Physical disabilities
- Visually impaired
- Hearing impaired
- Communication disorders
- Multiply handicapped
- Deaf blind
- Cerebral pulse
- Artistic
- Children living under difficult circumstances (categorize)

3. Identification of categories of children with special needs

4. Causes of different special needs (disabilities)

- Before birth (pre-natal)
- At birth (per-natal)
- After birth (post-natal)

5. Characteristics of children with special needs

6. Effects of occurrence of a child with special needs

- Psychological
- Emotional
- Social effects

7. Assessment procedures of children with special needs

Assessment strategies

- Case history
- Interview
- Observation
- Formal and informal tests

8. Intervention strategies for children with special needs

- Educational intervention
- Medical intervention
- Psychological intervention
- Parental and peer guidance
- Vocational rehabilitation

9. Current trends and issues in education for children with special needs

Trends

- Special schools
- Units
- Integrated institutions
- Inclusive education
- Human resource training
- Rehabilitation programmes

Issues

- Lack of modern equipment and instructional resources
- Inadequate readings and writing materials
- Placement problems
- Limited training, human resources
- Effects of HIV/AIDS
- Poverty
- Drought/famine
- Attitude toward disability

10. Specialized instructional/learning resources for learners with special needs

- Braille
- Diagrams and maps in tactile forms
- Communications board
- Sign language
- Hearing aids
- Speech training units
- Speech training kit
- Shakers, warbles
- Audiometers

11. Institutions offering services for children with special needs

- Ministry of health

- Ministry of education
- Ministry of gender, sports and social services

1.1 DEFINITION OF CONCEPTS/TERMS

Impairment –i) is a general term indicating injury deficiency or lessening of function.

ii) Any loss or damage to any body part resulting to lack of proper functioning either through accident, disease, genetics or other factors.

Disability

- Refers to functional limitations that hamper typical development as a result of physical impairment sensory impairment, difficulty in learning or social adjustment.
- Any condition that limits a person's ability to perform certain tasks that most people can do e.g. deafness, blindness, cripples, mouth retardation etc.

Handicap

Is a problem that a person with disability or impairment encounters in interacting with the equipment or from societies attitude toward disability.

Identification

The process of gathering relevant information to determine if a child has a special need to enable him/her get special services.

Screening

Is a procedure in which group of children are examined on or tested in an efforts to identify children who are likely to have a disability

Assessment

Refers to gathering sitting and weighing information for the purpose of making discussions based on our judgment and conclusion

Integration

Participation of learners with disabilities in regular schools with the non disability peers without necessarily making changes in curriculum.

Special needs

Modification Of school practices or educational services the order to develop capacities to the maximum of children who significantly deviate from the average or normal children in mental physical, social, or emotional characteristics i.e. children with special needs.

1.2 CATEGORIES OF CHILDREN WITH SPECIAL NEEDS

a. Children with cognitive differences

- Gifted and talented
- Mentally challenged
 - Children with learning difficulties

b. Children with sensory differences

- Visually impaired
- Health impairment
- Blind or deaf

c. Children with sensory differences

- Orthopedic (skeleton) difficulties
- Neurological difficulties
- Cerebral palsy e.g. spinal bifida
- Degenerative differences – muscular dystrophy

d. Children with communication difficulties

- Speech and language difficulties

e. Children with emotional, social and behavioral disorders

- Emotional disturbances
- Social maladjustments

f. Children living under especially difficult circumstances

- Traumatized children
- Children from pastoralist communities

- Child laborers
- Street children
- Children affected and infected with HIV
- Orphaned children
- Children living in poverty
- Children born of imprisoned mothers.

Children with cognitive differences are children who show variation in mental abilities. It refers to both extremes of mental ability continuum i.e. very high or very low as well as learning difficulties that cannot be explained by physical environmental or sensory challenges.

Children in this category include;

1. 2.The gifted and talented

These are children with outstanding abilities and are capable of high performance and require special educational programs and or services in order to realize their potential.

- These children have superior abilities and consistently perform remarkably in their area of gifted or talentedness. They have potential in any of the following areas.
- General intellectual ability
- Specific academic aptitude
- Creative or productive thinking in areas such as art, music, and craft
- Visual performance such as drama
- Leadership for example oratory skills
- Psychomotor ability including athletics and gymnastics

What makes a child gifted or talented is due to both genetic and environmental stimulation i.e. their potential is inherited but the environment must be conducive for it to be realized since the brain changes physically and

chemically when challenged or stimulated. Thus parents play a significant role in developing an optimum level of the child's capability to learn at high levels.

Characteristics of gifted and talented children in early childhood tasks

- Talk in sentences or read before the age mates
- Advanced in motor skills e.g. stand or walk or play constructively earlier than their age
- Able to concentrate for longer periods than their age mates
- Have are very curious
- Have abundant energy and don't tire easily during play

1. Academic or learning characteristics

- Read above class level
- Long attention span and good memory
- Have ability to rapidly acquire or retain and use large amount of information easily and enjoy learning
- Keen and alert observers who learn rapidly with less repetition
- Display high curiosity about things and ask probing questions
- Have unusually/advanced vocabulary for their ages
- More mature in the ability to express themselves through various communication skills
- Spend more beyond assignments on this or interest to them

NOTE: The highly talented children do well in music, fine arts, mechanics, drawing, singing athletics and sports and thus skills may not necessarily meet with their academic achievement

They are highly motivated and creative

2. Social and emotional characteristics

- Self confidence

- Exhibit leadership qualities
- Relate well with other people
- Are sensitive and empathetic
- Have a keen sense of humor in situations that others may not see
- Have a good sense of judgment right from wrong, good/bad
- Evaluate and pass judgment on events, people of things
- Strive for perfection in their dealings
- Get bored with routine and sameness
- If not given attention they develop feelings of rejections, moodily, depressed or have feelings of persecution. May develop negative attitude towards schooling and leaving and show hostility toward authority.
- Get bored easily with non challenging and non stimulating work
- Distract others if not challenged
- Are sensitive to criticism but criticize others
- May lack discipline and fail to accept responsibility of their actions
- Domineering in class activities due to high level of verbal abilities and appear aggressive and snooty.

1.2.1 Identification of gifted and talented children

- i) Exceptionally high cognitive abilities their academic competence is two times higher than that of normal children
- ii) The talented are higher in creativity or productive thinking than the normal or average. Some are kinesthetically (art, craft, drama) or superior in psychological abilities oratory and leadership skills

1.2.2 The mentally handicapped;

This involves significant limitation in intellectual functioning in two or more adaptive skills such as communication, self-care, social skills, self-direction, health and safety. They suffer challenges such as poor memory, slow learning rates, attention problems, lack of motivation etc.

Causes of mental handicap

a) prenatal stage (Period between conception and birth)

i) Chromosomal abnormalities e.g. down syndrome, X syndrome, turners syndrome, advanced age of mother, anaemia, drugs, thyroid problems and exposure to radiation.

iii. Metabolic nutritional disorder that may lead to galactosemia and phenylketonuria etc

iv. Maternal infections such as rubella, syphilis, HIV/AIDS, Rhesus factor incompatibility, toxoplasmosis.

v. Environmental conditions like Fatal Alcohol syndrome (FAS)and use of drugs.

vi. Unknown influences such as those that cause anencephaly, hydrocephaly and microcephaly

b) Peri-natal stage (during delivery)

i) Gestational Disorder particularly low birth weight and premature birth.

ii) Neonatal complications surrounding the birth process including (lack of oxygen) hypoxia (insufficient oxygen), birth trauma (erg excessive pressure on the skull due to improper use of forceps) and breech presentation (where the baby exits the birth canal buttocks first.)

c) Post -natal (period after birth)

iii) Infections and toxins like lead and mercury. Lead poisoning for example, can cause seizures, brain damage and disorders of the central nervous system.

iv) Environmental and psycho-social factors, mostly nutritional problems ,adverse living conditions, inadequate health care; accidents; and lack of cognitive stimulation.

Characteristics of children with mental handicaps

- Lack of focus and low attention span
- Difficult to attend to relevant stimuli
- Poor or memory failure

- Difficult in academic work
- Slow in learning tasks
- Delayed developmental milestones/sitting, walking, crawling, talking etc
- Show extreme difficulty in academic subjects some may not progress beyond std 2
- Deficit in adaptive behavior that can be noticed from birth
- Difficulty in motor skills, speech and language skills
- Unable to control their body, limbs bowel movements and body discharges

1. Children with mild disability

These are children whose motor, social and language development may be noticeably different from their peers but they are not often suspected before they enter school. They can be educated within the regular school system and learn academic skills up to approximately class six or seven but not do well in class eight examinations. They develop vocational and occupational skills to enable them be self-supporting in adult life at a marginal level.

Educationally consist of those termed as '*educable mentally retarded.*' To assist them in class the teachers should ensure;

- Their goals are realistic
- Praised for good deeds
- Suitable/individualized learning
- Dwell on accuracy rather than speed
- Environment is inclusive.

2. Children with moderate mental disability

This category of children is:

- Slow in learning

- Delay in development of skills such as sitting, crawling, walking and talking
- Show extreme difficulties in academic subjects
- Do not progress beyond standard two

However they can learn the following:

- Self- help skills e.g. dressing, feeding, bathing, preparing easy foods, washing and even ironing clothes.
- Develop social skills e.g. sharing, cooperate, respect for others and property and protecting oneself from common dangers in the home and neighbourhood.
- Useful economic skills in the home, workshop or in the neighbourhood such as assisting in household chores and doing routine jobs under supervision.

Educationally they are trainable mentally retarded (**TMR**)

3. *Children with severe mental disability* (Usually coupled with physical handicaps)

- Deficit in adaptive behavior and can be identified at birth.
- Most of them have genetic disorder and severe sensory and emotional problems.
- Major difficulties in motor, social, speech and language skills

With training, those of school going age can develop minimal communication skills and learn basic self help skills.

4. *Children with Profound mental disability*

- Majority are often in confinement since their handicap is usually compounded with physical and sensory handicaps
- They are unable to control their body, limbs, bowel movement and body discharges.
- Are identifiable at birth or within a few weeks after.

Need various types of intensive training and therapy otherwise will not exhibit virtually any adaptive behavior. Many are confined to bed and /or are unable to move about on their own and cannot survive without help.

1.2.4 Identification of the mentally handicapped children

These children are identifiable because they have substantial limitations in intellectual functioning. In addition they have a limitation in two or more of the adaptive skills such as communication, self-care, home living, social skills, self direction, health and safety, functional academics work and leisure

- Slow in acquiring and developing speaking and walking skills,
- Unable to understand what is said and to follow instruction
- Inability to transfer same activities into different tasks.
- Failure to acquire, understand and use language
- Failure to develop social and emotional relationships
- Difficulty in remembering experiences or things learned.
- Inability to connect a picture or object with an activity, word or name.
- Having excessive purposeless movements (self stimulation)
- Difficulty in paying attention or focusing on an activity to its completion.

1.3 Children with specific learning difficulties (SLD)

Is a disorder or delayed development in one or more of the basic psychological process involved in understanding or in using spoken and written language

The disability is manifested in significant difficulties in acquisition of speech listening, reading, spelling, writing and arithmetic. The condition may result from brain injury, cerebral dysfunction, dyslexia and / or emotional disturbances.

Causes of specific learning difficulties;

- i. **Acquired trauma** – refers to damage of central nervous system e.g. injury of the brain. Such damage or injury may originate from outside the person and may result to learning disorders. The damage may occur during. Pre-natal or peri-natal, post natal periods.

Prenatal causes such as smoking, taking illicit drugs and use of alcohol.

Peri-natal causes include prolonged or difficulty delivery, anoxia, premature/low birth weight and trauma caused by medical instruments e.g. forceps.

Post-natal causes like strokes, concussions, meningitis,/ encephalitis, high fever and head injuries as a result of accidents.

ii. Genetic / hereditary influences

Studies have shown that certain types of speech and language impairments as well as reading difficulties are family related. However, this does not prove hereditary causes as family members most of the times experience the same type of environmental influences. Studies with identical twins and that of fraternal twins give better credible information on this. Such studies support claims that some learning disabilities are inherited. This is because such disabilities are more common among identical twins than in fraternal twins.

iii. Biochemical abnormalities

Biochemical conditions have been suspected to cause disabilities though not scientifically proven. Feingold (1975, cited in Gargiulo, 2006), for example holds that allergic reactions to certain artificial colorings flavorings and additives contained in many foods may contribute to children learning difficulties and hyperactive behavior

Another theory not yet proved suggests that some people are unable to synthesis normal amount of vitamins, thus individuals be given megavitamin therapy to compensate the inadequacy.

Iv. Environmental factors.

Factors such as socio-economic status, malnutrition, poor health care and inadequate safety contribute to neurological dysfunction. The quality of instruction is also thought to play a role in this respect. This includes inadequate sensory stimulation or failure to give children a wide of activities that require them to use their senses.

Though environmental factors are believed to cause learning disabilities educators feel that it is not in all children but some.

1.3.1 Identification of children with specific learning difficulties

- In school they can be identified since they have problems in one or more of the following: reading skills, spelling skills basic writing skills, number concepts (arithmetic skills), listening and comprehension skills and speaking or oral expression.
- Unable to sit still, appear distracted most of the time and continually move around. They may even be hyperactive and some change mood frequently.
- May have motor dysfunction and eye hand coordination difficulties. Unable sometimes to perform with their hands or legs, movements like kicking a ball, cutting with scissors or colouring a picture within lines.
- Further, may have speech and hearing problems that are unrelated to the problems, memory and thinking problems and inability to cope with abstracts.

A child with SLD may have capacity to perform well in most school subjects and yet experience difficulties in one or two of the listed areas. This makes teachers to compare their performance with their potential and cannot understand why they fail in some subjects. Teachers then label these children as lazy, not serious, inconsistent, underachievers and slow learners.

SLD is sometimes used interchangeably with

- Learning disabilities
- Dyslexia
- Slow learners

Children with learning disabilities are those that display a significant discrepancy between actual performances and their potential. May be enthusiastic and strike people as having potential in all areas yet fail to perform to expectation in some specific areas.

Dyslexia – refers to specific reading difficulties or disability i.e. reading, spelling, writing pronunciation and association of word's with their meanings.

Slow learners – those whose educational achievement do not deviate significantly from their potential, but achieve below their age or class level. They take much longer time to understand concepts than often expected.

1.4 Children with sensory differences

Hearing and sight senses enable people to gain information about themselves and the world around them as well as language and other communication skills important for interactions. Visually and hearing impaired children are disadvantaged and need special intervention to make up for the loss.

1. The visually impaired

Visual disability adversely affects an individual's educational performance even with corrections such as wearing glasses. The term includes both partial and total blindness. Visually impaired learners have a problem with their sense of sight.

One of the limitations of partial visual impairment is visual acuity (the ability to visually perceive details) of near or distant objects. One may also suffer restriction in the field of vision i.e. the amount of vision one has to the right and left, up and down while gazing straight ahead.

Others have problems with colour, vision or difficulties focusing on an object i.e. have fixation problems.

The most common visual impairments affecting school children include cataracts, glaucoma, optic nerve atrophy, myopia, albinism, eye injury, cortical visual impairment and retinopathy of prematurity.

ACTIVITY

Find and explain common visual impairments in school age children.

Causes of visual impairment

i. Pre natal causes

- Hereditary
- Poor nutrition especially lack of vitamin A during pregnancy
- Venereal diseases such as syphilis, gonorrhoea and HIV AIDS
- Rubella and those diseases involving high fever
- Misuse of certain medical drugs e.g. quinine, aspirin, antibiotics as well as narcotic drugs such as cigarettes and alcohol
- Exposure to x-ray especially during the first 3 months of pregnancy
- Rhesus factor incompatibility

- Accidents involving expectant mothers

ii. Peri-natal causes

- Prolonged labor
- Cord strangulation and breech birth resulting to lack of oxygen in the brain during birth
- Trauma, injury caused by improper use of delivery instruments
- Venereal diseases e.g. syphilis, gonorrhoea and poor hygiene
- Low birth weight and those with neural tube defects are also likely to develop the problem

iii. Post natal causes

- Accidents
- Poor nutrition e.g. deficiency in iodine and vitamin A
- Early childhood diseases such as measles, and meningitis as well as cataracts, trachoma and glaucoma.
- Misuse of medicine, exposure to poisonous agents and chemicals such as pesticides and poor hygiene also impact negatively to visual development and so does stimulation.

Characteristics of visually impaired children

- i) Inability to see distant objects clearly
- ii) Failure to pay attention to visual objects such as books
- iii) Sensitivity to bright light
 - iii) Discomfort with too little light
 - iv) Avoiding reading
 - v) Making omissions while reading or writing
 - vi) Using pointers while reading

- vii) Moving head instead of eyes while reading
- viii) Inability to write on a straight line
- ix) Confusing letters and numbers while reading, writing
- x) Misaligning columns
- xi) Colour blindness

Identification of visual impairment

Can be noted from the time individuals are infants and children.

- i) Infant unable to watch something moving near their face
- ii) Squint, frown or cover eyes when trying to see something
- iii) Irritation of the eyes
- iv) Hold objects too close or too far from the face to see them
- v) Roll eyes or make quick eye movement from side to side
- vi) Complain about inability to see
- vii) Have red eyes and white patches in the centre of the eye.
- viii) Have clumsy movements and poor balance when walking and therefore stumble over objects or trip over things.

2. Hearing impaired

These are children who have a problem with their sense of hearing. It describes a wide continuum of loss of the sense of hearing ranging from minimal hearing, loss (difficulty hearing spoken language at distance or in the presence noise at the background) to deafness (total non functional sense of hearing)

Causes of hearing impairment

This could be inherited or may result from different circumstance at different stages of life.

i. Prenatal causes

- a) Poor nutrition of the mother especially vitamins during pregnancy
- b) Venereal diseases such as syphilis, gonorrhoea, HIV/AIDS
- c) Maternal infections such as rubella, very high fever and meningitis
- d) Exposure to radiation during the first months of pregnancy
- e) Use of narcotic drugs
- f) Rhesus factor/ incompatibility
- g) Congenital malformation
- h) Maternal accidents during pregnancy

ii. Peri- natal causes

- a) Poor supply of oxygen to the Child's brain at birth thereby causing various impairment including hearing impairment
- b) Pre mature birth
- c) Accidents affecting the baby
- d) Forced birth (head, injuries)
- e) Neonatal jaundice, venereal diseases (syphilis) and accidents affecting the baby.

iii. Post natal causes

- a) Noisy incubators for premature babies.
- b) Diseases such as meningitis, malaria, measles, mumps, brain tumors, otitis media etc
- c) Misuse of drugs such as antibiotics
- d) Exposure to poisonous chemicals (pesticides, food and medicine)
- e) Accidents (injures to the head and brain)
- f) Trauma

g) Continuous exposure to excessive loud noise

h) Presence of excess wax in the ear

Characteristics of hearing impaired

Hearing impairment is classified according to three main criteria;

1. Degree of hearing loss
2. Part of ear affected
3. According to age of onset

1. Classification according degree of hearing loss

There are five distinct groups that emerge. These are:

a) Children with minimal(borderline) hearing loss

This makes them miss some portions of fast paced peer communication, have difficulty hearing faint and distance sounds as well as hear in the presence noise at the background. These impact negatively on the socialization and self-concept of the individual. They may in addition exhibit immature behavior and become fatigued because they make greater listening efforts.

b) Children with mild hearing loss

They can follow normal conversation if there is silence, but find it difficult to understand weak voices. Such children have limited ability to for selective hearing and difficulty suppressing background noise. This makes the learning environment stressful. Such children need to sit near to and face the speaker or use hearing aid.

c) Children with moderate hearing loss

Need a very quiet environment to be able to hear .The conversation must be very loud. Thus, their communication is significantly affected by their disability. This makes their socialization

with peers poor. To benefit from speech, they need to use hearing aids full-time, to be close and to face the speaker.

d) *Children with severe hearing loss*

Have difficulty hearing in all situations. They are unable to develop language and speech if the loss is pre-lingual onset, meaning that it developed before the child acquired language. If the loss is of post-lingual onset, or developed after acquisition of language, speech is likely to deteriorate in time.

e) *Children with profound hearing loss*

These children may not hear at all and rely mainly on visual cues for communication. These children are more aware of vibrations than tonal patterns, like in children with severe hearing loss. These children are termed as *deaf*. They may never develop speech at all.

2. Classification according to part of ear affected

- a) ***Conductive hearing impairment*** – This type of hearing loss comes about when either the outer or middle part of the ear are damaged or infected. This results in a mild or moderate hearing loss. Affected persons can hear and understand spoken language with the help of suitable hearing aids.
- b) ***Sensory neural impairment*** – Caused by damage to the inner ear which results in severe to profound hearing loss. Such children do not acquire and use spoken language, but may use hearing aids to enhance their awareness of the environmental sounds.
- c) ***Mixed hearing impairment*** – Mixed hearing loss involves a combination of conductive and sensori-neural hearing impairment. The condition occurs when both the middle and inner ear are affected. Consequently, children with this condition suffer total hearing loss.

3. Classification according to age of onset

- a) ***Pre-lingual deafness*** – is hearing loss that is present at birth or occurs before the child develops speech.
- b) ***Post-lingual deafness*** – occurs after the child has developed speech or language and occurs at age 3 years.

Hearing impairment can also be grouped into

- Congenital or inborn deafness – such children are termed as 'born deaf'

- Acquired deafness –referring to those who become deaf after birth. Also termed as ‘deafened children’.

Identification of hearing impairment

- i) Do not respond to sounds when facing away
 - i) Turn head to source of sound in an effort to maximize. Sound, vibrations
 - ii) Stare at speakers faces when listening
 - iii) Frequently ask for pardon or repeat what has been said
 - iv) Too low or too high pitched sound since they cannot hear themselves accordingly
 - v) Those with serious losses fail to acquire spoken language
 - vi) Inattentions and inability to follow instructions
 - vii) Failure to respond when called upon by name
 - viii) Tendency to follow the speaker's movements of lips with eyes
 - ix) Shout unnecessarily
 - x) Problems in speaking and understanding language
 - xi) Not be able to turn one's head towards the source of sound
 - xii) Complaints of ear ache
 - xiii) Signs of inflamed or running ears
 - xiv) Poor social interaction (solidarity)
 - xv) Poor academic performance
4. **Children with deaf- blindness.** can be described as a combination of both auditory and visual disabilities that causes severe communication and other developmental and learning needs

Characteristics

- i. Impairment at birth results to difficulty in acquiring communication skills, motor and morbidity skills and appropriate social behavior
- ii. Do not receive clear and consistent information from either sense hence appears to be passive, on- responsive and non-compliant.
- iii. They fail to respond and initiate appropriate interactions with others in their environment.

NOTE: Read more on this kind of impairment.

5. Children with physical difficulties

Include children with physical impairment ranging from those with severe physical disabilities resulting in inability to talk, walk or make other purposeful movements, to those with only unseen skeletal abnormality. Only children who have physical and neurological impairments and other health problems which interfere with their educational performance, however require special educational service.

Disabilities in such children fall in four categories

- a. Orthopedic impairment
- b. Multiple disabilities
- c. Traumatic brain injuries
- d. Health impairments

NOTE: Read and make short notes on the categories above

- i) **Orthopedic impairments** – are physical disabilities resulting from congenital anomalies, diseases such as poliomyelitis, bone, tuberculosis, and other causes like fractures and burns
- ii) **Multiple disabilities** – refers to a condition in which two or more disabilities occur together e.g. hearing and physical immurement, mental and visual handicap, physical and mental handicap, hearing and emotional difficulties etc caused by genetic transmission or inheritance, chromosome disorders, infections, intoxicants, trauma or accident.
- iii) **Traumatic brain injury** – refers to acquired injury to the brain caused by external physical force resulting in partial or total functional disability, psychosocial impairment or both that adversely affects educational performance. Traumatic brain injuries are mainly caused by falls, car and

bicycle accidents shaken baby syndrome, accidents during contact games and sports etc. The injury may affect cognition language, memory, attention and reasoning, abstract thinking, reasoning, problem solving motor skills, perception, information processing and speech may be affected..

iv). **Mild brain injury** – results to a concussion or a momentary loss of unconsciousness usually without any other complications.

iv) **Severe brain injury** – may lead to a coma and often permanent impairments in functioning. Consequently, children with traumatic brain injuries are characterized by:

- Physical and sensory changes such as lack of coordination and spasticity (loosens) of muscles.
- Cognitive impairment including short and long term deficits, and difficulty maintaining attention and concentration.
- Social, behavioral and emotional problems such as mood swings, self-centeredness and lack of motivation.

Causes of physical impairment

May either be congenital (present birth) or acquired. They include;

a. Congenital causes

Most of it is hereditary i.e. results from defect in one or both parents chromosomes or genes. Genetic defects are the genesis of many physical and health disabilities such as muscular dystrophy, sickle cell anemia, hemophilia and cystic fibrosis. Other congenital causes include brain injuries to fetus before birth, malformation of foetus, nutritional deficiencies of the expectant mother, and infections of the expectant mother and effects of drugs taken during pregnancy. Others include injuries to expectant mother and anoxia e.g. from premature separation of the placenta may also contribute to the condition.

b. Acquired causes

These include brain injury during early childhood, malnutrition during developmental stages, infections, lack of oxygen at birth, malignant tumors, accidents and severe anemia.

Other causes are chronic health conditions e.g. TB, asthma, meningitis, epilepsy, poisoning (toxic). Trauma and child abuse also contribute to the impairment.

Identification of children with physical impairment

Physical impairment problems include;

- Muscular skeletal (orthopedic) disorders
- Neurological e.g. cerebral palsy and spine bifida
- Degenerative diseases
- Defects on bones or muscles e.g. clumped muscles and feet and chooses (bent back or sideways
- Children with polio, diabetes, tuberculosis, anemia and asthma
- Chidden with infantile rheumatic thrifts that affects the joints it starts before the age of 16 i.e. suffer joint stiffness, immobility, pain with join movement limitations in joint motion and fever.
- Damaged brain, spinal cord and nerves that sends impulses to the muscles this results to complex motor problems loss of unary control loss or proper alignment of the spine e.g. cerebral palsy and spine bifida
- Delayed milestones e.g. setting up, crawling and standing
- Weakness of certain muscles in the legs combined with stiffness or awkward working movements
- Convulsions, impaired speech and a degree of mental deficiency
- Degenerative diseases e.g. muscular dystrophy that is characterized with difficulties in walking and running, the child experiences deterioration in legs and arm weakness, muscle weakness, weaker breathing system which may lead to death.
- Frequent inappropriate, behavior e.g. self injuring banging then heads etc
- Lack of self heap skills e.g. dressing, wiping, ignoring, toileting and eating
- Little or no communication

Children with communication disabilities

These include disorders in speech or language. They have problems in speaking, generally their language deviates from what is generally expected. Speech disorders involve abnormalities in sound while language disorders involve the ability to use speech appropriately.

Causes of communication disabilities

- a. **Organic causes** – involve structural defects such cleft palate and damage to the parts of the brain concerned with speech before, during and after birth
- b. **Functional causes** – consists of environmental stress .e.g. serious social and emotional problems due to such factors as broken homes, sudden loss of parents and other close family members and trauma.
- c. **Congenital disorders** or those existing at birth. like Cleft palate
- d. **Developmental disorders** – that emerge during the early years of a child e.g. lack of early language, stimulation and poor teaching e.g. mother tongue interference
- e. **Acquired disorders** – result from injury disease, or environmental insult. May include sensory difficulties such as hearing impairment, mental illness, neurological problems like organs of speech being paralyzed and prematurity.

Characteristics of communication disorders

Communication difficulties may be divided into:

Expression (*expressive language difficulties*), comprising of speech disorders or stammering and stuttering .It involves inability to produce language that is understood by, and meaningful to others.

Comprehension (*receptive language difficulties*) that is Inability to understand what is meant by spoken communication.

Expressive language difficulties involve:

- i. Use of incorrect grammar or syntax
- ii. Frequent hesitation and trouble finding the right word to communicate meaning.
- iii. Lack of specificity e.g. a child may say 'it's over there by the place over there.'
- iv. Using disjointed information, inability to maintain the topic during conversation and failure to provide enough information to the listener.
- v. Use of limited vocabulary
- vi. Repeating the same information over and over in a conversation.

- vii. Difficulties in discussing abstract, temporal or special concepts.
- viii. Failure to respond to question appropriately.
- ix. Difficulty in the use of linguistic symbols, e.g. sounds, letters and signs that convey meaning in language.
- x. Problems with the use of appropriate intonation and stress.
- xi. Problems related to the use of language. This leads to lack of proper accompanying features to spoken language such as facial expression, hand, and other body movements (gesture) and body posture.

Receptive language difficulties ***include:***

- a) Difficulty following oral instructions
- b) Failure to detect breakdown in communication,
- c) Missing parts of the information presented verbally, particularly, less concrete words like articles ***the*** and ***a***
- d) Confusion of sounds of letters that are similar e.g. ***b, d, m, n***
- e) Reversing the order of sounds and syllables e.g. ***was*** for ***saw***, or ***pot*** for ***top***.
- f) Difficulty comprehending concepts showing quantity, comparative, size e.g. bigger than, smaller than and special relationships e.g. direction of the compass, high, low, above, below etc.
- g) Inability to assign meaning to words they hear and read because they have not formed concepts of objects or events they represent.

ACTIVITY: READ MORE ON THE SAME

Identification of speech and language difficulties

1. Shuttering or repeating sounds in words
2. Stammering or prolonging sounds in words
3. Disorganized sentence structure e.g. omits some words while speaking
4. Substituting one word for another e.g. shirt – chirt

5. Having too high or too low tone (pitch of sound)
6. Avoid activities that involve talking such as asking questions in class.
7. Having excessive speed of speech
8. Inability to use intelligible speech or unclear speech
9. Speaking in isolated words or short sentences
10. Producing sounds which should be emitted through the mouth, through the nose.
11. Avoiding words that contain sounds they cannot pronounce with ease
12. May have specific reading writing and spelling problems.
13. Using hoarse or nasal voice under normal condition.

Children with social – emotional and behavioral disorders

Children with social –emotional and behavioral disorders most of the time are viewed as being aggressive. Children with problematic disorders are in fact, a heterogeneous group that exhibits a wide range of behavior such as withdrawal, shyness, depression, low self-esteem, anxiety, impulsiveness, disruptions, destruction and other conduct disorders.

.They exhibit behaviors such as;

Aggression, withdrawal shyness, depression low esteem, anxiety, impulsiveness, disruptions, destruction and other conduct disorders

- a) Their behaviors are perceived upsetting and troubling to others
- b) Are always blamed for their disability by those around them
- c) Encounter ostracism and isolation because of stigma associated with individuals considered to be mentally ill

3. Emotional and behavioral difficulties.

These are children who persistently show serious behavior problems which deviate from appropriate age, cultural or ethnic norms such that their emotional and personal development as well as educational

performance is adversely affected. These children exhibit one or more of these characteristics over along period of time and to a marked degree that affects their performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build and maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstances.
- General pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associate with personal or school problems.

In addition these children have emotional disturbances of anxiety; worries and generalized fear which make them behave in a maladjusted manner. Their behavior is socially unacceptable and therefore retards their social-emotional and educational growth. Some have self-destructive behavior that can also be harmful to those around them.

Causes of emotional and behavioral difficulties

Is due to nature/biological and nurture (environmental) factors

- a) Biological influences however tend to exert more influence in several disorders which are either genetically or biological insults.
- b) Those disorders resulting from genetic influences include autism, bipolar disorder, schizophrenia social phobia and obsessive- compulsive disorder.
- c) Biological insults that may lead to this disorder include injury, infection lead poisoning, poor nutrition, exposure to alcohol, drugs and cigarettes
- d) Environmental factors especially those of psychosocial nature also contribute to emotional and behavior disorders e.g. parental discord, parents mental illness, criminal behavior, overcrowding in the home, large family size especially when coupled with lack of loving and nurturing relationship with at least one parent, result in a situations conducive to development of conduct disorder. Poverty contributes to emotional and behavioural disorders as it often leads to family stress, poor health care and underachievement .Attention Deficit Hyperactive Disorder (ADHD) for example, may be aggravated by the coercive interactions with which parents respond to a child.

Characteristics of children with emotional and behavioral disorders

Children with emotional and behavioural disorders deviate from other children primarily in two dimensions: *externalizing* and *internalizing* patterns of behavior.

Externalizing or antisocial behaviours exhibited by children in school include getting out of their seats, yelling, talking out and cursing, disturbing peers, hitting or fighting. Children in this category ignore teachers, complain argue excessively, steal, lie, destroy property and do not comply with directions. They throw temper tantrums and fail to complete assignments.

Internalizing behavioural disorders consist of too little social interaction with others. They seldom play with others of their age and usually do not have the social skills needed to make friends and have fun. These children are fearful of things without reason, frequently complain of being sick or hurt and often retreat into daydreams and fantasies. Such behaviours impede seriously on their learning and development.

The severe anxiety and mood disorder experienced by some children however not only hinder their learning but also threaten their own existence as they can lead to self inflicted injuries or even death from substance abuse, starvation, and suicidal behavior.

In addition to either of the above two patterns of behavior, children with emotional and behavioral disorders' *academic achievement* is one or more years below grade level

(Cullinan, 2002; cited in Heward 2006).

Identification of emotional and behavioural difficulties

Emotional disorders fall into four categories: affective or mood disorder, anxiety disorders, eating disorders and schizophrenia.

1.Affective or mood disorders: causes of this condition include pressure from parents, school, work and family. Loneliness caused by loss or separation from loved ones is another contributing factor. Individuals with these kind of disorder may exhibit:

- a) **Depression** common in individuals who are marked by perverse sad mood and sense of hopelessness and is characterized by:
 - *behavioural disorders* including irrational prolonged crying spells, withdrawal, irritability, untidiness, loss of appetite or its drastic increase, disturbed sleeping patterns, and being active with several sex partners within a short time, feeling frustrated without an apparent cause.

- ***Unconventional thinking patterns*** that presents difficulty in concentration due to distracting thoughts and hyper thinking. Such children may also develop thoughts of suicide and negative thoughts about themselves that they may express in words like ‘*wish I were better looking* ‘
- ***Physical disorder*** like digestive problems, drastic loss of weight, muscle aches and pains, not feeling well and flatness or drawn feelings or facial muscles.

b) Bipolar disorder/ manic depression.

Characterized by broad radical mood swings, which differ from normal mood changes or feelings. E.g. changing from low mood to being excited, irritated, fearful, or feeling like everything needs too much effort. This disorder usually starts between early childhood and adolescence. Studies show there is a chemical imbalance in their brain. Thus, this physical sickness expressed in emotional / behavioural forms. Individuals may experience ecstatic joy/ elevated mood of euphoria during manic episodes which may last for days, weeks, or even months. These experiences may be extreme; one may not sleep for days, feels energized and happy. One may also be excessively egotistic, over talkative, rapidly changing thoughts and ideas, easily distracted and agitated, and participate in personally risky activities. In addition she may do such things as overspend or go on an impulsive tour only to regret later. During low period, the depression may be so intense one cannot get out of bed, feels weak and lacks concentration. Medication and therapy are treatment for this condition.

2. Anxiety disorders.

Manifests itself in maladaptive behaviours caused by excessive and often irrational fears and worries including:

- a) **Generalized anxiety disorder.** Refers to excessive unrealistic worries, fears, and tension that lasts six months or more. May also experience symptoms of restlessness, fatigue, difficulty concentrating, muscular aches, insomnia nausea, excessive heart rate, dizziness and irritability.
- b) **General phobias.** Phobia is an intense and out of proportional fear of things that are not necessarily harmful like insects, worms, and situations such as darkness and height. The phobia may lead to perspiration, heart palpitations, trembling, feelings of warmth, a dry mouth, breathlessness and temporary paralysis. Thus, can lead to avoidance of common everyday situations. There are three types of general phobia:
 - i) **Simple phobia-** fear of things or situations like spiders, heights, and blood.
 - ii) **Social phobia-** fear of being embarrassed or ridiculed, looked at, criticized and judged.

iii) Agoraphobia-also known as fear of market place, people with this phobia fear vast open spaces or places of assembly.

c) School phobia/separation anxiety

Mostly experienced by children who are strongly attached to people at home emotionally. Such children may have thoughts of harm that may come to them or those they are leaving upon starting or opening school. They may experience like nightmares, stomachaches, headaches, and vomiting when it is time to go to school but feel fine when school is over. The phobia may come after trauma or something that threatens their security or that of the people they leave with at home.

d) Obsessive/ compulsive disorder.

This condition consists of persistent, recurring thoughts (obsession) that reflected exaggerated anxiety or fears, victims are usually obsessed with worries of being contaminated, behaving improperly, or acting violently. Therefore they may routinely perform certain activities (compulsions) like washing hands, repeating phrases, or hoarding to relieve anxiety caused by obsession.

e) Post- traumatic stress disorder. refers to prolonged and recurrent emotional reactions after exposure to a traumatic experiences such as sexual or physical assault, unexpected death of a loved one, natural disaster war, clashes etc. symptoms include: flashbacks and nightmares of the traumatic events, avoiding places or things related to the trauma, emotional detachment from others, difficulty sleeping, and poor concentration and irritability.

1. ACTIVITY: READ AND WRITE SHORT NOTES ON THE FOLLOWING DISORDERS.

i) Eating disorder

ii) Schizophrenia

2. READ AND WRITE SHORT NOTES ON;

i) **Social behavior disorders**

Children with autism

The term autistic means – escape from reality

Autism is a neural – behavioral syndrome marked by qualitative impairment, social interaction and communication. They have problems having a conversation and may not establish eye contact with the person they are talking to. May have repetitive and stereotyped patterns of behavior or say sentences several times. Have an attachment to objects and a powerful desire for sameness May express happiness by flapping hands while hurting themselves, to show anger.

Causes of autism

Causes are not quite clear, since it is noticeable early in life it is thought to be genetically influenced. It is said that early environmental influences contribute to the disorder. Some cases have been associated with pre natal and peri-natal complications that cause brain damage

Characteristics of children with autism

- a) Exceptionally intelligent (some)
- b) Some show special talents e.g. in calculations
- c) Most are mentally retarded
- d) Unable to engage in pretend play because they cannot mentally represent things in the environment
- e) Unable to interpret other people emotions
- f) Poor communication skills
- g) Rely on others for help throughout life

Identification

- h) **Deviant social development** e.g. unable to form social relationships or respond appropriately to social cues
- i) Do not make eye contact, seek other people for comfort or make friends
- j) Difficult reading other people emotions

- k) Deviant language and communication skills. Most autistic children are mute while others acquire limited language skills but cannot converse with their comparison
- l) Repetitive stereotyped behavior i.e. have obsession for repetition and sameness and become terribly upset with change e.g. become strongly attached to some objects and are distressed when changes in their environment is affected.

ACTIVITY: READ MORE ON AUTISM

EDUCATIONAL STRATEGIES AND RESOURCES FOR LEARNERS WITH SPECIAL NEEDS

Educational strategies

1. Learns with visual impairment – the teacher needs to do the following for this learner who are termed as blind or having low vision depending on the quality and quantity of remaining vision.
2. They need requirements such as Braille low vision devices e.g. optical, non optical or electronic devices, need tactile materials that help them to understand concepts of size, shape texture, weight, temperature etc. they also need appropriate teaching strategies
3. Need concrete experiences that require hands on to feel and manipulate objects and learning materials in the environment. The learner experiences tactually while those who can see experience visually
4. Be encouraged both at home and at school to perform tasks for themselves as much as possible to gain independence and become initiative
5. Environment should be modified to suit learners with visual impairment to allow movement and operations e.g. lighting adjusted accordingly.

Classroom design and arrangement to allow space for movement, colour contrast appropriately adjusted appropriate size of materials, auditory environment to enhance use of auditory sense

- Ask learners if assistance is needed
- Involve them in class activities
- Seating arrangement that take advantage of any vision the child may have
- Do not assume all tasks need modification
- Allow the learner to choose the best position to utilize the remaining senses including vision

- Very learning experiences e.g. oral and hands on and use of real objects
- Work with the learner to discourage inappropriate mannish

Assign help if need be ;

Provide specialized equipments e.g. talking books, Braille machines, state and style for writing bale tape records typewriter to communicate with sighted teachers computer for communication with speech synthesizes and appropriate software, talking calculators, option that scans print materials transforming into raised dots and Braille embosser computer that produce materials from the computer in Braille.

4. Learners with hearing impairment

The following should happen for the learners to benefit in the classroom situation

- Use of variety modes of communication i.e. sign language, finger spelling of the alphabet, heap reading and total communication that involve a combination of all modes of communication
- Give preferred sitting position e.g. away from vibrations and distractions such as animals and traffic sounds
- Give them opportunities to speak in class
- Rephrase a question or statement if the child does not seem to understand
- Repeat statements if not understood initially
- Maintain eye contact as you speak to the learner
- Use other hearing learners to help the one with impairment
- Learner may be given audio logical devices that amplify sound or improve hearing condition of the learner
- Vary the teaching methods i.e. demonstration dramatization, child to child project, question and answers, much teaching, discussions etc

The teacher should always remember to;

- Avoid moving about while talking to them

- Stand where there is adequate light
- Do not cover mouth while talking
- Face the learner while exploring or talking to them
- Try to speak clearly and a little bit slower

5. Learners with physical disabilities

Improve the environmental accessibility by;

- Modify the school environment and facilitate free movement e.g. replacing stairs with ramps
- Adapting the heights of toilet sets
- Provide supportive bars along the classrooms halls and other buildings to help learners move freely and easily
- Leveling grounds and removing objects
- Widening verandahs to allow free movement for those using wheel chairs
- Modify classroom seating and school assembly arrangements
- Create room for free movement in the classroom
- Provide page and book holders for learners with weak hands
- Use grip royals
- Mould mobility devices such as crutches walking frames and wheel chairs
- Use communication boards and bliss symbols for those with speech problems
- Wear corrective appliances
- Encourage peer interaction and assistance
- Provide individual attention that learners learn at their own pace
- Train the learner to sue functional proofs of the body to write

- Help the learner to acquire basic life skills for self care
- Train the learners to use mobility devices
- Allow extra time for completion of tasks
- Ensure the learner maintains good sitting posture to prevent deformations
- Network with other professionals such as physiotherapists and other medical experts to support the learner.

6. Learners with emotional and behavioral difficulties

The teachers needs to be familiar with the measures that he/she can to help this learners while teaching in order for them to benefit from school experiences

- Rehabilitation i.e. restoration of good reputation through counseling training avoid negative punishment reinforcement of good behavior etc, provide spiritual cure and guidance, language them in meaningful activities e.g. gardening, allow for freedom of movement, use polite language on the learner , involve parents and community in rehabilitation.
- Provide social skills training through modeling, role playing, transfer of training, provide vocational guidance, offer employment to keep them busy colour outs, consult specialists e.g. psychiatrist.
- Environmental adjustments such as
- Avoid distracting objects in class
- Neat class agnomen to allow free movement
- Make discussion for learners until they are able to make their own
- Made to distinguish desirable and undesirable behaviors
- Provide psychological intervention such as psychiatrist psychologists, councilors, social workers, teachers etc

Teachers should;

- Create a good relationship with leaner
- Reassure learners to feel valued

- Try to establish cause of behavior
- Explain your expectation to the learner
- Establish healthy relationship
- Reinforce learners positive attributes accomplishments and achievements
- Good lesson preparation
- Good level a conducive and friendly classroom environment.

Gifted and talented children

The learners should be provided with;

Acceleration programmed. Include;

- Early school entrance
- Subject matter acceleration
- Grade/class skipping
- Self paid instruction
- Early advanced placement e.g. in college
- Put children in ability grouping where children with similar ability are put together to stimulate their creative thinking
- Enhance creativity through
- Varying teaching methods
- Give more challenging work
- Urge exploration skills
- Promote self initiated learning
- Evaluate learners based on ability

- Analyze your instructional programmed to avoid boredom
- Provide special materials and activities beyond regular curriculum
- Dsign enriched activates
- Guide learned more responsibilities
- Be a good role model
- Increase individual attention
- Expose the learner to aide range of experiences
- Acknowledge the learners effort
- Learners with specific learning difficulties

The learners can be helped using the following techniques

- Remedial instructions aimed to improve a concept or skill area that was not fully developed
- Clarify skills or areas of weakness
- Give support to the learner
- Put children in mixed ability groups to learn from each other
- Spend more time with the learned during breaks
- Give encouraging feedback
- Use appropriate teaching and memory aids
- Develop a reward system to promote learning e.g. tokens, praises, free time, tangible objects etc; the rewards
- Motivate them
- Build awareness of self and others
- Encourage positive behavior

- Promote team work
- Learners with perceptual difficulties can be helped by; teaching sound discrimination, exercises that enhance sensory analysis, provide individualized educational programmed.

Learners with communication difficulties

- Refer to them as learns to avoid living them reflecting their special needs
- Working closely with speech and language therapists and trying to reinforce specific skills
- Encourage group work
- Encourage the learner
- Treat and adopt the learner as any other
- Provide role models and practice appropriate speech and maintain eye contact with the speaker
- Be a good listener
- Do not interrupt them in their speech
- Reward the learner for their efforts
- Encourage interaction with family members, peers and community
- Language activities e.g. songs, poems, tongues twisters, riddles story telling etc
- Ask them to repeat target phrase or word or sentence
- Avoid distractions while giving instructions
- Use devices either verbal, visual or physical cues
- Reinforce verbal instructions with written ones on the blackboard for reference by students
- Emphasize speech using gestures, facial expression and body language
- Engage speech therapy for the lips, the tongue and the palate e.g. exercises
- Provide remedial teaching or individualized instruction to improve skills in reading, writing and speaking

- Encourage group activities
- Help them come up with strategies for dealing with people or situations that make them nervous
- Tape their voices and help them identify their mistakes and make corrections

Learners with mental disabilities

- Need to be trained in skills that enable to be competent academically functional self dependant acquire vocational skills, follow directions, perform motor activities and exhibit good habits of health, safety work and play
- Give individualized instruction based on understanding of his/her abilities interests, strengths and weaknesses i.e. modify content
- Avoid giving them abstract materials but give them concrete materials
- Give clear example
- Present simple materials with explanation
- Avoid too much details in learning materials to avoid confusion
- Be trained in daily living skills, perceptual, academic and communication skills

Due to their poor attention span and poor cognitive abilities ensure into eh classroom;

- There are no distractions by keeping desks and paths clear
- Avoid too many learning materials hanging on the wall
- Sit hyperactive learners by the wall with big learners besides them
- Assign books
- Remove objects not needed in the lesson
- Give one to one attention to the child
- Teach them basic life skills e.g. good grooming, personal care, clothing feeding and social skills

- Demonstrate to learners rather than just telling
- Use simple words and precise instructions
- Do one activity at a time and complete it
- Break task in small steps from simple to complex
- Give praise and encouragement when learner is successful
- Give extra practice at doing a task to ensure mastery
- More opportunities for practice using different materials e.g. flash cards, crayons paint etc
- Pair the learner with a peer to help him focus on given activities
- Ignore attention seeking behaviors
- Refer the learner for proper professional assistance and need be

INTERVENTION STRATEGIES AND SERVICES FOR CHILDREN WITH SPECIAL NEEDS

1. Educational intervention

By providing developmentally appropriate practice where activities are integrated, across developmental domains, interest of children are identified environments are arranged to facilitate children's explorations, a wide range of activities are provided and activities are arranged from simple to complex as children advance in age.

AID guidelines as viewed as a foundation from which to provide only intervention for children with special needs.

Educators must target specific goals and objectives to meet developmental needs of individual needs of children with special needs.

2. For children with **speech and language disabilities**, teachers and adults should provide an environment that fosters language development e.g. increase chances for play activities give rich experiences and early stimulation materials such as storybooks, picture books fairy, tales and variety of toys children be provided with oral narratives. These skills need reinforcement from home however collaboration of parents is needed.

3. **Medical intervention** – include early intervention services provided in ----- they include;

- i. In deification – the anger scale is a tool used to measure the degree of parental asphyxia/oxygen, depreciation) and infant experiences at birth. The medical attendants evaluate the newborns heart rate, respiratory effort response to stimulation muscle tone, colour of skin the score, is out of 10, an infant who score 6 or less at birth indicates follow up assessment to determine the cause of low score and what interventions may be needed. The agar test has been shown to identify high risk infants.
- ii. Newborn blood screening – is beneficial in identifying conditions such as plan/ketonush and hypothyroidism both which are preventable with early intervention to prevent mental retardation

Hospital based programmes medical personnel, social workers or psychologists give support to that enables parents to have adequate interaction with their special needs child, manage the emotional and financial concerns. Such infants are given specialized health care e.g. neonatal intensive care units and varieties of professionals e.g. neonatologists attend to them.

Home-based programmed depends heavily on support of and by families parents assume, primary responsibility as caregivers and teachers of their child with disability and gain support from early intervention specialists who visit the child at home regularly to model teaching procedures or other interventions who also is a consultant. He reviews duties progress describe activities demonstrate activities, observe parent/child integration offer suggestions and advice needed and indicates records parents should keep during the week.

This programmes are good since;

- They are the Childs natural environment and parents can give more time and attention to the Childs
- Other family members get opportunity to socialize and interact with the child
- Home learning materials are natural and most appropriate
- Parents are actively involved in helping their child learn and develop and frees them from feelings of guilt, frustration, or defeat at the learning inability to help their child

- They are less costly to operate

They can also be disadvantageous when

- When some parents and not willing to spend time require to teach their child while some are ineffective teachers
- Mainly depend on the parent as a primary service provide while in the hospital the child is seen by a variety of professionals

- The child may not receive sufficient opportunity for social interaction with peers

Centre-based programmes

Provide early intervention services in special needs education programme outside the home. The setting may be part of a hospital complex day care centre or pre school

The centres provide specifically designed developmental programme that offer a wide variety of children with adverse degrees of disabilities provided through combined efforts of different professionals from different fields.

These centers encourage social interaction integration and parents are encouraged to teach children and are partners in advancing the achievement of set goals and objectives

Combined home-centre programmes

Combine centre based activities and home visitations. Children are provided with intensive help of a variety of professionals combined with sensitive care of parents provided at home.

2. Psychological intervention

Include

a. Parental and peer counseling

This enable parents to get important information about their Childs disability and also overcome their unrealistic fears and blame and be able to maintain a functional family life.

Highlight on parent child relationship

Guide parents on child peer interaction

Share information about the child i.e. limitations and abilities and structuring plants that will ease parental burden and enable parents to participate in social life and recreational activities

SERVICES FOR CHILDREN WITH SPECIAL NEEDS

1. SPECIAL SCHOOLS

- Are school designed to exclusively provide educational services to learners with disabilities. They are categorical in design i.e. cater for children with different special needs e.g. visual, physical, mental and hearing impairments

- These schools are residential and admit children from all regions of the country as long as it is in line with the parents preferences
- In these schools the physical environments and educational resources are modified to suit the needs of specific category of special needs learners to be served.
- Special day schools provide education to learners with special needs and offer alternative arrangements with the aim of keeping children with their parents and community
- Trained teachers in special needs education and specialized faculties equipments, materials and curriculum are tailored (modified) to meet the children's needs
- The day special schools were meant to develop positive self concept and proper attitudes towards the society so that they are able to interact with peers and adults in the family and within the community.

Inclusive education

This is a philosophy of ensuring schools centres of learning and educational systems are open to all children

- It is a means of identifying and removing barriers around and within the school that may hinder learning
- For this to happen teachers and school system need to modify the environment so that they can accommodate the diversity of learning needs that learners may experience
- Inclusive of education is concerned with a focus on those who have traditionally been excluded from educational opportunities such as those with special needs

Inclusive schools – are those that are designed to respond to the adverse needs of all learners accommodate different styles of and rates of teaching to ensure quality education to all through appropriate curricula, organizational arrangement teachings strategies resource use and partnership with the community KISE (2006).

Inclusion is about

- Welcoming diversity
- Benefiting all learners with special needs
- Providing access to education for all

- Reforming schools and ensuring that all learners receive quality and appropriate education in this schools
- Improving learning environments to enable learners experience success in their learning activities
- Increase community awareness on SNE and remove the stigma after attached to children with SN
- Promote social development through interaction of learners with or without special needs.
- Develop positive attitudes in parents and peers on children with special needs
- Cost effectiveness as a result of running two parallel system of regular and special education.

Integration/mainstreaming

The term refers to the participation of learners with special education needs in regular education without demanding change in the curricula provision.

- Children follow the school system as it is with or without support
- This provision attempts to place learners with special needs with main steam or regular education system. There are three main forms of integration;
 - i. Functional
 - ii. Locational/physical
 - iii. Social

Locational-physical

This is a form of integration where the child with special needs is placed in a special unit located in the regular school. The learner in the special unit have limited interactions with those in regular school they are only able to mix with others when they are out of class e.g. during break, lunch

Special units especially those with for children with mental disabilities are purely physical

Functional integration

In this form of integration the child with special needs is put in regular class. In some cases the learner is taken out to the resource room to be given modified instructions by the resource teacher or special teacher in the area of special needs.

Social integration

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

Disadvantages of integration

- Regular schools are not prepared physically or socially to support learners with special needs
- Non disabled learners are not prepared to receive the special needs learners
- Parents of learners without special needs were not sensitized thus though this learners would lower the educational standards
- Integration attempted to modify the SN learner to fit in the environment of the vice versa.
- Learners have not been equipped with special needs education – skills to adequately satisfy their needs
- Learners are ignored by teachers who may feel incompetent to assist them

Educational assessment research centers (EARC)

These are research centres that may be hosted by schools.

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