

DISABILITY RIGHTS AWARENESS AND INCLUSIVE EDUCATION: BUILDING CAPACITY OF PARENTS AND TEACHERS

A MANUAL FOR IN-SERVICE TRAINING AND COMMUNITY EDUCATION

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CEVS-Ghana

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Table of contents

About the Authors /Contributors	3
About This Manual And Training Notes	8
Module 1: Defining concepts & types of disabilities	9
Introduction	9
Causes of Disabilities	10
Types of Disability	11
Module 2: Assessment	18
Introduction: Definition and aims of Assessment	18
Assessments forms and tools	19
Basic Screening for possible eye defects/visual impairment.....	20
Screening the ear for possible hearing defect/hearing impairment	21
Screening for intellectual disability	21
Module 3: Rights, Legislation and Policies for Persons with Disabilities	24
Introduction	24
Convention on the Rights of Persons with Disabilities: Key principles/ rights	25
Other critical rights	26
Provisions for persons with disabilities in Ghana	27
The 2006 Persons with Disability Act (Act 715).....	28
Module 4	32
Inclusive Education: Concept, Organisation & Staff Roles	32
Definition of related terms.....	33
Rationale for Inclusive Education.....	33
Implications of inclusive education concept.....	34
The role of the school in promoting inclusion.....	35
The Roles and Responsibilities of Principals and Teachers in Inclusion	35
Principals’ Roles and Responsibilities:.....	35
Teachers’ Roles and Responsibilities:	36

Attitudes Toward People with Disabilities	38
Module 5	40
The Inclusive Classroom: Teaching Approaches & Strategies	40
Introduction	40
Special Educational Needs	40
Inclusive classroom organisaiton and teaching approaches	41
Effective teachers and effective teaching.....	41
Three areas of teaching in inclusive education	41
Instructional Adaptation	42
Types of adaptations	42
Summary of Key Strategies for including diverse learners.....	45
Interventions For Learning Disability/Difficulties (LD).....	45
Dyslexia.....	45
<i>Strategies For Assisting Learners With Dyslexia</i>	<i>46</i>
Dysgraphia	46
<i>Strategies For Assisting Learners With Dysgraphia</i>	<i>47</i>
Dyscalculia	47
<i>Strategies For Assisting Learners With Dyscalculia</i>	<i>48</i>
Auditory Processing Disorders.....	48
<i>Strategies For Assisting Learners With Auditory Processing Disorder</i>	<i>48</i>
Visual Processing Disorder	49
<i>Strategies For Assisting Learners With Visual Processing Disorders</i>	<i>49</i>
Creating Learning Style Compatible Classrooms Conditions for LD.....	50
Effective Teaching Practices Checklist (ETPC) (Kuyini, 2004, 2012).....	51
Planning instruction	57
Designing Adaptation	58

Samuel's Story	60
Module 6: Managing Problem Behaviours	62
Introduction	62
How the school contributes to behaviour problems	63
What behaviours should be of concern to the school?	63
What are the functions of behaviour?	64
Assessing the Function of Behaviour: Functional Behaviour Analysis (FBA)	66
Assessing the Classroom Ecology	67
Constructing and Implementing an Intervention Plan	67
Steps in constructing plan	67
Implementing your behaviour plan – Specific and General Strategies.....	68
<i>Other Strategies</i>	69
Positive Behaviour Support: An approach to managing group and individual behaviour	71
Hafiz and his behaviours	73
Module 7: Working with parents of children with special needs.....	74
The school, teachers and parents	74
Parents of children with disabilities /special needs	75
Factors to consider when working with parents.....	75
How to communicate with parents	76
Routine Based Interviews	76
Critical Interview Behaviours	78
The Key worker model and parents of children with disabilities	79
Introduction	81
Training package for a family member of a child who has difficulty seeing [pdf 1.7Mb]	82
Training package for a family member of a person who has difficulty speaking and hearing or speaking and moving [pdf 2.0Mb]	82
Training packages for family members of people who have difficulty moving [pdf 9.3Mb]	82

<u>Training packages for family members of people who have no feeling in the hands or feet [pdf 1.1Mb]</u>	82
<u>Training packages for family members of adults who show strange behaviour [pdf 701kb]</u>	82
<u>Training package for family members of people who have fits [pdf 522kb]</u>	82
<u>Training package for family members of people who have difficulty learning [pdf 1.9Mb]</u>	82
Appendices	91
References /Bibliography	95

About This Manual And Training Notes

This manual is the product of collaboration between the Crescent Education and Volunteer Service Tamale, and Special Education Division of Ghana Education Service, Accra and Pathfinders, Australia. The content is based on the content of capacity building project funded by the UN Volunteer Fund titled “*Raising Community Awareness on the Rights of People with Disabilities and Developing Capacity for Community Support & Inclusive Education Practice in Ghana*”. The training workshops were aimed to capacitate teachers, parents of children with disabilities and volunteers about the *Rights of persons with disabilities, Inclusive education and Community Based Rehabilitation*.

This manual is designed to augment parents and teachers’ understanding the rights of people with disabilities, and the concept of inclusive education. The detailed notes will help the teachers, parents and volunteers to understand the characteristics of children with disabilities, their development/ learning needs and how to support them in school and the home. It will also foster more positive relationships between teachers and pupils, between teachers and parents, between parents and pupils and between pupils and pupils.

The manual is divided into two parts:

Part I covers information on definition of disability, disability types, inclusive education concept, policies and implementation, including classroom strategies and behaviour management.

Part II covers brief information about Community Based Rehabilitation and how parents/families can support their children/members with a disability, based on the content of the WHO CBR Manual. It is our hope that both parents/ family members of children with a disability and teachers will find this basic information useful and that it will capacitate them to provide meaningful support to people with a disability.

Who should use this manual?

The manual should be used for future training of teachers, parents of children with disabilities, volunteers and general public. We hope it will be a useful guide for all stakeholders including parents and care- givers to adapt in order to meet the needs of children with special educational needs.

Module 1: Defining concepts & types of disabilities

Objectives: By the end of this Module the reader should be able to:

1. Define the concepts of Disability, impairment and handicap appropriately,
 2. Mention the different types of disabilities and be able to
 3. Identify signs of disabilities/special learning needs in children
 4. Explain the causes and nature/characteristics of some disability types
-

Introduction

This module is designed as an integrated module for parents of children with special needs, teachers and volunteers. Thus in discussing the concept of disability and special education we also need to define concepts such as impairment and handicap. This is to provide fundamental knowledge for subsequent discussion about the characteristics, rights and opportunities for inclusion (educational and social) for persons with disabilities.

Special Education is education that seeks to enhance learning potentials of children with disabilities and provide their needs especially those who cannot easily benefit from the mainstream system. For example students who are blind or deaf or have intellectual disability who sometimes cannot be catered for in mainstream schools. Inclusive education has been assessed as to be the most effective means of achieving education for all as it is in consonance with human rights and provides equal opportunity for all children.

Definitions: Disability, impairment and handicap

Disability can be defined in one of the following ways:

- It is a restriction or lack of ability (resulting from impairment) to perform an activity in the manner or within the range considered normal for a human being.
- It is a condition that substantially limits one or more major life activities.
- It is a Physical or mental impairment that limits or restricts the condition, manner or duration under which an average person in a population can perform a major activity.
- It is a medical, emotional, mental or behavioural need that will require on-going assistance and support.

Impairment: *Loss or abnormality of psychological, physiological or anatomical structure or functions*

Handicap is a disadvantage caused by disability that prevents or limits individual/individuals from fulfilment of a role that is normal, depending on the age, sex, social and cultural factors.

Causes of Disabilities

Disability can be traced to three (3) distinct areas in human development namely:

- **Pre-natal**
- **Peri-natal**
- **Post-natal**

Pre-natal stage: These include maternal diet, toxemia, bleeding and pre-maturity, chromosome abnormalities, genetic diseases e.g phenylketonuria (PKU), mutagen or agents causing changes in genes, X-rays etc. All these may cause brain and other defects in the child.

Peri-natal stage: These include trauma, human error, lack of oxygen (anoxia) accidents, prolonged birth and complicated labour, breach delivery, forceps-delivery, etc can cause damage to brain, certain organs and cells.

Post-natal stage: Notable among the causes are poison (e.g lead in sauce pans) lead to slow or low intellectual functioning capacity of a child. Paints, coating on walls, carbon monoxide can cause health issues and possibly impairment.

ACTIVITY

In your groups discuss the common issues affecting expectant mothers (pregnant women) and identify possible pre, peri and post-natal issues that can cause disabilities. What measures/ precautions have been put in place by the community/culture you come from to minimise these risks?

NOTES *(Also Use Notes Sheet provided in Appendix)*

Identify causes	pre-natal	<i>Examples of pre-natal issues that can affect a child are:</i>
Identify Issues	Peri-Natal	<i>Examples of peri-natal issues that can affect a child are:</i>
Identify Issues	Post-Natal	<i>Examples of post-natal issues that can affect a child are:</i>

Types of Disability

There are three (3) traditional disabilities commonly referred to as sensory disabilities:

- 1) Intellectual Disability
- 2) Hearing impairment
- 3) Visual impairment

However, there are many other disabilities including:

- 1) Social, Emotional and Behaviour Disorder
- 2) Autism Spectrum Disorders
- 3) Physical Disability
- 4) Learning Disability/Difficulties/Disorders

Intellectual Disability

A person with Intellectual Disability (ID) is one who demonstrates significantly low intellectual functioning or reasoning capability, which is below that of the average person of the same chronological age (peers) and also lacks skills in adaptive behaviour around everyday living tasks (i.e. independence with daily living, bathing brushing the teeth, buttoning a shirt, tying a shoe-lace, etc).

Like other types of disabilities, intellectual disability has different degrees/levels. These degrees provide a good indication of how much assistance students will need to reach their maximum potential. The table below presents a picture of the levels ID takes in terms of approximate mental age that an individual will reach as an adult. An average child of 4, 5 or 6 years old should be able to speak intelligibly, and should also be able to do the above activities without the assistance from an adult person. However, when that is not the case, and for instance an adult who has the intellectual abilities and adaptive behaviour skills of a ten (10) year old would be thought and considered to have a mild intellectual disability (ID).

Degree of ID	Approximate Mental Age an individual will need to attain as an adult	Prognosis
Mild	9-12 years	May encounter some learning difficulties in school Many adults with this condition may be able to work, maintain good social relationships and contribute to society
Moderate	6-9 years	May result in learning difficulties. Some with moderate ID can develop some degree of independence in self-care, acquire adequate communication and academic skills.
Severe	3-6 years	May need continuous level of support, Comorbidity with other disabilities
Profound	Below 3 years	Results in severe limitation in self-care, communication and mobility. It often occurs with other disabilities.

The two important / major diagnostic areas to be considered in dealing with ID are:

Intellectual Functioning: -i.e. the ability of a person's brain to learn, think, solve problems and make sense of the world as measured on an Intelligence Quotient (IQ) test with the - average score of $100 = MA/CA \times 100$. A score of below 70 on the IQ measure implies that the person has limited intellectual functioning or ID

Deficits in Adaptive Behaviour /Functioning: i.e. A person showing signs of limited capacity to apply the normal skills needed to live an independent life at the level acceptable for the age (e.g. daily living skills, communication skills, wear clothes, use toilet, or the ability to understand what is said, or to be understood by others and also what someone can do and be compared to what the other individual of his/her age can do).

Hearing Impairment

Hearing impairment means a complete or partial loss of ability to hear any sound from one or both ears. The level or degree of impairment can be mild, moderate, severe or profound. A child with hearing loss can generally respond to auditory stimulus including speech. Whatever level of hearing impairment will adversely affect the child educational performance. There are two levels of hearing impairment.

Deafness: Refers to complete loss of ability to hear from any or both ears. Means the hearing loss is so severe that the child is impaired in processing linguistic information through hearing with or without amplification.

Types of hearing loss

a) Conductive hearing loss/impairment

It occurs in the outer or middle ear when something interfere with the transmission of sound from the outer to the inner ear

b) Sensori-neural hearing loss

This has to do with a problem with the inner ear, damage to the pathway from the inner ear to auditory nerve and occasionally with hearing nerve, which connects the ear to the brain. This type of hearing problem is often permanent and often affects the person's ability to hear certain frequencies more than others. The instruments used in assessing hearing impairment are:

- 1) Audiometer used by the audiologist especially to test the hearing loss. The unit of measuring the frequency level of hearing is Decibels (dB). The bigger the frequency the more profound the loss. 90 dB the highest, which means the impairment, is profound and victim cannot hear the blast of a bomb or explosion. Then 25-39 dB is the turning of a spoon in a cup.
- 2) Otoscope is a torch-like instrument used to view the inner or middle ear for wax impaction or foreign material that can cause conductive hearing loss.

Visual Impairment

Visual impairment means the inability of person to perceive light. There are three different types of visual impairment.

- 1) **Partially Sighted.** This has to do with a type of visual problem which has resulted in the need for special education (provision of device or intervention so that the person can function.
- 2) **Low Vision.** This can be referred to as a severe visual impairment and is not limited to impaired vision at distance. This type of impairment applies to all those with visual problems who cannot read print or pictures in the book at a normal viewing distance even with the aid of eyes glasses
- 3) **Totally blind.** Individuals who have no residual vision and a complete lack of perception of both forms of light. Note visual impairment does not affect the mental and cognitive abilities. Visual ability can be assessed /tested by the eye-doctor known as ophthalmologist. He /she test the visual acuity, how far the eye can see or how detail an eye will be able to identify black symbols on a white background at a standardised distance as the size of the symbols is varied.

Other materials used for basic assessment are the Snellen Charts e.g E- chart.

Practical demonstration of the eye test can be done on school children, teachers, and parents or even at the Education Directorates.

With electronic technology especially the computers, the blind can function very well with the help of (Computer, Perkins Braille JAWS, Slate and stylus, talking watch, talking scientific calculator) as they have began to do a lot of wonderful things using the computer with software. It is interesting to note that blind children in Ghana have started doing mathematics and science at the basic education level and compete favourably with their sighted counterparts at the WASSCE.

1.

Activity:

(Interactive exercises. Ask for contributions)

1. Let Participants mention characteristics and signs of a child with

- ✓ Intellectual Disability
- ✓ Visual impairment
- ✓ Hearing Impairment

2. Participants then share their experiences of living with or working with persons with these impairments

Social, Emotional and Behavioural Disorders (SEBD)

The United States Public Law 94-142 defined Social Emotional Disturbance (SED) as "a condition with one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: - An inability to learn which cannot be explained by intellectual, sensory, or health factors. --An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. --Inappropriate types of behavior or feelings under normal circumstances. --A general pervasive mood of unhappiness or depression. --A tendency to develop physical symptoms or fears associated with personal, social or school problems."

Emotional disturbance is a generic term (less used today, because of the preference for the term behavioural disorders) to signify behaviour excesses or deficits. Jensen (2005) makes a distinction between Emotional and Behavioural disorders that are externalised (externalised disorders) and those that are internalised (internalised disorders).

Eternalising disorders include Conduct Disorder and ADHD.

Internalised disorders include Anxiety, Depression and suicidal ideation, Schizophrenia, minimal brain dysfunction, among others.

Autism Spectrum Disorders (ASD) is a complex neurobiological disorder of development that lasts through out the person's life. It is sometimes called developmental disability because it usually starts before age three (3). It causes delays or problems in many different skill areas. Up to 75% of children with autism also have intellectual disabilities and experience learning difficulties. The categories in ASD are Autistic disorder, Asperger syndrome and Pervasive Developmental Disorder

The key characteristics:

Behaviour: fixed, intense or focused interests, repetitive behaviours such as spinning, tapping foot, shutting and opening doors

Communication: communication difficulties due to delayed language development, difficulty with initiating and sustaining conversations, limited understanding of non-verbal communication. E.g. facial expression and gesture, which leads to social skill problems

Social Interaction: difficulty establishing and maintaining relationships, understanding social interactions. For example may not understand a joke in a group and so fails to participate in the joy of it, prefers to do things alone.

ACTIVITY

Let participants discuss the characteristics and signs of a children with SEBD and ASD

Note that a normal behaviour becomes a disorder when the symptoms are pervasive and lead to impaired functioning across one or more areas of an individual's life.

Provide examples in the case of Anxiety, Depression, ADHD, Schizophrenia, etc.

Discuss participants' experiences living or working with children with SEBD and ASD.

Physical disability

One of the most common physical disabilities is Cerebral Palsy often referred to as CP. Other examples are limb deficiency and birth defects. Cerebral Palsy (CP) a physical disability that affects body movement and muscle coordination. The term 'cerebral' means brain and 'Palsy' mean weakness or poor body control of the muscles. CP can be mild, moderate or severe. It may be present at birth but not inherited from parents. It can be acquired at birth. CP is a permanent condition and although symptoms can change over time, they generally do not get worse. Normally CP can be caused by injury to the part of the brain that control muscles and movement. The injury in the brain can occur during the mother's pregnancy, during birth or during infancy.

Learning Disabilities/Difficulties/Disorders

The term learning disability relates to students who, despite normal intelligence, are not able to learn in the same way as their peers. There are many such students in regular classrooms.

The Diagnostic Manual of Mental Disorders (DSM- 5, 2013) now uses of the term "specific learning disorders" and defines it as follows:

"The diagnosis requires persistent difficulties in reading, writing, arithmetic, or mathematical reasoning skills during formal years of schooling..... Current academic skills must be well below the average range of scores in culturally and linguistically appropriate tests of reading, writing, or mathematics. The individual's difficulties must not be better explained by developmental, neurological, sensory or motor disorders and must significantly interfere with academic achievement". (DSM- 5, 2013)

The model of diagnosis described above is generally termed the 'discrepancy model' (Fletcher, Coulter, Reschly & Vaughn, 2004; Restori, Katz & Lee, 2009; Vaughn & Fuchs, 2003). The discrepancy model focuses on the fact that such students appear to have normal

cognitive functioning, have no obvious hearing or visual impairments and yet experience problems with learning. These students include those with difficulties such as dyslexia, dyscalculia and dysgraphia:

In Australia, the term *Students with Learning Difficulties /Learning difficulty* is used synonymously to refer to the group of students who experience difficulty developing academic skills, usually in literacy or numeracy.

Teachers may not find children with severe and profound forms of learning difficulties and yet will encounter children who seem to learn/ achieve below average and sometimes pose classroom management challenges to the teacher.

This group of students are:

- 1) Not Blind but cannot see text in the correct way
- 2) Not Deaf but cannot understand language in the normal way
- 3) Not intellectually disabled (mentally challenged) but cannot reason like their peers, demonstrating a great disparity between their intellectual capacities and their actual functional level and therefore cannot learn in normal environment.

Different perspectives about LD

Educational theorists have propounded many theories about learning and the problems it poses. The Psychological Model places the learning problem or disability/difficulty on the neurons i.e. the brain nerves this leads to *psycho-neurological* learning disability. This school of thought believes that the learning difficulty is the result of neurological problems /sensory disorder. The Behaviour model argues that nothing cannot be learnt or taught. If the learning task or activity is put on a chart, scoped and sequenced properly, the child will be able to learn. The Cognitive Strategists believe that learners have no learning problem rather it is the teachers. They argue that teachers are sometimes unable to tailor what is to be learnt or they over-load the learner with information and end up confusing the learner or causing more problems. Thus learning disabilities or difficulties stem from the inappropriate teaching strategies. Finally, the Cognitive Holistic Model attributes LDs to Central Nervous System Dysfunction. Thus pupils with LDs have low intelligence, easily forgetful, have low and poor attention span, cannot spell or read or understand what they read, have poor handwriting etc.

The various LDs including Dyslexia, Dyscalculia, Dysgraphia, etc (These are discussed in detail in **Module 5**)

ACTIVITY

Please see **Appendix 2** for a summary of causes of various disabilities, the characteristics/ issues and possible interventions

Then in your groups:

- Discuss the common issues affecting people with various disabilities and share personal experiences.
- What attitudes do they face from the community?
- Are parents of children with disabilities supported by other families, the leaders in the community?
- How do you think we can change the attitudes towards people with disabilities and improve support for their learning, development and participation in the community?
- What measures have been put in place by the community/culture you come from support people with disabilities?

Attitudes	<i>Examples of attitudes and their effects</i>
<i>Examples of supports or no supports, reasons</i>	
Support for people with disabilities and their families	
Supportive measures put in place by community (including chiefs, Elders, politicians/ district assembly, schools)	<i>Examples of supports</i>

Module 2: Assessment

Objectives: By the end of this Module the reader should be able to:

1. Define or explain the term Assessment
 2. Explain the different types of assessments used in inclusive classrooms
 3. Explain how to screen for hearing, seeing and intellectual disability
-

Introduction: Definition and aims of Assessment

Assessment in special /Inclusive education refers to “the process of gathering inter-personal and intra-personal performance data on the learner’s current behaviour language or motor skills...” (Wallace & Larsen, 1992). Taylor (2000) emphasises the decision-making aim of assessment and therefore defines Assessment as the process of using testing and other formal and informal means of measurement to make educational decisions. Thus assessment is used to answer educational relevant questions relating to:

- a) Screening and identification, including
- b) Eligibility and diagnosis: Assessment leads to the determination of whether the child is eligible for special educational services.
- c) Level of functioning in basic skills, specific skills strengths and weaknesses.
- d) Program Placement
- e) Instructional planning and Training -What should be taught and how to teach.
- f) The student’s progress and Evaluation, to determine the progress of the child at all times

Teachers can use assessment information to evaluate student performance, attitudes and process. Performance measures relate to student’s achievement in content areas. Attitudinal measures are about students’ self-concept and their attitudes toward their teachers and non-disabled peers. Process measures are about the types of interactions students with special learning needs have with their teachers and peers. These three measures allow teachers to have a comprehensive understanding of students’ needs and progress in the classroom (Friend & Bursuck, 2002).

Assessments forms and tools

Even though it takes several forms, assessment can be categorised into educational and medical.

- 1) Educational Assessment: is to find out the ability of a child, his strength or weakness in performance aimed at placing the child in the appropriate classroom. The placement will either be in special school or regular school based on the categorisation of the child's intellectual (IQ) or other functional abilities. Assessment can also be conducted to find out about the strength or weakness of a system over time.
- 2) Medical Assessment: allows professionals to intervene with medication to eliminate or reduce the effect of a condition on the child's capacity to learn. We also do an assessment aimed at providing medical intervention. The initial educational and medical assessment is termed screening.

Regular school classroom teachers are required to demonstrate competency in assessment in order to identify the specific needs of students with disabilities. Assessment skills are valuable skills, which all regular classroom teachers should have in order to support the implementation of inclusive education programs. Teachers are required to employ generic skills to gather information about students' background and learning status as well as specialised skills about selecting, administering, scoring and interpreting different assessment reports.

The different basic assessment forms are discussed below:

- 1) Screening
- 2) Observation
- 3) Test
- 4) Research (Interviews, Survey)

Screening

Screening involves the use of diagnostic tools/equipment such as audiometer to test for infections, impairments etc. It is a pass or fail test to identify those at risk and therefore need a more in-depth assessment.

It is the first or rudimentary stage of assessment and quick way of determining the presence or otherwise of an impairment in a client. The purpose of screening is to identify children exhibiting problems of aural, vision, intellectual and learning and to offer the appropriate help.

Observation

This mode of assessment involves watching a child or monitoring the child's activities during play time, study time, meals time, leisure time, etc to gather information on the child about the way s/he does his/hers activity differently. Then a more detailed study can then be undertaken to conclude what is suspected of being the phenomenon.

Tests

Tests can be medical examination in the laboratory or screening aimed at finding out or confirming a condition suspected to be pervasive. Tests provide results for intervention. For example, for intellectual functioning, an IQ test is performed on children who seem to have learning problems. Medical tests are used for more physical conditions, for example Malaria, HIV/AIDS, etc.

Research

A purposeful gathering of data to confirm or disprove an idea/general statement carried on a given population, e.g. inclusive education cannot succeed in a predominantly poor community. Or using research data to establish the function of a specific behaviour. The data gathering can be via Interviews or Survey, (which is a process of gathering data of a population on a large scale on a subject, so as to proof or disprove a concept). For example teachers in Ghana have negative attitudes towards inclusive education. Survey data can be gathered to confirm or negate the statement.

Basic Screening for possible eye defects/visual impairment

Tools: Snellen charts

- i) Alphabet chart-near and distant vision**
- ii) 'E' chart**
- iii) Telescope**

The testee (person to be tested) and tester, the person who does the test, position themselves 6 metres apart. The testee is in a sitting position while the tester stands and holds a chart. Depending on the type of chart held, the testee cups the left eye using the right palm. He or she then uses the right eye to read the letters as the tester points at them one after the other till the end. How many of the letters the testee is able to call out will tell the visual acuity of the testee. These letters are graduated using font sizes ranging from 60, 48, and 36 through to 24. The testee changes over to the left eye and so on. The level at which the testee is able to mention the letters and in each case as far as the eye can visualise the letter, tells how much the testee's eye functions. The microscope is used to investigate possible eye diseases like cataract, glaucoma, trachoma etc

Screening the ear for possible hearing defect/hearing impairment

Tools/instruments-

- i) Audiometer
- ii) Otoscope
- iii) Rattles
- iv) Shakers
- v) Flutes
- vi) Whistle

Audiometer is used to record the amount of sound waves that get into the ear. Otoscope, which is like a torch is used to examine the inner or middle ear for any infection or impact.

Other non-scientific instruments that are used for basic screening/test for hearing impairment are listed above. Each of them produces noise and depending on the distant from the noise produced, a child should be able to identify the item from which the noise emits.

Screening for intellectual disability

Tools/instruments

- i) Rings
- ii) Tennis balls
- iii) Skipping ropes
- iv) Building blocks
- v) Simple Jig-Saw Puzzles
- vi) Standardised intelligent test

The rings have many and different sizes, shapes and colours. To test if a child has capacity to do academic work, the ring is disorganised. The child can be asked to

- i) Sort them in terms of similar shapes
- ii) Sort them in terms of similar colours
- iii) Sort them in terms of similar sizes

A child can be tested for: a) Language proficiency, by asking him/her to construct a sentence

b) Maths reasoning, by comparing shapes, arranging in order of size, etc

c) Solve a problem by fixing a jig- saw puzzle

ACTIVITY

First part:

Hands on: Participants to do some practical work

Let participants including children who are present at workshop use all the instruments above to do the screening themselves on their peers.

Let them report to the teacher their experiences and findings whilst the teacher supervises.

- 1) Test for visual impairment using the instruments
- 2) Test for hearing impairment using the instruments
- 3) Test for intellectual disability using the instruments

Second part

Demonstration Exercise (Identifying Intellectual Disability)

Using simple tools as shown in the presentation, engage each participant in an assessment exercise about identifying vision, hearing, intellectual disability and tactile problems. You may also try it on other volunteers.

Participants in the training program should now be taken through a practical exercise (Hands-on activities) to be familiar with basic training materials- rings and balls.

For example, children with Down's syndrome who drool or cannot speak could be given a simple (lip/mouth muscles exercises) such as:

- a) The child blowing on a flute as way to exercise the muscles around the mouth that obstruct his/her ability to hold back saliva or be able to speak.
- b) The child could also be assisted to massage the lips to activate the muscles for the same purpose stated above.

Eye-hand coordination, which most children with Downs' Syndrome lack, can be enhanced by the use of balls, rings, and skipping ropes exercises. Examples:

- Bouncing a tennis ball,
- Throwing ball against the wall and catching it
- Dismantling the rings and rearranging them with biggest first in that order.

The child without ID can do these activities well and very quickly. The child with an IQ of 55-65 or even below will find it difficult with movement and eye-hand coordination between the hand and ball, likewise the re-arrangement of the rings in order of size.

NOTES

(Also Use Notes Sheet provided in Appendix)

Vision	<i>Write notes from your observation</i>
Hearing	<i>Write notes from your observation</i>
Tactile and adaptive behaviours	<i>Write notes from your observation</i>

Module 3: Rights, Legislation and Policies for Persons with Disabilities

Objectives: By the end of this Module the reader should be able to:

1. Explain the rights of people with disabilities as outlined in international and local legislation.
 2. Identify the relevant legislation and policies informing inclusive education
 3. Explain the provisions contained in Ghana's legislative and policy documents
 4. Explain the implications and challenges for inclusive education in Ghana
-

Introduction

Historically People with disabilities have been denied the basic human rights accorded non-disabled people until fairly recently. The UN declaration of human rights accorded all humans the right to life, among others. However, many of these rights were not extended to persons with disabilities. In many countries and cultures they were subjected to de-humanising treatment.

In the 1980s the UN decade of disabled persons led to the World Program of Action concerning Disabled Persons, and Standard Rules on the Equalization of Opportunities for Persons with Disabilities. These milestones began to eat away at the restrictions that denied the same rights to persons with disabilities as other people in the society.

On 13 December 2006 Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted at the United Nations Headquarters in New York, and entered into force on 3 May 2008. The Convention is the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be open for signature by regional integration organizations. The Convention constitutes the point of departure from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society (United Nations Enable, Online).

Convention on the Rights of Persons with Disabilities: Key principles/ rights

In this section of Module 3, we explore briefly the key development toward the promulgation of the UN Convention On The Rights Of Persons With Disabilities before discussing the key rights outlined in the convention, noting the ethical/moral and justice arguments underpinning them.

The first article of the convention states:

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

This overarching purpose is expanded in the different articles of the convention. For our purpose we will first look at the general principles (Article 3) and then Article 10 (Right to life). This approach is useful because it allows us to see the whole picture and reach of the convention before discussing our traditional practices about valuing the lives of persons with disabilities

General principles

The principles of the present Convention shall be:

- (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- (b) Non-discrimination;
- (c) Full and effective participation and inclusion in society;
- (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- (e) Equality of opportunity;
- (f) Accessibility;
- (g) Equality between men and women;
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

The Right to life is expressed in Article 10 as follows:

States Parties reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others.

This article is very important because of the superstitious beliefs about disability in the Ghanaian society and how these beliefs have contributed (in the past) to the elimination of persons with a disability.

ACTIVITY

In your groups:

- (a) Discuss the different beliefs about the different disabilities from your part of Ghana.
- (b) Write down (in the *Notes Sheet* provided) the different treatments meted out (historically) to such children.
- (c) Discuss how the principle of “Right to Life” can be enhanced and the barriers that may be encountered.

Other critical rights

The convention document and protocols contain many other rights. We have selected a few that we consider are very essential to change in our society if the oppression of persons with disabilities is to be curtailed so that their wellbeing might be enhanced. This selection does not mean that the other rights are not important.

The selected ones for review in this manual and for future workshops are:

- Accessibility (Article 9)
- Equal recognition before the law (Article 12)
- Access to justice (Article 13)
- Freedom from exploitation, violence and abuse (Article 16)
- Protecting the integrity of the person (Article 17)
- Living independently and being included in the community (Article 19)
- Right to Education (Article 20)
- Health (Article 25)
- Habilitation and rehabilitation (Article 26)
- Adequate standard of living and social protection (Article 28)

ACTIVITY

1. Look up the content of the different rights at:
<http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
2. Discuss in your groups:
 - (a) the content of the different rights and ethical/moral underpinnings
 - (b) the importance of those rights in enhancing the wellbeing of persons with a disability
 - (c) how far you think these are observed in your community

Provisions for persons with disabilities in Ghana

Ghana ratified the recommended actions of the UNESCO World Education Forum, which reaffirmed the rights to education of every individual declared in the 1948 Universal Declaration of Human Rights.

The Salamanca Statement and Framework for Action on Special Needs Education (UNESCO, 1994), the forum that has recognised inclusive education as the most effect means of achieving education for all. Further, UN Standard Rules and Equalisation of Opportunities for Persons with Disabilities (1993) urges states/nations/governments to ensure that the education of persons with disabilities is an integral part of the education system.

In accordance with this action, the government has pledged to provide education for all regardless of individual differences. In this spirit, The New Education Reforms (778) of 2007 is famous for the single role of including Pre -Schooling as an integral part of the education system in Ghana and making basic or primary education eleven years (KG1-JHS3). This aligns with The 1992 Republic Constitution of Ghana, which guarantees free compulsory and basic education for every child as a right. And these provisions have led to acts and policy initiatives as below:

Education Strategic Plan (ESP, 2003- 2015): A sector-wide education policy that allude to the principle of equality of quality education a ‘right for all’ and conceding the fact that the concept of inclusive education is the most effective means of combating discriminatory attitudes, creating welcoming community, building an inclusive society and achieving Education for All, a declaration made by 92 governments and 25 international organisations at Jontiem Thailand in June, 1990.

Children's Act (560)

The UN Convention on the Rights of the Child (UNCRC) and The Children's Act (560) of 1998 are key legal instruments in Ghana.

The UNCRC advocates:

- The right to life
- The right to security (for protection)
- The right to basic needs (food, clothing, shelter and love)
- The right to medical facilities
- The right to freedom of expression and right to be heard
- The right to education

The 1989 UN Convention of the Right of the Child considered education for every child a right. In Ghana, this UNCRC is the foundation upon which the 1998 The 1998 Children's Act (560) is built. Like the UNCRC, the children's Act enshrines into the law the rights of children to recognition, protection and wellbeing. And part of these is the right to education for all children, which endorses inclusive education.

The 1990 UN Conference on Education for All, set the goal for Education for All including children with disabilities. The 1994 UNESCO Salamanca Statement and Frame of Action on Special Needs Education adopted the concept of Inclusive and assert in Article 2 that *'every child has the fundamental right to education and must be given the opportunity to achieve and maintain an acceptable level of learning. Regular school with inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving Education for All'*.

The 1992 Republic Constitution of Ghana (Articles 25,26,37,38 and part of 39) provide for the rights of persons with disabilities. Article 37 (2) further provides that the state *enacts laws to ensure the protection and promotion of all basic human rights and freedoms, including the rights of the disabled, the aged, children and the vulnerable groups in development processes While article 38 requires the government to provide Free, Compulsory Universal Basic Education (FCUBE) to all school-age children and depending on the availability of resources.*

The Dakar World Education Forum in 2000 re-affirming its commitment to EFA. The *key challenge is to ensure that the broad vision of EFA as an inclusive concept is reflected in national government and funding policies.*

The 2006 Persons with Disability Act (Act 715)

Provisions for people with a disability are contained in the Disability Act of 2006. The Act makes provisions in relation to education and obligates parents, guardians or custodians of a

child with disability of school going age to enrol the child in a school. More importantly, the Act specifies that the Government should provide free education for a person with disability, and establish special schools for persons with disability who by reason of their disability cannot be enrolled in formal schools.

In order to enhance access to school and eliminate discrimination, the Act stipulates that it is an offence for any educational institution to refuse admission of child or young person on account of disability. Further, the Act obligates The Minister of Education to designate schools or institutions in each region to provide the necessary facilities and equipment so that persons with disability can fully benefit from the school or institution. Finally Government is to provide appropriate training for basic school graduates who are unable to pursue further formal education and this includes the designation, in each region, of a public technical, vocational and teacher training institutions which shall include in their curricula special education, such as sign language, and Braille writing and reading.

Other legislative and policy frameworks include:

- The 2008 Education Act (Act 778)
- The 2003-2015 revised to 2010-2020 Education Strategic Plan of the Ministry of Education
- The Special Education Division's Policy on SEN (2005).

The Special Education Division (SpED) is solely responsible for implementing educational programmes for children and youth with disabilities and special educational needs. The division is guided by three principles, which are:

- 1) The right to education. PWDs are entitled to education just as those without disabilities
- 2) The right to equality and quality educational opportunities.
- 3) The right to fully participate in the affairs of the society.

ACTIVITY

In the space below list the names of the pieces of legislation or policies and identify their benefits, what areas of needs they cover. Then in groups discuss:

- (a) how far you think Ghana's legislation and policies cover the basic rights
- (b) the extent to which you believe they are working in practice in our communities.
For example how are the policies helping students in schools?
- (c) How are the policies helping people with disabilities to access education, employment or gain an income, etc?
- (d) the barriers that are being encountered in trying to address those rights

Legislation/policies	1. 2. 3. 4.
Benefits / areas of needs of people with disabilities they serve	1. 2. 3.
Beliefs about how they are working in practice

NOTES

[illegible]

Module 4

Inclusive Education: Concept, Organisation & Staff Roles

Objectives: By the end of this Module the reader should be able to:

- ✓ Explain the concept of inclusive education and rationale for inclusion
 - ✓ Explain the role of the school in promoting inclusion
 - ✓ Explain the roles and responsibilities of principals and teachers in inclusion
 - ✓ Identify different attitudes towards people with disabilities
-

Inclusive education is that educational idea that all children (with and without disabilities) should be educated in the same schools/ classrooms in their local community.

The idea of Inclusive Education (IE) agenda gained momentum following the famous Salamanca Statement and Framework of Action on Special Needs Education (UNESCO, 1994) which aimed at furthering the objective of Education for All (EFA). The Salamanca Framework emphasised that fundamental policy shifts were required to enable schools to serve all children, particularly those with special educational needs.

Inclusive education is aimed at overcoming inequality in education as well as identifying and removing barriers to learning. It exists where all schools attempt to respond to the needs of all pupils in the school and in classrooms. Thus, IE is considered as a process of improving access to education for the majority of those with special needs. Inclusion calls for a major reform in education and should form part of an overall educational strategy that is tied to social and economic policies.

The concept of inclusive education has been conceptualised differently in different countries. In some countries inclusion is aimed at children with a range of learning needs, including the poor and girl-child. However, in Ghana, it is much more focused on those with disabilities.

Definition of related terms

Mainstreaming: Refers to “placing students with disabilities in general education settings only when they can meet traditional academic expectations with minimal assistance...”(Friend & Bursuck, 2002, p. 3). A student placed in mainstream setting is usually assumed to ‘earn’ his or her opportunity to be placed in the regular setting by demonstrating ability to keep up with work in the classroom.

Integration: The process of moving students from special education settings into regular classrooms where they undertake most, if not all, of their schooling (Ashman & Elkins, 2005).

Least Restrictive Environment: The US legislation - PL 94, 142 defined the concept of Least Restrictive Environment as related to educating students with special needs as far as practicable in contexts that are as close to regular schooling as possible.

Rationale for Inclusive Education

The inclusion movement emanated from the principle of Normalisation put forward by Danish thinker Bank-Mikkelsen (1952). The basic argument is that services to people with disabilities, including education should ensure that those with disabilities enjoy lifestyles and achieve outcomes as close as possible to all other non-disabled people in the society. Such an approach and outcome is only possible if it is based on processes that are culturally normative. This “normalisation principle” from Scandinavia was later popularised in the USA by Wolfensberger (1972).

In light of this idea, proponents of inclusion have argued for inclusion on the basis of:

- **Rights:** Inclusion should respect fundamental rights of all children to have an education and so children’s rights should be the central consideration in the provision of teaching and learning.
- **Justice:** Educational provision should ensure fairness and equality or equal opportunity. In this way, government and schools will be entrenching Social Justice.
- **Ethics:** Ethical issues guide the policy or practice so that learning benefits the majority and fewer people harmed in the teaching learning process.
- **Consequences / Outcomes:** Schools should ensure that inclusion helps to enhance both academic and social benefits for all students. Social skills/ participation is equally as important as Academic achievement.
- **Individual needs:** Schools should ensure that the unique needs of individual students are met within the school (See detailed arguments in Cole, 1999; Dixon & Verenikina, 2007; Gartner & Lipsky, 1989; Kuyini, 2004; Stainback & Stainback, 1996).

ACTIVITY

Consider the rational for inclusion above and Ghana’s legislation and policies. Then discuss in your group the extent to which legislation in Ghana meets the demands of each of the questions under the consequential, rights, justice and needs arguments in the Table below

Argument	Key Questions
Consequentialist Arguments	<ul style="list-style-type: none"> • Do the anticipated and demonstrated outcomes of the educational activity indicate any worth? • What are the benefits and the costs of providing services? • What are the cumulative outcomes expected from the policy, programs and methods? • Does it benefit the majority and harm fewer people?
Rights Argument	<ul style="list-style-type: none"> • Are fundamental rights the central consideration in the provision of services? • Do these rights take precedence over other considerations such as justice?
Justice Argument	<ul style="list-style-type: none"> • Does educational provision ensure fairness and equality or equal opportunity? • Does it entrench Social Justice? • What ethical issues guide the policy or practice?
Needs Argument	<ul style="list-style-type: none"> • Is individual need the key argument in the provision of services?

Implications of inclusive education concept

The concept of inclusion implies that students with disabilities belong to the local school and under the responsibility of the general classroom teachers. The school provides for the needs of all students irrespective of their level of their ability or disability and promotes a sense of “belonging” for all students (Foreman, 2011).

Inclusion requires general education schools to restructure and reorganise their practices and routines to accommodate students with disabilities. Such reorganisation of regular education schools is founded on an organisational paradigm (Ainscow, 1999; Clark, Dyson, Millward & Skidmore, 1995a; Lipsky, 2003; Villa & Thousand, 1999). This paradigm departs from the medical model that puts the blame on the student rather than the school. According to this paradigm, it is the organisation of schools rather than the deficits in students that is responsible for the failure of general education to meet the needs of students with disabilities. In short, it is the school that must change to support all students in the spirit of inclusion.

The role of the school in promoting inclusion

The school needs to possess and create an inclusive culture whereby,

- The Head-teacher (Principal) admits all children with disabilities/special educational needs from the locality.
- The head teacher and other staff actively search for out-of school children within the community.
- Every staff welcomes and shows love and affection to pupils with special educational needs (SEN)
- Staff and parents of children with SEN meet to discuss the progress of the pupils
- School provides urinals and toilets for all children including pupils with SEN
- School creates enough ramps on the school compound with good lighting in all the classrooms
- Teachers conduct basic screening (for visual, hearing and intellectual using basic materials for screening
- There is reasonable Pupil-Teacher –Ratio
- School has enforced positive disciplinary policy
- Children with specific learning needs are provided with adapted learning material support
- Teacher attend training on IE and organise school-based in-service training

The Roles and Responsibilities of Principals and Teachers in Inclusion

Principals' Roles and Responsibilities:

School principals (Head-teachers) in their positions as leaders of schools have a crucial role to play in the success or failure of inclusion. Principals, as the key agents in fostering new understandings and beliefs about inclusion (Riehl, 2000) need to establish a clear vision for inclusion that results in a commitment from the school and community (Thousand & Villa, 1992).

The principals' visionary leadership is important for the success of inclusion because as administrators they are in a better position to:

- provide vision and take responsibility for the outcome of the inclusion program
- influence others and have power in defining situations.
- change the routine ways in which things are done and how the school is organised
- listen to concerns and respond with appropriate information.
- create an accepting school climate for inclusion
- communicate the school's mission to the staff, parents and students.

- influence staff behaviour through communicating expectations about inclusion and expecting teachers to live-up to their roles and responsibilities.
- act as instructional leaders and manage the instructional program of the school, by frequent monitoring of student progress, allocating sufficient time for instruction and student learning.

Principals therefore have the responsibility of communicating the school's inclusion vision to teachers, students and other stakeholders (Sage & Burello 1994).

Teachers' Roles and Responsibilities:

Although the school principal is said to be a key agent for inclusion, the meaning of inclusion is negotiated socially through a shared process, with staff. Thus, teachers are key players in creating a good meaning for inclusion (Riehl, 2000). In short, teachers constitute a strong factor influencing the success of inclusive education. Some researchers have declared that the classroom teacher is the single most important indispensable factor to the successful implementation of inclusion (Ashman & Elkins, 2005; Fullhan, 2001).

It is the responsibility of the classroom teacher to determine whether or not the innovations and accommodations required for including the students with special needs into the regular classrooms will be implemented and have any chance of succeeding. Such a responsibility comes with some changes in teachers' roles and also some challenges, including the need to make changes to work organisation, attitudes and instructional methods (Booth & Ainscow, 1998)

Under inclusion, the teacher is required to assume a number of new roles in addition to the instructional role. These include being a collaborator, social worker, classroom manager, counsellor, record keeper, and motivator (Bradley, et al., 1997; Mastropieri & Scruggs, 2000; Villa & Thousand, 1995).

Teachers' collaborative role occurs with other professional such as:

- Resource teachers/special education/peripatetic teachers,
- Psychologists, audiologists, counselors, optometrists etc.

Challenges

Guetzloe (1999) and Ingram (1997) identified some new challenges for teachers trying to implement inclusion. The challenges include:

- choosing effective instructional methods, including employ research-supported instructional strategies such as cooperative learning and peer tutoring.
- individualising instruction as stipulated by Individualised Educational Programs (IEPs) to meet the unique needs of each student.
- finding additional time to plan lessons and using new equipment and procedures.

ACTIVITY

In your groups discuss:

- the roles of principals (Head-teachers) and teachers in the process of inclusion
- identify which roles are currently covered or not covered by staff (head-teachers or principals and teachers) in your school and provide possible reasons for roles that are not being satisfactorily covered out by staff.

NOTES *(Also Use Notes Sheet provided in Appendix)*

Head-teachers' (Principals) roles	<p><i>Examples of roles my head-teacher covers & does not covered in my school</i></p> <p>Roles covered:.....</p> <p>.....</p> <p>Roles not covered:.....</p> <p>.....</p>
Teachers' roles	<p><i>Examples of roles teachers in my school currently cover and don't cover</i></p> <p>Roles covered:.....</p> <p>.....</p> <p>Roles not covered:</p> <p>.....</p> <p>.....</p> <p>.</p>
Possible reasons for roles not being covered in your school	<p><i>Examples of Reasons:</i></p> <p>.....</p>

Attitudes Toward People with Disabilities

Attitudes toward people with disabilities are negative in many cultures and affect the way we react to, interact with or support their participation in school and society.

Research in developed and developing countries also shows that educators' attitudes are not that positive. In Ghana, teachers' attitudes have been found to be both positive and negative (Agbenyega, Gyimah, Kuyini & Desai, 2006, 2007)

Positive attitudes are important for the success of inclusive education. If we hold fear and superstition about people with disabilities, we are more likely to seek to avoid, hurt or eradicate them. If we accept them as people who have specific challenges, then we are more likely to laugh with them, care about them and will try to protect them. An interventionist attitude is essential for inclusive education. *See Table below*

Attitudes and beliefs	Possible Actions
Fear (Survival & Superstition)	Eradicate, avoid
Acceptance	Laugh with, protect, care about
Desire to help - belief in science	Cure (Medical models)
Acknowledging rights	Teach (Educational & rights models)
Interventionist attitudes	Create enabling classroom /community environment for participation

ACTIVITY

In your groups discuss the common issues affecting people with various disabilities discussed above.

- What attitudes do they face from the community?
- Are parents of children with disabilities supported by other families, and leaders in the community?
- How do you think we can change the attitudes towards people with disabilities and improve support for their learning, development and participation in the community?
- What measures have been put in place by the community/culture you come from to support people with disabilities?

Identify attitudes	<i>Examples of attitudes and their effect</i>
Identify community supports	
How can we change attitudes	<i>Examples of ways to change attitudes</i>

Module 5

The Inclusive Classroom: Teaching Approaches & Strategies

Objectives: By the end of this Module the reader should be able to:

1. Explain special needs.
 2. Explain the notion of effective teaching and instructional adaptation/types
 3. Explain some of the key approaches/strategies for including diverse learners
 4. Outline some key ideas about how best to plan instruction for inclusive classrooms
-

Introduction

In this module we will focus on the strategies that might support the learning of students with special needs in inclusive classrooms. First, we provide a broad explanation of special needs. Then we present summary of research literature on strategies for including diverse learners, followed by a summary of key strategies for learners with specific types of learning difficulties. Then we present a checklist of teaching practices or behaviours developed by Kuyini (2004, 2012), which teachers can use as an observational instrument/tool.

As participants go through the checklist they are likely to discover the reality that inclusive teaching is not so different from everyday teaching but includes other strategies, which can enhance the learning of the students with special needs. *(During the training workshop in your school /district, the checklist should be given to participants at the start of this session).*

Special Educational Needs

Students with Special Educational Needs (SEN) refers to individual learners whose needs arise as a result of medical, emotional, mental or behavioural and intellectual conditions that have long-term adverse effect on their ability to access the regular educational facilities.

Children referred to as SEN also include children with the traditional disabilities and those who have cerebral palsy, behaviour disorders, learning difficulty, epilepsy, speech and language disability, nomadic children, children displaced by natural disaster, street children and shepherd boys and people living with HIV/AIDS

Inclusive classroom organisation and teaching approaches

The inclusive classroom is one where the physical structure, rules and teaching approaches facilitate learning for all students. While this is the principle and ideal of inclusion, one of the major concerns of educators and researchers is how instruction is tailored to the needs of students with disabilities in the context of the ordinary classroom.

Mitchell and CSER (2000) note that inclusion is everything that goes on day to day in the classrooms and the playgrounds. Thus, teachers' interventionist attitudes ought to transcend the school organisational level to the classroom level, to create an enabling learning environment. This allows for different forms of information about students to be sought, making accommodations to layout of classrooms, conducting informal assessments to design interventions, and making use of effective teaching strategies and practices to meet the needs of the students with disabilities and those without disabilities (Kuyini 2004).

The classroom level component of inclusive education implementation is most critical as it plays an indispensable role in defining how instruction will be delivered, and the chances of successful learning outcomes for students with disabilities.

Effective teachers and effective teaching

Inclusive classrooms need effective teachers. An effective teacher is one who demonstrates general teaching attributes most of the time and specific teaching attributes when the occasion warrants their employment (Mitchell & CSER, 2000). This implies that for teachers to be effective in inclusive classrooms they need to combine general and specific teaching attributes to meet the demands of their specific learning environments/ students.

Three areas of teaching in inclusive education

Whatever the variations in the categorisation of instructional variables, the literature on instruction recognises that teachers need to pay attention to three important global practices:

- ***Class organisation & management***
– Essential to recognise the unique needs of SWSN
- ***Lesson planning & presentation***
– allows thinking around how process may be re-oriented for all students to learn
- ***Adaptive instruction or instructional adaptation***
– allows modifications /adjustments

In this module we will pay more attention to adaptive instructional strategies rather the more general teaching strategies, which many classroom teachers are already familiar with.

Instructional Adaptation

Within the context of the inclusive classroom, one key requirement of instruction is making adaptations to meet the needs of students with disabilities (Mastropieri & Scruggs 2000; Scott, Vitale, & Masten, 1998; Westwood, 2008). The strategies presented in this manual cover some of key strategies considered useful to promoting learning in inclusive settings. These strategies also fit within the framework of instructional adaptation, which according to Glaser (1977) is a process of choosing and applying an appropriate teaching action after an assessment demonstrates that previous lessons for an individual are unsuccessful. Glaser's definition implies that even though teachers generally use these strategies, particular ones are chosen based on the teachers' understanding that previous approaches have been unsuccessful. This can be based on a class test or a formal assessment.

Types of adaptations

According to Scott, Vitale and Masten (1998) there are two types of adaptations or modifications to instruction: - Typical / Routine and Substantive modifications

Typical /Routine modification to instruction

Typical / routine modifications include:

- Providing concrete classroom demonstrations,
- monitoring classroom understanding,
- providing models of tests;
- providing praise, and
- offering encouragement.

Substantive modification to instruction

Examples of substantial modifications include:

- adjusting the pace to individual learners,
- giving immediate individual feedback,
- using multiple modalities,
- breaking tasks into small steps,
- shortening assignments,
- lowering difficulty levels, and
- using behavioural contracts and token economies.
- using alternative materials,
- taping textbooks,
- using supplementary aids,
- lowering difficulty of course content, and
- using peer tutoring and cooperative learning groups (Scott, et al., 1998).

Commonly used Strategies

Cooperative Learning: This is a type of learning strategy where groups of three (3) to six (6) students work and learn together. Here the students are often assigned roles in their group for completing a specific task and then teach the rest of the group about their part. Students depend on each other to learn academic materials while developing stronger social skills as they cooperate and work together. In cooperative learning, teachers are also required to specify and clarify the sequence of activities and monitor and evaluate the interactions of group members.

Peer-Tutoring and Peer-mediation: Peer tutoring and mediation is an approach where some pupils assume the place of the teacher and teach their colleagues or arrangement in which students take an instructional role with classmates. In this strategy students can work in pairs (dyads) small cooperative learning groups. Here students are assigned to groups/pairs and instructed on their roles as tutors/tutees. A specific training on how to tutor is provided. They are taught how to elicit responses from each other and provide feedback. Then student instruct one another, then teachers monitor and facilitate. Research supports the use of peer tutoring and cooperative learning strategies to effectively increase the academic success of students with disabilities (Elbaum, Vaughn, Huges, & Moody, 1999; Udvari-Solner & Thousand, 1996; Westwood 1998; Wood, 1998).

Task Analysis: The description of the specific step in any behaviour chain is referred to as 'task analyses. For children for example with intellectual disabilities, task analysis is very effective teaching strategy. Task analysis is therefore described as breaking the chain or activity into small manageable steps. This has been shown to be a very effective strategy for children with Down's syndrome, autism etc. If you want to teach a child with ID how to paste. The steps required for teaching this skill will be as follows:

- i) Pick a cup
- ii) Put water into the cup
- iii) Pick a brush
- iv) Take the paste
- v) Put the paste on the brush
- vi) Put the brush in your mouth and brush teeth
- vii) Put water and rinse your mouth

Twinning: Pairing one student with disability with another student who has no disability in almost all the activities especially in the school. The advantage in this strategy is that the child without special needs will help the one with special needs.

Prompting: Prompting is a way of assisting a child who is attempting to perform a skill so that he/she can experience success. The aim is to assist the child to do something correctly.

Chaining: It is the linking together of parts of a skill to complete an entire more complex skill. A behaviour chain is a series of related behaviours each of which provides the cue for

the next behaviour with the last resulting in a final product and producing a reinforcer. For example everything we do in life constitutes a behaviour chain. When we are reciting alphabets we start with 'A' then 'B' but not 'C' then on on through to 'Z'. You can see that by call of 'A' necessitate the call of 'B' and 'C' and 'D' up to 'Z'

Again when we want to brush our teeth, we start by getting the brush, the paste, putting the paste on the brush getting water, the brush with the paste to the mouth then brushing concluded with washing the mouth. The opposite is backward chaining.

Activity-Based and Experiential Learning

Activity-based learning involves the use of real-life activities and materials in teaching and learning. Activity-based format allows students to learn through personal experiences. The manipulation of materials, the movement and interaction with the environment promote discovery, skill development, generalization and transfer. This teaching and learning approach also increases student attention, increases on-task behavior and decreases the incidence of negative behavior.

Differentiated /Multilevel Instruction

Differentiated instruction is an instructional approach that allows the teacher to plan for all students within one lesson, thereby decreasing the need for separate programs while permitting the teacher to weave individual goals into classroom content and instructional strategies (Tomlinson, 2003). Differentiated instruction fits the inclusive classroom, where differences in needs and outcomes are considered the norm.

The focal point of this technique is that the teacher provides variations in the single lesson that meets the individual needs of each student whom the main delivery might not allow adequate access to the lesson. Essentially, the benefit of differentiated instruction is that although the learners with different needs share the same content the outcomes might differ for individuals. Differentiated instruction allows students to learn from one another in an atmosphere of human diversity.

In multilevel instruction the teacher focuses on the ability levels. These levels relate to the cognitive age/abilities and development levels of the different pupils.

Reinforcement: Children with disabilities may not have intrinsic motivation like their peers without disability, who through play, talking, learning and making friends are motivated. In addition, some children are not motivated by praise from teacher or peer approval. Therefore extrinsic reinforcement is required if such students are to be motivated to learn. Reinforcement (positive reinforce) is anything used to reward a student that follows a behaviour aimed at increasing the likelihood of repeating the behaviour. The easiest of the reinforcement strategies are tangible things like sweets, candy, prizes and non-tangible reinforcements such as praise and activity rewards. Negative reinforcement (which we will cover later) can also be used.

Summary of Key Strategies for including diverse learners

As mentioned earlier, there is a lot of confusion about the term learning disability and learning difficulties. In order to simplify the issue, we take the view that all students who have average or above average intelligence but experience problems processing information when they try to learn something new have learning difficulties. These difficulties may have to do with neurological deficits that make it hard for such students to easily make sense of what the majority of students can understand without struggle. For students with LD, there is discrepancy between their actual ability and their everyday performance on many learning tasks.

Several authors (Ashman & Elkins, 2003, 2005; Hallahan & Kaufman, 1997; Mastropieri & Scruggs, 2000; Kirk, Gallagher & Anastasiow, 2000, Reed, & Vaughn, 2012) have written about some of the issues pertaining to specific Learning Difficulties and how to support such students. From these sources, it is clear that students with specific learning difficulties may struggle with academic work reading, writing, Mathematics, language processing etc. These difficulties can be assessed and strategies devised to support the learning of such students.

The table below contains some the specific learning/ academic disorders a child with LD may show.

Domains of Specific Learning difficulties

• Dyslexia: Severe reading problem
• Dysgraphia: severe writing problem
• Dyscalculia: Mathematics disorder
• Dyspraxia: Movement disorder
• Language disorders
• Auditory processing disorders
• Visual processing disorders

Interventions For Learning Disability/Difficulties (LD)

Dyslexia

According to Ashman and Elkins (1998; 2005), Stakes and Hornby (2000) students who have dyslexia may exhibit some of the following characteristics:

- Difficulty remembering sounds, words, and letters
- Difficulty in remembering the sequence of the letters of the alphabet, words, and instructions
- Confuse words which sound similar
- Poor in copying and colouring
- Poor memory
- Slow at acting to some tasks (letter/word games)

- Reads slowly with a struggle
- Experiences decoding errors, especially with the order of letters
- Shows wide disparity between listening comprehension and reading comprehension of some text
- Has trouble with spelling
- Exhibits difficulty in recalling known words
- Has difficulty with written language
- May have trouble in learning the alphabet, rhyming words or connecting letters to their sounds
- Substitutes, reverses, omits, repeats, letters and words E.g. was/saw, day/bay on/no

Strategies For Assisting Learners With Dyslexia

- Teach Pre-reading / basics of reading skills to mastery before proceeding to teach complex words and sentences.
- Teach auditory perception of speech sounds; letters, words, and intonation - *Different intonation conveys a different meaning*
- Teach articulation of speech sounds, (single/multiple sounds)– e.g “the and they”.
- Teach Decoding and whole word skills - Phonemic awareness and decoding skills are important (understanding that words are made up of letters and each letter represent a sound in speech)
- Teach comprehension of words and sentences
- Use audio books so student can listen /model reading
- Use task analysis to breakdown complex words and sentences.
- Use Guided practice along with peer reading to enhance confidence.
- Avoid competitive reading exercises
- Use multi sensory teaching methods (such as visual, auditory, kinaesthetic methods) multi-sensory caters for different senses to enhance understanding of the child.

Dysgraphia

Handwriting is one of the most important skills for all learners and requires accurate perception, coordination of the eye and hand movements as well as intact memory of words and letters. Extremely poor hand writing is sometimes referred to as ‘dysgraphia’(Clayton and Morris, 1999). This disability affects mainly composition and writing skills.

The following are some of the characteristics of children with Dysgraphia:

- May have illegible printing and cursive writing (despite appropriate time and attention given the task)
- Shows inconsistencies: mixtures of print and cursive, upper and lower case, or irregular sizes, shapes or slant of letters
- Has unfinished words or letters, omits words
- Inconsistent spacing between words and letters
- Exhibits strange wrist, body or paper position

- Copying or writing is slow or labored
- Has cramped or unusual grip/ may complain of sore hand

Strategies For Assisting Learners With Dysgraphia

The following are some of the strategies for assisting learners with hand-writing problems:

- Chalkboard activities made with large free movements using shoulders, hands, and fingers
- Use other material for writing movement practice; i.e. finger printing, writing in a clay pan, and writing outdoors on sand.
- Proper holding of a pen or pencil; tracing, and drawing between the lines
- Use oral exams
- Allow the use of a note taker
- Provide notes or outlines to reduce the amount of writing required
- Allow use of wide rule paper and graph paper
- Provide alternatives to written assignments
- Make sure that a small reference chart is available to serve as a constant reminder for the cursive script in upper and lower case.

Dyscalculia

A specific disturbance in learning mathematical concepts and computations associated with a central nervous system dysfunction (Rourke & Conway, 1997, cited in Lerner, 2003).

A learner with dyscalculia experiences problems with calculations or with abstract math concepts. It involves difficulties in reception, comprehension, or production of quantitative and spatial information. Learners may have difficulty in understanding simple concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures (Van Kraayenoord & Elkins, 2004; Westwood, 2011).

Characteristics of Learners with dyscalculia

May show difficulty in:

- understanding basic math symbols and concepts of place value, and quantity, number lines, positive and negative value, carrying and borrowing
- visual discrimination, resulting in confusion of signs and reversal of numbers
- sequencing information or events
- using steps involved in math operations
- understanding fractions
- making change and handling money
- recognizing patterns when adding, subtracting, multiplying, or dividing
- putting language to math processes
- understanding of concepts related to time such as days, weeks, months, seasons, quarters etc.

Strategies For Assisting Learners With Dyscalculia

- Use concrete objects that student can manipulate, e.g counters, abacus (counters)
 - Allow use of fingers and scratch paper
 - Use diagrams and draw math concepts
 - Provide peer assistance
 - Suggest use of coloured pencils to differentiate problems
 - Draw pictures of word problems (e.g. Alice had three oranges and her father gave her three more. How many oranges did she have altogether?)
 - Use mnemonic devices to teach steps in tasks or math concepts
 - Use rhythm and music to teach math facts and encourage student to step to a beat/rhythm
- Use Guided and independent practice – allow computer time for the student for drill and practice

Auditory Processing Disorders

This affects the learners' auditory perception. It refers to difficulties in processing information through hearing, difficulty distinguishing between similar sounds, trouble hearing sounds in the order they are made (Clayton and Morrison, 1999). This is a condition where by the learner's ears work properly, but the brain has trouble interpreting what they ears hear.

Learners with auditory processing disorders may have some of the following characteristics:

- Has difficulty processing and remembering language-related tasks but may have no trouble interpreting or recalling non verbal environmental sounds, music, etc.
- May process thoughts and ideas slowly and have difficulty explaining them
- Misspells and mispronounces similar-sounding words or omits syllables; e.g. three/free, jab/job etc
- May be confused by figurative language (metaphor, similes), or misunderstand jokes; interprets words too literally
- Often is distracted by background sounds
- Finds it difficult to stay focused on or remember a verbal presentation or lecture
- May misinterpret or have difficulty remembering oral directions; difficulty in following oral directions in a series
- Has difficulty comprehending complex sentence structure or rapid speech
- 'ignores' people, especially if occupied
- Says "what" a lot, even when has heard much of what was said
- Has greater difficulty in blending sounds to form words

Strategies For Assisting Learners With Auditory Processing Disorder

- Show the student the process rather than explain
- Supplement explanation with more visual cues, signals, hand-outs, manipulatives
- Teach abstract vocabulary, word roots, synonyms/antonyms

- Vary pitch and tone of voice, stress key words
- Ask specific questions as you teach to find out if they do understand
- Allow them 5-6 seconds to respond (“think time”)
- Have the student constantly verbalize concepts, vocabulary words, rules etc.
- Avoid asking the child to listen and write at the same time
- Improve the child’s listening skills to enable comprehension through listening to stories, following directions, and recalling details
- Teach letters of the alphabet as well as letter names and their sounds.

Visual Processing Disorder

There are many activities within the classroom that are dependent on effective use of vision. However, learners with LD have been found to experience some difficulties in processing information gained through vision, a disorder, termed ‘visual processing disorder’. Visual processing disorder relates to situations where learners cannot visually isolate one specific object out of many, to process what is seen, and to distinguish two objects, and can cause trouble with depth perception. Kirk, et al. (2000), state that visual processing deficits signal a problem of how visual information is processed in the brain and how children use their eyes to gain information. For example a square may not appear as a square but as four unrelated lines.

Characteristics of Learners with Visual Processing Disorder

Such a learner:

- May display problems with reversals of number and figures, e.g b for d, p for q, or inversions: u for n, w for m,
- Has difficulty moving around unfamiliar environments
- Complains that eyes hurt and itch, that print blurs while reading, and rubs eyes
- Turns head when reading across page or holds paper at odd angles
- Closes one eye while working, may yawn while reading
- Can not copy accurately
- Loses place frequently while reading or writing
- Does not recognize an object/word if only part of it is shown
- Messy hand-writing due to difficulties in recognizing letters, shapes, sizes and patterns
- tries to talk to self when performing classroom activities
- Problems solving puzzles
- Problems remembering visual shapes and other seen information

Strategies For Assisting Learners With Visual Processing Disorders

- Reduce penalizing for bad hand writing
- Allow students to dictate creative stories
- Provide alternative for written assignments
- Allow use of computer or word processor

- Restrict copying tasks
- Provide tracking tools: ruler
- Use large print books

Creating Learning Style Compatible Classrooms Conditions for LD

Keeping in mind that LD students do not learn easily in the conventional way –

- Minimise distractions (visual and auditory)
- Teach to Learning Styles
- Use concrete learning approaches where student can see, touch, feel, hear, and be active participants
- Provide opportunities to move around
- Use recording devices to record lessons, examples, case studies. Today pads, iPods and other devices are useful for stimulating memory and participation. Therefore try to find and use different technologies.
- Opportunity to listen to soothing music.
- Be aware of the limitations of large group work to the learning of some students with LD and try to minimise their effect by using smaller groups or individual projects.

Improving Attending Behaviours

- Remove distractions,
- Instructions and directions should be given a slow pace so that LD students have time to process information. Also limit complexity of language used.
- Help them set learning goals, which they feel they can achieve
- List tasks for the day so as to give LD students a sense of what is expected.
- Deal Effectively With Behaviour Problems

ACTIVITY

Browse through the effective Teaching Practices Checklist (ETPC) below and write down the strategies that you are familiar with and those you are not familiar with.

****NOTE:** The checklist is provided as a guide for teachers to reflect upon the possible strategies (some of which are not included in the list) that might be useful in the classrooms. Teachers can modify it to suit their own use and also employ it as tool for observing their peers teach in inclusive classrooms.

Effective Teaching Practices Checklist (ETPC) (Kuyini, 2004, 2012)

Instructions: Ideally two observers should use this checklist each time so that they can compare notes. Observers should check each item as follows:

3= Fully in evidence. 2= Partly in evidence. 1= Not in evidence.

	Practice or behaviour	Scoring			Notes
		3	2	1	
	Classroom and Behaviour Management				
	<i>A1: Classroom organisation & Order</i>				
1)	<p><i>Arranges instructional environment to accommodate the needs of all students:</i></p> <p><i>i) Provides wide aisles for easy movement around room.</i></p> <p><i>ii) All students are sitting in the same seat arrangements or formation.</i></p> <p><i>iii) Students with disabilities are seated where :</i></p> <p><i>sound is clear.</i></p> <p><i>light is adequate</i></p> <p><i>c) distraction is less.</i></p>				
2)	Positions self in room to have close proximity to students and to have better communication (e.g., can make eye contact with all students).				

3)	Gains students' attention at the beginning of the lesson. i) There is quiet ii) Students are focusing attention on teacher.				
	<i>A2 Behaviour Management</i>				
4)	<i>Rules and procedures exist for all events (for instructional and non-instructional events):</i> <i>i) Rules are stated during teaching</i> <i>ii) Classroom rules are stated in simple and clear language for students with disabilities to understand lesson and class activities.</i> <i>iii) Cites rule or procedure in responding to routines or disruptive behaviour.</i>				
5)	Scans and circulates frequently (every 2-3 mins) among students during lesson.				
6)	Maintains students' attention during instruction: Speaks when it is quiet or uses pauses in talk to get students to focus on teacher.				
7)	Attends to students' non-compliance of rules.				
8)	Reinforces positive behaviour through a variety of motivational techniques: i) Uses specific praise statements. ii) Praises contingently (ensures the immediacy of rewards) <i>iii) Praises consistently</i>				
9)	Uses Positive Behaviour Strategies to get students to demonstrate appropriate behaviour Uses task or activity variation to manage problem behaviour Uses environmental alteration techniques to manage problem behaviour				

10)	<p>Maximises students' engagement time:</p> <p>i) Limits time spent on non-academic activities.</p> <p>ii) Maximises students' time on-task behaviour during seatwork.</p> <p>iii) States expectations for seatwork and transitions in advance and informs students that lesson is drawing to a close.</p> <p>iv) Keeps transition time between lessons short.</p>				
	B. Lesson Planning and Presentation				
11)	<p>Uses IEP as guide to lesson preparation for students with disabilities:</p> <p>Specifies instructional objectives for students with disabilities related to IEP goals. e.g. focuses on fewer objectives for students with disabilities(<i>check teacher's lesson plan</i>).</p>				
12)	<p>Reviews the knowledge and skills of students to match the entry behaviour of the new lesson:</p> <p>i) Reviews past learning before introducing new information.</p> <p>ii) Tests students' understanding and retention of previous lesson content (e.g., Asks questions regarding lesson content).</p>				
13)	<p>Provides a clear overview of the lesson:</p> <p>i) States the purpose and objective of the lesson</p> <p>ii) Explains lesson tasks in terms of teachers' and students' actions (tells students what they will be accountable for knowing or doing).</p> <p>iii) Introduces topic(s) of the learning task and displays lesson structure in visual form (e.g., text, structure, and diagram of lesson topics and subtopics)</p>				
14)	<p>Ensures clarity in lesson presentation:</p> <p>i) Uses clear and direct language.</p> <p>ii) Provides concrete examples of information and concepts and points out distinctive features of new concepts and uses examples and non-examples to show relevant and irrelevant features of the concept.</p> <p>iii) Uses bold writing or large print to make reading texts legible or use braille for students with visual impairment.</p>				

	iv) Breaks lesson content/tasks into smaller segments (task analysis).				
15)	Adapts the pace of instruction for students with disabilities: a) Maintains a brisk pace during the lesson and adjusts the pace of lesson presentation to meet needs of students with disabilities.				
16)	Provides guided practice activities of lessons to students.				
17)	Provides independent practice activities of lessons to students.				
18)	Provides feedback to students during instruction: Feed back is i) immediate, ii) specific and iii) appropriate.				
19)	Ensures mastery of lesson content: i) Emphasises the most important aspects of lessons. ii) Highlights important information and key concepts. iii) Provides practice opportunities until students are not making errors or provides error correction procedures / drill on missed concepts.				
20)	Uses questions to promote active responding and evaluate students' mastery of lesson concepts: i) Asks students "what, how, when, why"- type questions related to the targeted skill or concepts or strategies.				
21)	Summarises lesson content and accomplishments of individuals and groups.				
22)	Forecasts upcoming lesson content.				
	C. Adaptive Instruction				
23)	Students with disabilities are working on the same curriculum area as other students				
24)	Adapts instructional and curriculum materials to enhance and support learning for students with disabilities.				
25)	Provides both individual and group instruction.				

26)	<p>Uses additional instructional strategies recommended for inclusive classrooms:</p> <p>i) Uses co-operative learning groups formats and opportunities to support learning</p> <p>ii) Uses Peer-tutoring formats strategies to support student learning</p>				
27)	<p>Uses multi-level teaching:</p> <p>Varies the level of difficulty of the same curriculum content being taught to peers of students with disabilities.</p>				
28)	<p>Students with disabilities are called upon to answer questions in teacher-led activities.</p>				
29)	<p>Modifies task requirements and assessment procedures for students with disabilities OR Modifies the lesson evaluation procedures for students with disabilities</p> <p>i) Provides extra time for students with disabilities to complete tasks and / or respond to teacher questions.</p> <p>ii) Students with disabilities are given reduced number of tasks to perform or Students with disabilities are given shortened assignments or reduced number of problems to complete.</p> <p>iii) Alternative projects are designed to allow students with disabilities to demonstrate mastery.</p>				

ACTIVITY 2

In your groups discuss the common strategies you often use in your classroom. Which strategies outlined in this module are commonly used in your classrooms and which are not used ? How easy or difficult will it be to use some of the key strategies discussed in this module? What supports do you require to use these strategies?

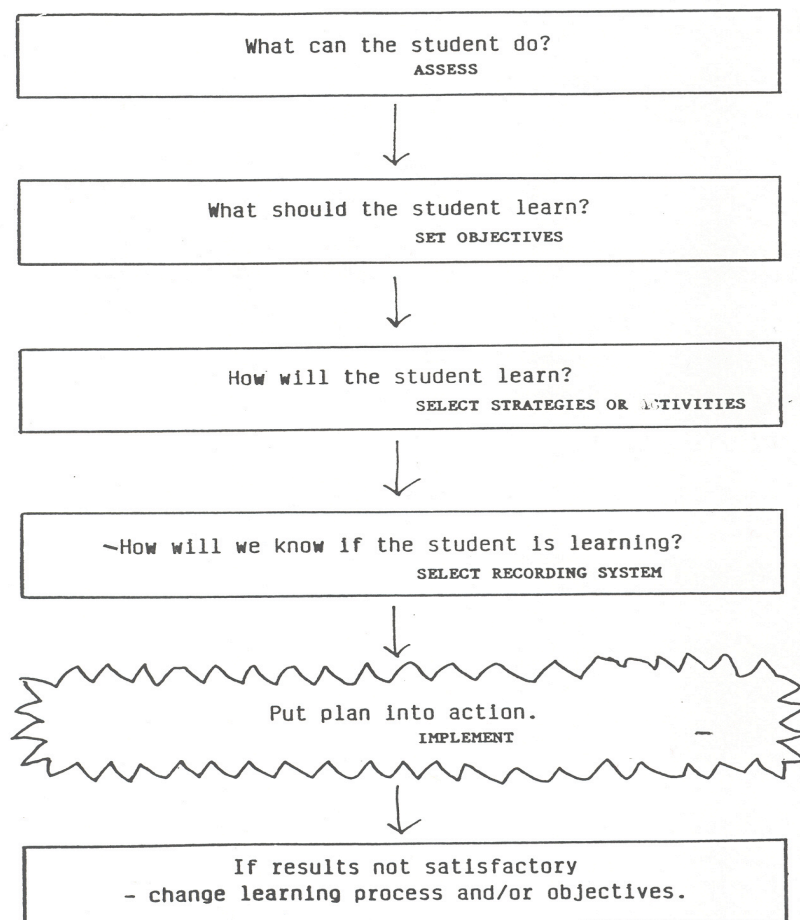
Identify strategies that are generic and adaptive teaching	<i>Examples of strategies</i>
Identify strategies you currently use and those you don't use in your classroom	<i>Strategies used:</i> <i>Strategies not used:</i>
State reason(s) why you are unable to use particular strategies and what support you require to use those strategies	<i>Reasons:</i> <i>Examples of supports required</i>

Planning instruction

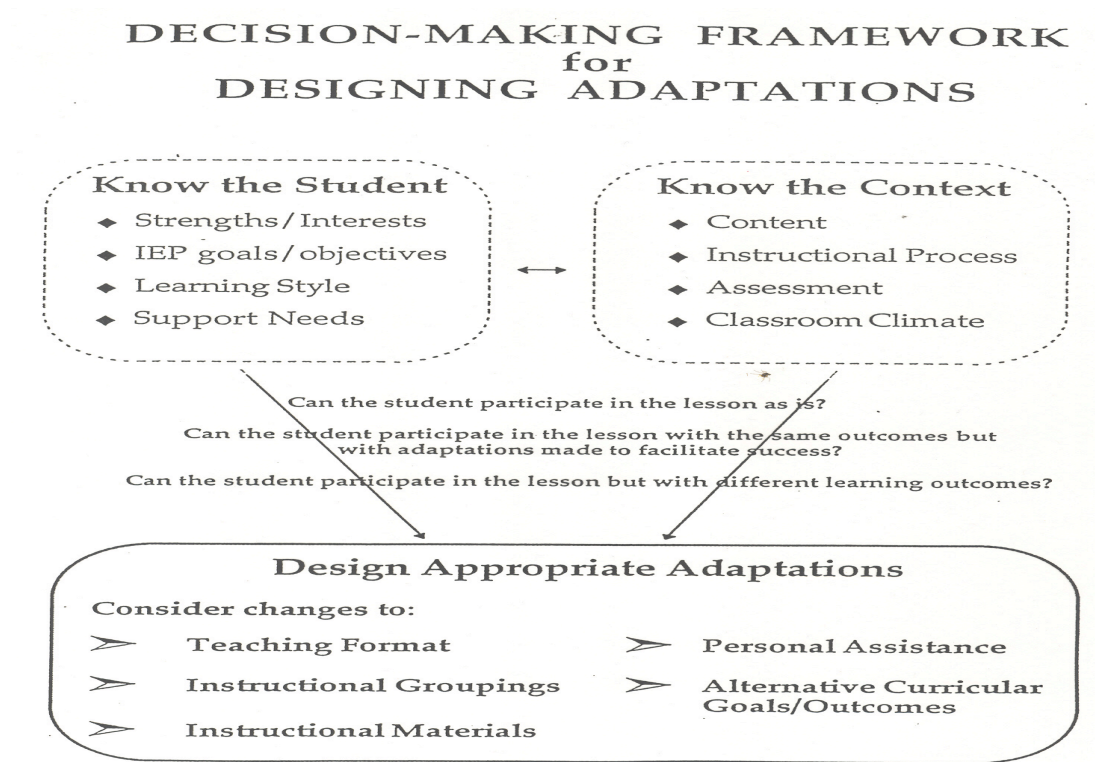
With this knowledge about learners with difficulties and the strategies that might assist their learning, it is important to plan instruction in a systematic way.

The figures /flowcharts below provide some ideas about how to plan instruction for students with special needs in Inclusive classrooms

Planning instruction – Flow Chart



Designing Adaptation



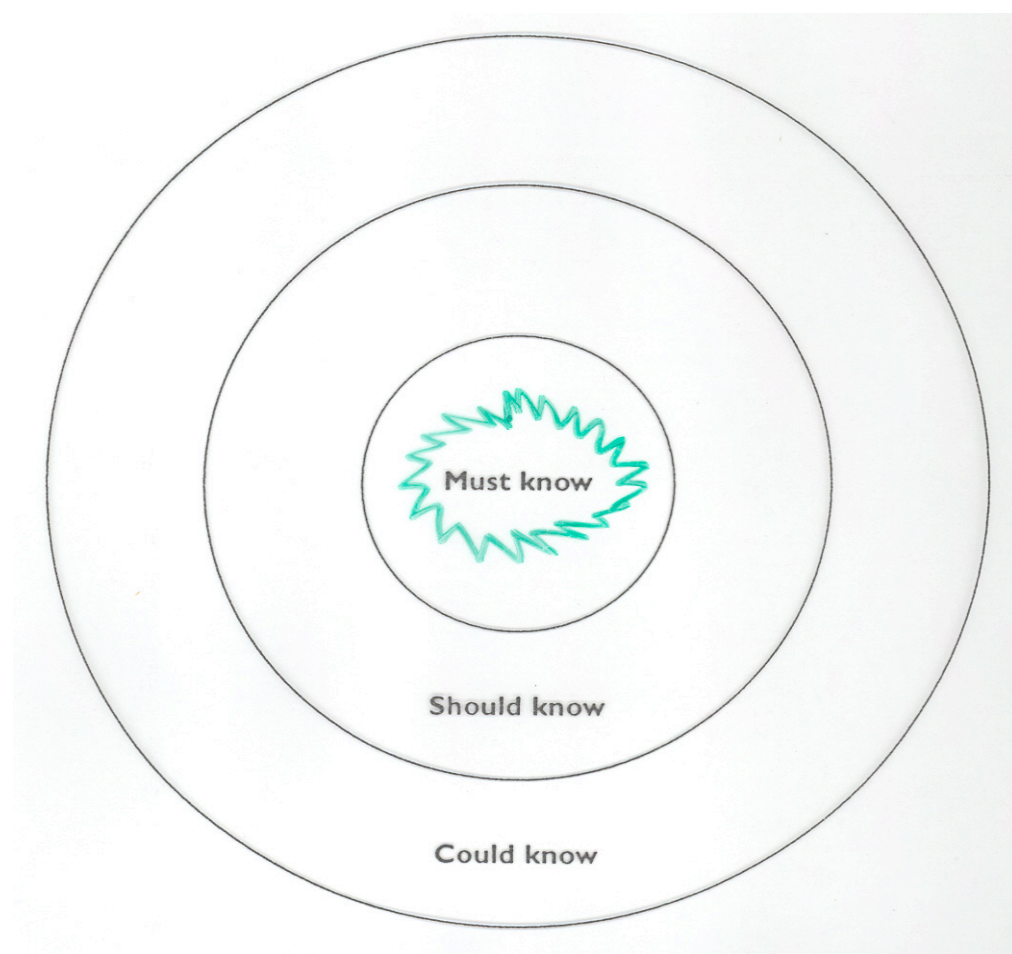
Increasing Level of Participation

There are three (3) basic options for increasing the level of participation of students with special needs in the regular curriculum (Giangereco, Cloniger & Iverson, 1992).

1. **Same**

2. **Multi-level**

Curriculum overlapping



Activity 3

In your group:

1. Read the case study below and consider the kind of information you might gather about the two students as a way to help them in the classroom.
2. Discuss the possible reasons for their problems --what could be wrong? Justify your answers?
3. Discuss some of the teaching strategies you can use to help Maryam and Samuel learn better (Map your possible reasons for their learning problems with the teaching strategies you have decided to use in the table format provided below the case study).

Case study for Group Work: on instructional planning and adaptation

Maryam's Story

Maryam is 11 Years old and has been in the Primary 3 class for the last 2 years. Her previous teacher (Mr. Yeboah) reports that Maryam cannot perform tasks which other 11-year old students are able to complete with ease. She finds it difficult to understand complex concepts or follow instructions in class. She is slow to complete her work and despite giving her enough time, she gets the answers wrong. Mr. Yeboah thinks that she cannot succeed in school. As Maryam's new teacher you are determined to make her succeed in school.

Samuel's Story

Samuel has suffered from epileptic seizures since the age of 2 and has difficulty moving due to repeated falls over the years. Mr Yeboah suspects he has difficulty listening to some sounds even though he sits in the front row. Mr Yeboah also believes that Samuel is a capable student and will be able to successfully complete the bulk of classroom work as other students in his class. As the new teacher to both Maryam and Samuel you are determined to make them succeed in school.

NOTES (*Also Use Notes Sheet provided in Appendix*)

Possible Reason for Learning Problems	Suggested Strategy	Comments (Say why you it might or might not succeed)
Maryam:		
Samuel:		

Module 6: Managing Problem Behaviours

Objectives:

After you read this Module, you will be able to:

1. Explain key terms and concepts such as problem behaviour and types of problem behaviours in the inclusive classroom
 2. Identify factors that contribute to problem behaviours
 3. Explain the concept of Functional behaviour and how to identify the function of behaviour
 4. Explain the process of designing a behaviour management plan
 5. Describe the strategies that can be used to manage problem behaviours in the classroom.
-

Introduction

Maag (2004) defines behaviour as “an individual’s observable actions, either verbal or nonverbal (p.4). Every kind of behaviour is either acceptable or unacceptable. However, not all unacceptable behaviours are challenging or problematic.

A problem or challenging behaviour is any behaviour of children, youth and adults that is not culturally and socially acceptable, which is often serious, difficult or dangerous misconduct. In the classroom, the behaviour can be one that is unacceptable to the teacher, which many students display from time to time. However, it becomes challenging when:

1. is displayed too frequently
2. it disrupts classroom teaching and learning
3. it affects the learning of the student and his/her peers
4. it hurts or has the potential to hurt the student or his/her peers.

Types of behaviours that can be challenging for teachers

- ***Behaviours that affect the student exhibiting behaviour, e.g.***
 - off-task and attention-deficit behaviours
- ***Behaviours that affect other students and the teaching learning process.***
 - non-compliance,
 - refusing and task non-completion,
 - oppositional behaviour,

- impulsive behaviours,
- ***Anti-social and out of control/dangerous behaviours***
- physical and verbal aggression,
- property destruction,
- severe tantrums,
- Biting, kicking, scratching
- withdrawal and truancy and
- other at risk behaviours.

Heineman, Dunlap, & Kincaid, 2005) state that a variety of factors can trigger inappropriate behavior

- physiological effects—including illness, fatigue, hunger, or side-effects from medications;
- physical features of the classroom—such as the classroom being too warm or too cold, the chairs being exceptionally uncomfortable for sitting, or seating patterns that interfere with hearing or seeing;
- instructional choices or strategies that frustrate learning—including restricting students' choices unduly, giving instructions that are unclear, choosing activities that are too difficult or too long, or preventing students from asking questions when they need help

How the school contributes to behaviour problems

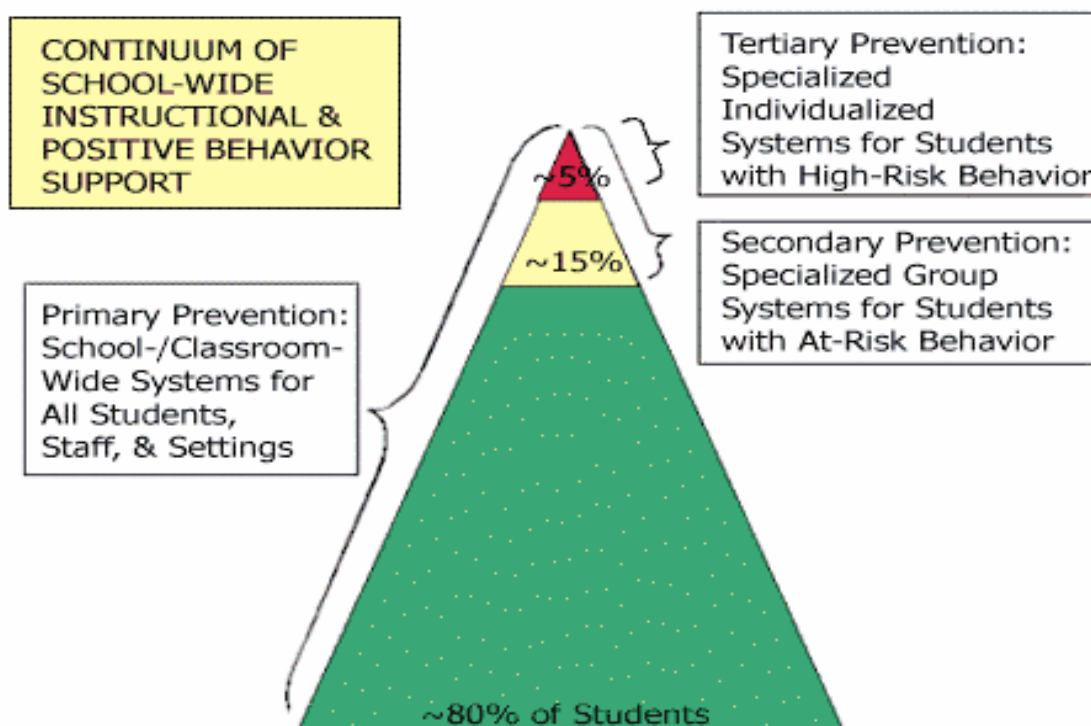
It is generally agreed that student behaviour is influenced by the person (internal motivations) and by the environment or context. The school environment has a big role to play in student behaviour. Kauffman (1993, 2005) suggests seven ways a school can contribute to behaviour disorders:

- Insensitivity to students' individuality
- Inappropriate expectations of students
- Inconsistent behaviour management
- Non-functional and irrelevant instruction
- Ineffective instruction
- Destructive contingencies of reinforcement
- Undesirable models of school conduct (In Ashman & Elkins, 2008)

What behaviours should be of concern to the school?

The Response to Intervention (RTI) Framework suggests that only a small percentage of student behaviours need intensive intervention. RTI suggests upwards of 90% of school behaviours can be managed by differential use of school rules, observations and

consequences and less than 10% of students might require tertiary level (one-on-one) intervention. In the latter case, it will be important to conduct a proper assessment of the functions of their behaviours as basis for developing a comprehensive plan.



Source: Continuum of effective behavioural interventions (adapted from Crone & Horner, 2003, p. 19; see, previously, OSEP et al., 2000; Lewis & Sugai, 1999).

What are the functions of behaviour?

All behaviour is communication. This means that behaviour has a purpose and people have intent for their actions, which is described as the function of behaviour (Maag, 2004). Barnhill (2005) and Walker, Ramsey & Gresham (2004) describe the function of behaviour as:

1. Gain attention from others
2. Gain a preferred item or activity
3. Escape academic or social demand
4. Meet sensory needs

In short, the function of behaviour is to gain something pleasant or avoid something unpleasant. The behaviour put up by every child is useful to him/her in a way. No child exhibits behaviour just for the sake of it or intended to be naughty.

How can a child avoid or escape from a task by exhibiting a challenging behaviour?

Attention: Some disruptive behaviours allow a child to avoid unwanted attention as the child diverts the attention of teacher and peer

Demand/Task: Much disruptive behaviour allows a child to avoid something he has been asked to do. For example anytime a student is asked to clean the classroom he begins to misbehave just to avoid or escape cleaning of the classroom. It is important to note that the same behaviour can serve different functions for the same child at different times of the day for different children.

ACTIVITY

In your groups:

- Discuss the common issues influencing children's classroom behaviour
- What behaviours are of concern to teachers?
- Take look at this table.

Behaviour	Possible functions
Crying	<p>Gaining teacher attention and comfort</p> <p>Avoiding an activity or escaping a task</p> <p>Communicating pain, fear, anger, or frustration when the student does not have functional language or another way to communicate</p>
Throwing objects	<p>Avoid a task if every time you give out mathematics worksheets a student begins to throw his/her pencil, then the student may be avoiding the task</p> <p>Communicating anger</p> <p>Sensory input- Perhaps a student likes the sound items make as they hit something else. E.g. it is possible for students to throw rocks at windows because he loves the sound of breaking glass.</p>
Hitting self	<p>Gaining attention of teacher –a teacher is likely to respond quickly to a child who is injuring himself and for the safety of the child, this behaviour cannot be ignored</p> <p>Communicating pain –perhaps a headache, earache or other physical pain.</p> <p>Sensory input-self stimulation</p>
Spinning in circles quickly/repeatedly	Sensory regulation

Assessing the Function of Behaviour: Functional Behaviour Analysis (FBA)

To devise an intervention strategy for challenging behaviours we need to first translate what the student is trying to tell us with that behaviour and this process is termed determining function of behaviour. To determine the function that the behaviour is serving for a particular child at a particular time, we need to gather information and conduct Functional Behaviour Analysis (FBA) using the following steps:

Step 1: Identify the behaviour-define clearly the behaviour you are looking for.

Step 2: Use the A-B-C format for data collection:

- **A stands for antecedent:** What happens immediately before the behaviour?
- **B stands for Behaviour:** What exact behaviour did the child demonstrate?
- **C stands for Consequence:** What happened immediately after the behaviour or what is the result?

Collect data about the behaviour by observing the child, interview teachers and parents, record the frequency behaviours etc.

Step 3: Make a hypothesis about why the behaviour occurs.

Step 4: Make an Intervention Plan

In step 1, you need to define and describe the behaviour (or say exactly what the behaviour is by naming the actions).

In Step 2, you observe the A-B-C steps **by** identifying the antecedents (events, time or people) that predict when the behaviour will or will not occur. This will enable you to know or identify what reinforcement is needed to maintain the behaviour.

In step 3, you make hypothesis about why the behaviour occurs and then in step, you make a behaviour management plan. The plan will be based on the hypothesis, which reads something like this: whenever this person comes to the class or when it is time for Music, the student starts to make noise or run around the classroom. Now that you have a hypothesis you can make a plan. The plan should be based on your understanding of what you can take away, or give to the student so that he/she does not engage in the behaviour.

NOTE: Before you construct a plan also think about your classroom environment and assess how it might be used to support the implementation of your plan. This means that you need to assess your classroom ecology.

Assessing the Classroom Ecology

Gordon, Arthur and Butterfield (1996:1-10) describe some of the factors that make up the classroom ecology. They suggest that all of these factors need to be considered as potential influences on student behaviour.

- Physical environment
- Potential for needs satisfaction
- Classroom climate, including welcoming attitudes and group interaction patterns
- Level/type of organisation
- Mechanism for conflict resolution
- Teaching style: instructional methods – teachers' personality
- Relevance and achievability of content
- Wider school ecology.

These factors indicate that when assessing classroom ecology, the physical environment, the human activities/ and relationships and teacher's own behaviours are important.

Constructing and Implementing an Intervention Plan

Steps in constructing plan

Step 1: T-chart

Make a t-chart as follows:

Behaviours that interfere	Behaviours that support (on-taskness)
List here the behaviours that you have collected via observation etc.	Flip each of these into their opposite. See examples below
Swearing Calling out	Speaking politely Raising hand for attention

Try **never** to mention the behaviours that interfere with curriculum engagement again. In this way you can help yourself to stop inadvertently reinforcing those behaviours.

Step 2: Important things to remember in planning the intervention

Depending on the approach you prefer (see the text), construct a plan for classroom (or playground) intervention.

Step 3: Remember to plan to:

- teach the new behaviour, maintain and increase its use in order to correct and decrease the behaviour of concern.

Implementing your behaviour plan – Specific and General Strategies

Behaviour management depends on two phases of behaviour - when the behaviour has occurred and when it has not yet occurred. When the unacceptable behaviour has occurred many teacher might use **reactive strategies** including punishment, restraint, denial of rights or something desirable, seclusion etc. Teachers should try to avoid the use of Reactive strategies such as: (Ryan, Peterson, & Rozalski, 2007). These do not work all the time and the student might miss out on instructional time.

Proactive strategies are used to prevent an unacceptable behaviour and under this group of strategies is Positive Behaviour Support (PBS), which communicates expectations in advance and provides positive feedback that focuses on acceptable behaviours.

To implement your plan you should consider a range of strategies, but the bet ones are those that are most related to the result of your FBA findings such as:

Environmental manipulation or Manipulation of Antecedents:

Antecedent interventions change the triggers that set off problem behaviours by making changes to environmental variables that are associated with the problem behaviours. For example, if a *child* misbehaves when they have finished their work and are waiting for more, you can make sure the child always has something to keep them busy.

Reinforcement & Modification of Consequences:

Using reinforcement strategies: The use of positive and negative reinforcement is a common way to manage behaviour. *Positive Reinforcement* strategies include *Tangible Rewards* (Stars, toys, sweets, money and other gifts) and *Intangible Rewards*: e.g. Praise: refers to the communication of approval and positive regard)

Consequences are the outcomes of a child's misbehaviour and can either reward or punish a behaviour. Consequences most likely to result in a change of behaviour are the ones that are related to the behaviour that needs to be changed. *Natural consequences* are those that come about naturally (without teacher intervention or teacher decisions) whereas *logical consequences* are those that make sense in relation to a behaviour,

The following are all ways of modifying the consequences of behaviour:

- ***Punishment through Time-Out Procedures:*** "Time-out" can be thought of as a brief removal from all fun activities, from all positive reinforcement. During 'time-out' students take a quick break, receive no attention, and are not permitted to participate in any activities. Time-out should always be contingent on an inappropriate behaviour and occur immediately after the behaviour occurs. Time-out is a logical consequence inability to participate/interact normally results in removal from the situation.
- ***Removal of Something Desirable:*** Here you directly punish the behaviour of a child by taking something away from him. Think of this as removing reinforcement. Much effort should be made • to make aversive actions logically connected to the misbehaviour. If the misbehaviour and the consequence are not connected, in the child's mind, the consequence is less likely to have an effect. Removal of something desirable is a widely used first action in many classic behaviour management techniques because it is simple and instinctual to quickly take
- ***Extinction through Planned Ignoring:*** Planned ignoring is an active strategy for reducing attention-seeking inappropriate behaviour. It is designed to weaken, minimize, or eliminate potential benefit a student gets from a behavior. The teacher intentionally ignores the behaviour until the child realises that the behavior will not yield the desired outcome (Alberto & Troutman, 2006; Sheuermann & Hall, 2008). The behaviour will eventually be eliminated if the reinforcement is removed.

Other Strategies

Acknowledging feedback involves planning and implementing encouraging communications that convey to the student that he or she is on the right track.

Corrective feedback involves planning and implementing strategies that interrupt, and positively refocus socially inappropriate and/or disruptive classroom behaviour (Richmond, 2002).

Pre-correction is a proactive strategy that aims at preventing the behavior, which the teacher can see is about to occur. To do this, the teacher prompts the student about the desirable behaviour he/she wants the student to enact so that the student does not engage in the wrong behaviour (Stormont, Lewis, & Covington, 2007).

Instructional modification is a strategy where the teacher sees the student's challenging behaviour as an instructional problem. (Remember that we have already noted that teacher's instruction can lead to misbehaviour). With this understanding, the teacher's aim is to eliminate the problem behaviour by teaching and strengthening appropriate responses. For example raising hand to talk can be taught in place of talking out of turn. Embedded in this is

Alternative Skill Training, which involves teaching socially appropriate replacements for problem behaviour / teaching skills that will help the student cope with or prevent difficult situations. This also includes social skill training.

When a student lacks Social skills:

Social Skill Training (SST) refers to the teaching of a set of skills such as empathy, anger management, and problem-solving to students with problem behaviours. There are many ways of teaching social skills within formal and informal settings such as the school /classroom and informal setting such as interacting with other children in the home and in the street. Thus, teachers can use direct teaching or structured and non-structured interactions. One of the structured ways is making use of the: **Five-Step Model for social skills** (Bellini, 2003).

- Identify social skill deficits
- Distinguish between skill acquisition and performance deficits
- Select intervention strategies
- Implement intervention
- Assess and modify intervention as necessary

ACTIVITY

- In your groups:
- Using the case study provided at the end of the module (Hafiz), Discuss how best to record his behaviours (– frequency, duration latency etc)
- Generate hypothesis and plan behaviour (*Use Notes Sheet provided in Appendix*)

Consider also this scenario. Zainabu refuses to respond to greeting and smile from a peer in her class. Instead she asked, “Are you a friend to Adam, who ruined my bicycle?”

- Using the 5-step process discuss the social skills, your group thinks Zainabu is lacking.
- How might you go about teaching these skills to Zainabu?
- What could have triggered her behaviour towards the other child when she asked, “Are you a friend to Adam, who ruined my bicycle?”

Positive Behaviour Support: An approach to managing group and individual behaviour

Positive Behaviour Support (PBS) is a continuum of strategies that are designed to make changes to environments with the aim of preventing problem behaviours and also to teach students new skills that will make problem behavior become unnecessary (OSEP, Online).

In more traditional approaches, aversive procedures (e.g. punishment) have been used to manage unacceptable behaviour as students are viewed as having problems that need to be fixed. On the contrary, PBS looks at the whole environment, systems and communication abilities and lack of skills as equal parts of the problem and works to change those factors, thereby reducing the need for the behaviour in the first place (See Table Below).

Comparison of Traditional Behaviour Management versus Positive Behaviour Support	
Traditional Behaviour Management	Positive Behaviour Support
Views individual as the problem	Views systems, settings, skills as the problem
Attempts to 'fix' individual	Attempts to fix systems, settings, skills
Extinguishes behaviour	Creates new contacts, experiences, relationships and skills
Sanctions aversives	Sanctions positive approaches
Takes days or weeks to 'fix' a single behaviour	Takes years to create responsive \systems, personalized settings and appropriate /empowering skills
Implemented by a behavior specialist often in typical settings	Implemented by a dynamic collaborative team using person centered planning in typical settings
Often resorted to when systems are inflexible	Flourishes when systems are flexible

Source: Lewis, Jones, Horner and Sugai (2010)

PBS targets the behaviour of individual student and the entire class and school. On the basis of this, Lewis, Jones, Horner and Sugai (2010) recommend that, the entire school and classroom systems have to be assessed in order for PBS to work effectively.

At the school-wide level the principal and staff must assess the physical environment, school organisational structures and the rules and regulations. The aim is to find out how they influence or contribute to positive/acceptable or negative/ unacceptable behaviours in students. For example: How is the school organised to ensure that all students understand information regarding appropriate behaviours and transitions (from lessons to other activities)? The outcome of a schoolwide assessment about access to information can be adjusted to reduce the chances of students engaging in unacceptable behaviour due to limited information.

At the classroom level PBS should aim at classroom layout and rules. These could be assessed using a classroom ecology assessment framework.

The key PBS strategies include, among others:

- teachers stating rules in positive terms (*e.g “keep your hands to yourself” rather than “don’t touch other students” Or “Stay in your seat during lessons” rather than “don’t get up during lessons”*)
- making the rules observable and measurable
- making the rules simple and age appropriate
- keeping the rules to minimum
- clearly stating the expectations
- fostering skills training
- using functional behavioural assessment based responses
- using reinforcement, and encourage appropriate behavior (Curtis, et al. 2010; Lewis, et al., 2010; Sugai, 2003, Sugai et al; 2004).

Scenario for Behaviour Management Module

Hafiz and his behaviours

Hafiz is in Primary 4 and is known by all teachers in the school as a boy who is unable to sit still. He swears in a voice loud enough to be heard by more than one class member. He also argues and punches other students for no apparent reason. In your class, it is difficult to get him to sit and he often does not complete his work. You have been using the cane when he fights with others and when he does not follow rules or complete his work. Now you think you need a new approach.

Group Activity:

From the information you have gathered in the session, discuss and note:

The possible reasons for his behaviours _____

What you could do to gain a better understanding of his behaviours _____

How your classroom might contribute to his behaviours _____

Strategies you can use to manage his behaviours _____

Module 7: Working with parents of children with special needs

Objectives: By the end of this Module the reader should be able to:

1. Explain the role of parents in education of their children
 2. Discuss the concept of communication and how to communicate with parents
 3. Explain how routine interviews can be used for child & family functioning/needs assessment
 4. Explain the key worker role and its benefits in providing support to children and families
-

Introduction:

This module is designed for parents of children with special needs, teachers and volunteers. It is to be used for an integrated session (for all stakeholders) like Module 1. Like teachers, Parents have a crucial role to play in accomplishing inclusion agenda in both school and society. Among the many roles parents can play are:

- Accepting their child with disability as one who has right to life, education and participation in the family, community/society.
- Providing opportunities for the child to develop his/her potential to the fullest.
- Learning what the laws say about disabilities, how their children can be protected and where they can receive support.
- Join or form self- help groups to share experiences and help each other.
- Fight unfair treatment against their children.
- Visit the school periodically to be acquainted with the academic and non-academic situation in the school.
- Be part of school management board and contribute to the welfare of their children

The school, teachers and parents

The role of parents outlined above implies that they (Parents) have a critical role to play in their child's education and all schools should be proactive in liaising or collaborating with parents to give the child the best education.

Teachers and parents are partners in the child's education, development and wellbeing.

School and teachers interact /work with parents of children everyday, but when the child has a disability/special learning needs, the teacher's work with parents become more important. This is because having a child with a disability brings additional stresses to parents and often times parents are anxious about their child and wonder whether the child can make any

progress at school. Teachers should consider working with parents as a very important part of their work because parents:

- know their child better than any other person
- have a lot of information about their child's strengths and weaknesses
- have unique strengths, knowledge and experiences that are vital to the school's understanding of the child's needs and the best way of supporting the child.

Parents of children with disabilities /special needs

Parents of children with special needs who come to the school have different experiences with disability. First, the birth of child with a disability might create a major shift in the functioning of family. Parents might react to the child with grief, shock, confusion, guilt, anger, acceptance, despair, depression and disorganisation. Thus parents have different emotional reactions to the child with a disability and these reactions can lead to different behaviours.

Parents have different expectations about the school. Some parents can be apologising for “making the teachers’ work hard” or asking for more help than the school can provide. Yet, others might be a bit aggressive in their interactions. Teachers will meet parents with all of these different characteristics and behaviours. What is important to remember is that each one of these parents are committed to their child's education and that is why they might be over-zealous, pushy or demanding.

Factors to consider when working with parents

To work with parents of children with disability /special needs, it is important to focus on four areas:

- Uphold values,
- Communicate,
- Involve and
- Support.

Values: The professional values of respect, positive regard and recognition of difference between teacher and others (parents, other professionals and non-professionals).

- Teachers should show respect to parents and have positive attitudes towards them.
- Teachers need to recognise that parents might not be as knowledgeable as them or might be more knowledgeable about some things than they are.
- Also recognise that parents might be operating at a different level from teachers and this means that discussions should take a flexible form to come to a common understanding.

Communication: What is communication? It is the exchange of information between parents and the school about their child's education. It might take written (e.g written information

about what help is available, reports about the child's needs/assessment report) or verbal forms (e.g face-to-face meetings/discussions).

How to communicate with parents

Teachers and volunteers should hold face-to-face meetings with parents to provide information about what is available to help their child, discuss possible assessment or final assessment reports and placement possibilities.

In Ghana, it is important that both forms of communication be used, as many parents may be unable to read and understand written information.

Areas of communication, context and manner of communication:

Essential aspects of communication include:

- **Listening to parents' views** and
- **Discussing their concerns** about their child. Sometimes these simple conversations can relieve their distress about their child with special needs.
- **Providing information** about child's school needs and learning progression. It is important to also produce written information for parents so that they can refer to it later.
- **Being flexible** about where this conversation can take place (in school or at home).
- **Involving parents** in school life and their child's learning, goal setting, reviews, etc.
- **Supporting parents** to understand the decisions to be made and the choices available, as well as
- **Help create support groups** or link to parent groups or networks, voluntary organisations etc).

Routine Based Interviews

The Routines-Based Interview (RBI) (McWilliam (2009) is a clinical, semi-structured interview designed to:

- Establish a positive relationship with the family,
- Obtain a rich and thick description of child and family functioning.
- Result in a list of outcomes/goals chosen by the family.

Children learn best through everyday experiences and interactions with familiar people in familiar contexts. Therefore RBI capitalises on children's learning opportunities afforded them in daily routines. To this end, the RBI interview assesses:

- The child's engagement, independence, and social relationships within everyday routines;
- The family's satisfaction with home routines; and
- The teacher's perception of the goodness of fit of classroom routines with the child's interests and abilities.

Outcomes of RBI

RBI can be used to obtain a narrative description of the child's functioning in cognitive, motor, adaptive, communication, and social skills; it does not result in a developmental score.

The Power of the Routines-Based Interview

Keyworkers and parents who have participated in one of these routines-based interviews (RBIs) are amazed at the amount of information that emerges about:

- The child's developmental status,
- The family's day-to-day life, and
- The feelings of the family member being interviewed

The RBI process:

The RBI starts with the family reporting on their routines and the first question the keyworker asks is whether the family has any major concerns. The keyworker writes these down and then suggests beginning at the start of *the parent's* day ("How does your day start?"). For each routine, the keyworker asks about six things, without the family really being aware of this structure:

- What does everyone do at this time?
- What does the child do?
- How does the child participate (engagement)?
- What does the child do by him- or herself (independence)?
- How does the child communicate and get along with others (social relationships)?
- How satisfied is the caregiver with the routine?

To move from one routine to the next, the keyworker simply says, "Then what happens?" or, "What's next?" This avoids making assumptions about how the family conducts its daily life.

During the family's report of routines, the interviewer takes notes, marking areas of concern or strength.

Two powerful questions the keyworker can ask after all the routines have been discussed are:

- When you lie awake at night, worrying, what do you worry about?
- If you could change anything in your life, what would it be? (McWilliam (2009)

Critical Interview Behaviours

- Appropriately natural and informal;
 - Put the parent at ease;
 - Look the talking parent in the eye;
 - Avoid the use of jargon;
 - Use both closed and open ended questions:
 - Open –ended questions include *What, Why, How and Could* questions.
 - ✓ What questions give you the chance to have factual information,
 - ✓ How elicits feeling and process information;
 - ✓ Why elicits reasons or explanation of the issue;
 - ✓ Could you tell me questions elicit responses that provide a broader picture (O'Hara & Pockett, 2011 , p.187) .
 - Affirm what the parent is saying;
 - express admiration for what parent does;
 - Acknowledge or ask about feelings;
 - Place papers being written on flat;
 - Use “self-disclosure” or “therapeutic use of self”;
 - Handle crying appropriately
- Handle emotional topics sensitively;
- Don't engage in judgmental talk about the other parent;

- Jump to later routines, if necessary;
- Ask detailed questions at the beginning

Keep structure of 6 questions per routine:

1. What's everyone doing?
2. What's this child doing?
3. What's this child's engagement like?
4. What's this child's independence like?
5. What are this child's social relationships like?
6. How satisfactory is this time of day)?

The Key worker model and parents of children with disabilities

As volunteers and professionals working with parents, our aim is to become one of the key persons that aim to contribute towards building the skills in the child, facilitate access to resources and support parents to know their rights, become more confident in supporting their child and enhance their overall capacity to do what they want to do for their child.

In The Keyworker model, you need to:

- **Observe in order** to discover what is important to the parent
- **Allow time for** the parent time to talk about what is important to her/him
- **Listen and** respond appropriately to what the parent says/requires help with.

Writing notes for meeting

Noting Concerns

- Write down, in short notes, important information
- Especially note concerns (mostly parents' but can be yours)
- Put stars (*) next to them

- These are not the parent's chosen outcomes yet
- This will be a list of their concerns
- At the end of the interview, use these to remind the parent.

ACTIVITY

Participants to work in pairs

- Find a partner and interview each other
- One will take the role of interviewer and the other interviewee for about 3-5 minutes then swap roles.
- Use the Routine Based interview format and also keep in mind the Critical interview behaviours.
- After the interviews, give feedback to each other about how the other performed being an interviewer and an interviewee.

Module 8: Community Based Rehabilitation (CBR)

Objectives:

After visiting and reading through the WHO CBR modules, the reader should be able to:

1. Explain the concept of Community Based Rehabilitation
 2. Explain parents' and the family's role in the rehabilitation process
 3. Use the knowledge and skills from the modules to support people with disabilities in the family and/or community.
-

Introduction

The World Health Organisation (WHO) developed the WHO Community Based Rehabilitation (CBR) Manual in 1989. The resource is called *Training in the community for people with disabilities*. It was used for the initial training in many developing countries and achieved some remarkable results in some contexts. In January and February 2015, we used the online content to up-skill parents in Tamale, Northern Ghana about CBR and find it essential for inclusion in this manual. The links to the websites are provided below so that other Ghanaian parents can access the content. Excerpts from the manual are also included here for those who might not have access to the Internet.

The manual is for people in the community who are planning, implementing or evaluating a community-based rehabilitation programme. The manual consists of 4 guides and 30 training packages. The guides target local supervisors, the community rehabilitation committee, people with disabilities, and schoolteachers. The training packages are for family members of people with disabilities, and contain information about different types of disabilities and rehabilitation procedures that will help them to assist people with disabilities in their daily lives. [Download modules \[English/French\]](http://www.who.int/disabilities/publications/cbr/training/en/). If you want to type in the link, use the following: <http://www.who.int/disabilities/publications/cbr/training/en/>

Website for WHO CBR Manual: <http://www.who.int/disabilities/publications/cbr/en/>

[Training package for a family member of a child who has difficulty seeing \[pdf 1.7Mb\]](#)

[Training package for a family member of a person who has difficulty speaking and hearing or speaking and moving \[pdf 2.0Mb\]](#)

[Training packages for family members of people who have difficulty moving \[pdf 9.3Mb\]](#)

[Training packages for family members of people who have no feeling in the hands or feet \[pdf 1.1Mb\]](#)

[Training packages for family members of adults who show strange behaviour \[pdf 701kb\]](#)

[Training package for family members of people who have fits \[pdf 522kb\]](#)

[Training package for family members of people who have difficulty learning \[pdf 1.9Mb\]](#)

1. Training package for a family member of a child who has difficulty seeing

Information about the disability and what you can do about it

■ The child you train may have had difficulty seeing since birth. Or the child may have lost his or her sight at an early age. Difficulty seeing is caused by a disease or injury to the eyes. Sometimes it is caused by lack of proper food.

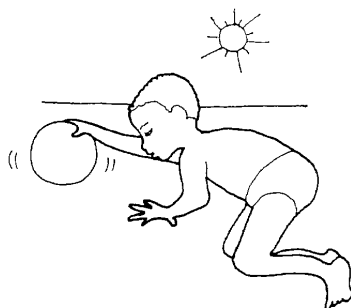
■ A child who has difficulty seeing should always be seen by a health worker. Find out from your health worker if the child can be helped by taking medicine or by using glasses, or needs to be taken to a doctor.



■ The child you train may not be able to see at all.

Even if the child cannot see at all, it is possible for you to train the child to do most of the activities that other children of the same age do.

■ The child you train may be able to see just a little. If so, train the child to do what other children of the same age do by using his or her sight as much as possible.



■ The child you train may have difficulty seeing only when it is dark. If so, first teach the child to do the activities described in this package during the day when he or she sees best.

When the child can do the activities during the day teach him or her to do the activities when it is dark.

What the child has difficulty learning



■ If the child you train cannot see at all, the child may have difficulty learning how to use his or her body.

This is because the child cannot see how people do things. The child cannot see how people sit. The child cannot see how people use their fingers and hands to touch, pick up, hold, and use objects.

■ The child cannot see the way people move around. The child cannot see the way a baby crawls or the way a person walks or runs.

■ The child cannot see how other children play.

■ The child cannot see how people take care of themselves by eating, drinking, keeping clean, and using the latrine without help.

■ The child cannot see the faces or bodies of family members and of other people.



■ The child cannot see how people communicate by speaking, by changing the expressions on their faces and by moving their arms and bodies.

■ The child cannot see what things are in the world around him or her. The child cannot see the home, the yard, or the village. The child cannot see what anything looks like, how anything is used or how anything moves.

■ Because the child cannot see these things, he or she will not learn in the way that other children of the same age learn. The child needs your help to understand the things that other children understand by seeing.

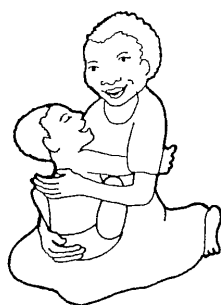
■ The child who cannot see will need a great deal of time and practice to learn to do the activities done by other children of the same age.

How to help the child learn



■ The child who has difficulty seeing can learn about things by touching them. The child can learn about some things by listening to the sounds they make. The child can also learn about some things by smell and by taste. Let the child learn about different objects in these different ways. Only stop the child if he or she is doing something which can cause injury to himself or herself.

Information



■ Encourage the child to learn new things. Let him or her know that you are happy when he or she learns a new activity or does something well. In this way you encourage the child to want to learn more.

The child knows when you are pleased by your words and by the sound of your voice. The child knows you are pleased when you touch and hold him or her close to you. Encourage the child by showing love and interest and by spending more time with him or her.

Activities that the child needs to be able to do

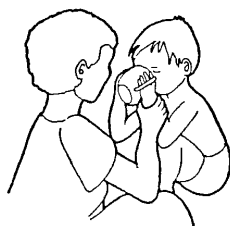
■ With your help, the child you train can learn to do the same activities as other children. The child can learn to do the activities at about the same age that other children learn to do them.

Feeding



■ A baby with difficulty seeing should be breast-fed just like other babies. Your Local Supervisor has a package that explains how to breast-feed a baby with a disability. If your child is having difficulty breast-feeding, ask your Local Supervisor for this package.

■ A child with difficulty seeing should be given the same food and drink as other children of the same age. This is important to prevent the child from becoming ill. Make sure that the child is given the same food and drink as other children of the same age.



The child may not yet know how to eat and drink by himself or herself. If so, help the child to feed himself or herself until he or she knows how to do it alone.

If the child does not grow as fast as other children of his or her age, take the child to the health worker. Ask the health worker for advice about how to help the child to grow well.

Listening



■ Teach the child to listen to and to know the sounds that you hear around you.

Teach the child to know people by their voices. Explain to the child which voice belongs to which person. For example, "This is your sister Sri who is talking." "This is Papa." Then ask each person to come very close so that the child can touch each face as you describe the person.

A child who has difficulty seeing

Let the child listen to and touch animals too. Tell the child the names of the animals when he or she listens to and touches each animal.

Explain all other sounds around such as running water, fire, wind, and traffic. In this way, the child you train will begin to know all the sounds that he or she hears.



■ Clap your hands in different ways and let the child listen to you. Clap your hands softly and then loudly and teach the child the difference. Clap your hands fast and slow and teach the child the difference.

To teach the child to clap, put your hands over the child's hands. Teach the child to clap in different ways. Then teach the child to listen to the different sounds that he or she is making.



■ Continue teaching the child to listen to different sounds. Make different sounds by snapping your fingers, by clicking your tongue, and by blowing, and teach the child to know these sounds.

Explain to the child how you make these sounds. Let the child feel your movements as you make the sounds. Now help the child to make the same sounds.

Speaking

■ A child who has difficulty seeing cannot see the way people move their lips when they speak. Because of this, the child may not learn to speak at the same age that other children speak. Help the child you train to learn to speak.



■ Begin by putting the child's hand on your mouth and face as you speak. Let the child feel the way your lips, cheeks and jaws move. Also let the child feel the way that the air comes out of your nose and mouth as you speak.

Now ask the child to put his or her hands on his or her mouth. Ask the child to repeat the words you said, moving the lips, cheeks, and jaws and blowing the air out of the nose and mouth, as you did. Teach the child to repeat words after you in this way.



■ Because the child cannot see objects, he or she cannot learn their names without help. Or the child may know some words or names, but not what they mean. Teach the child the meaning of words.

When the child touches something, say its name. Then ask the child to repeat the name. If you do this many times, the child will learn the names of different objects.

Information

■ Call the child's name when you speak with the child so that the child knows that you are speaking with him or her.

■ Use your voice in different ways to tell the child different things, such as when to be careful, when there is danger, or when you are happy. This will help him or her to understand. Do not speak in a way that frightens the child.

Moving around



■ A child who has difficulty seeing cannot learn to move the way other children do.

When the child is small, carry him or her close to you when you move around so that the child will learn the feeling of movement.

Then start to teach the child to move his or her body. Begin by moving your head, arms, and legs. Let the child feel how you move and help the child to move in the same way.



■ Sit the child on your lap and move him or her in different ways on your lap. Then help the child to move.

Support the child standing on your lap and move him or her around. Then help the child to move. In this way, the child will learn the feeling of movement.



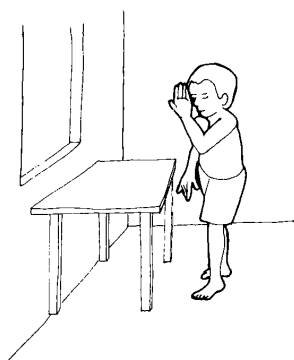
■ A child who cannot see may not learn by himself or herself how to crawl. If the child you train has not learned to crawl, teach the child how to crawl. Hold the child kneeling on his or her hands and knees as if crawling. Ask a family member to call to the child or to make noises that will encourage the child to move toward the family member. Help the child to move towards the family member. In this way you teach the child to crawl.

A child who has difficulty seeing

When the child has learned to crawl, encourage the child to move around and learn about the things in the home or yard. Crawling also helps the child to learn to use the arms and legs.



■ When you start teaching the child to walk, talk with him or her as you walk together. Tell the child what kind of ground you are walking on. Tell the child if the ground is rough, smooth, sandy, or grassy. Let the child feel the ground with his or her feet and hands to know the difference.



■ The child may not like to move around because he or she is afraid of hitting things. Tell the child to hold one arm in front of the face and the other arm in front of the body to protect himself or herself while walking. Then the child will become less afraid to move around alone.



■ There will be times when the child falls down. Teach the child to put his or her arms out straight in front as he or she falls. Then the child will not be injured or will have less injury when he or she falls. When the child learns this, he or she will not be afraid of moving around.



■ Protect the child by keeping him or her away from dangerous places, such as fires, wells, and rivers.

Fireplaces and wells should have guards to protect the child from getting too close.

When the child is old enough to understand what danger is, take him or her to fireplaces, wells, and rivers. The child will then learn where they are. Explain the dangers so that the child knows not to go too close to them alone.

Information

Learning about the surroundings



■ Teach the child how to hold and feel things with hands and fingers. Do this by holding and moving the child's hand over different objects so that he can feel the objects as you describe them. In this way, the child will learn to "see" objects with his or her hands and fingers.



■ Help the child to explore the surroundings. Go with the child from place to place and let the child feel with the hands what is around him or her.



■ Put your hands over the child's hands. Then together put your hands on moving animals or objects so that the child can feel how they move.

■ Help the child to learn about things by touching them. Give the child objects to hold. At the same time explain to the child what the objects are, what they look like, and how they are used.

■ Your Local Supervisor has a package which describes how an older child can be trained to move around alone. When you think that the child you train is ready to use this package, ask your Local Supervisor for it.

Taking care of himself or herself



■ It is better for a child to be able to eat, drink, keep clean, go to the latrine, and dress without help from anyone else. This will make the child happier and healthier. When the child does these activities alone, you will have more time for other things. Even if the child does these activities slowly when he or she does them alone, let the child do them without your help.

■ Your Local Supervisor has a package on how to train an older child to take care of himself or herself. When you think that the child you train is ready to use this package, ask your Local Supervisor for it.

A child who has difficulty seeing

How to help the child to develop through play



■ A child who has difficulty seeing can develop his or her touch, hearing, smell, and taste through play.

Through play, the child can also develop the abilities to speak, to learn, and to move. Through play, the child can also learn to behave in the same ways as other children.

Your Local Supervisor has a package about "Play Activities" to help you train the child to develop and to do what other children do. Ask your Local Supervisor for this package.

About the child's future



■ A child who has difficulty seeing should go to school at the same age as other children. Your Local Supervisor has a package that explains how the child can go to school. Ask your Local Supervisor for advice.

■ As the child grows older, he or she should do household activities as other children.

When the child grows up, he or she can learn to do a job and earn an income. When you think that the child has reached the age to be doing these activities, ask your Local Supervisor for advice.

Results

After you have read this package, check your understanding by answering the following questions:



- What causes difficulty seeing?
- How can you help your child to learn?
- What you can teach the child to learn by listening to sounds?
- How do you teach the child to walk?
- Should the child go to school?
- Should the child do a job when he or she is an adult?

Now check back in the package to find out if your answers are correct. If any answer is wrong, read the package again. Then answer the question again and check your answer. If you have any problem doing this, you can discuss it with your Local Supervisor.

Appendices

Appendix 1: Notes sheet for workshop

NOTES

[illegible]

Appendix 2: Table of disability types, causes, etc

Types of Disabilities	Causes	Characteristics/Signs	Intervention/management
Intellectual Disability	1.Hereditary 2.infection 3.Trauma, accident, malnutrition, pre, peri and post natal	1.have low intelligence 2.Easily forget what has been learnt 3.Have low and poor retention span 4.Cannot complete task or assignment 5.Have little vocabulary 6.Have poor writing skills 7. Cannot spell or read and understand what they have read	1.Break the task/work into smaller logical sequence 2.Teach from known to unknown 3.Teach with real objects 4.Repeat lessons often 5. Demonstrate/dramatise activities to children and let children dramatise concepts. 6. Involve the child in the teaching –learning process in practical activity as much as possible.
Hearing Impairment		1.Frequent request for repetition of spoken words 2. Cupping the hand to the ear 3.Cocking the head 4. Difficulty in writing dictation 5. Abnormality in speech 6. Indifference to music 7. Poor academic work	1. Talk clearly and loud enough but void shouting, whispering and mouthing the words 2. Face children when talking and avoid covering your mouth 3.When talking do not walk to and fro because children who lip-read will be distracted. 4.Rephrase your sentences and questions 5.Use additional modes of communication like gestures 6. Use the chalkboard to supplement your speech
Visual Impairment	1.Glaucoma 2. Cataract 3.infections 4.Refractive errors 5.Muscle disorder 6.accidents 7. Damage to visual nerves 8. Diabetes as a result of	1. Rubbing the eyes excessively 2.Shuts or covers one eye or tilts 3. May have difficulty in reading that involves the closing of the eyes 4. Blinking more than usual	1. Speak to class when you enter or leave the room 2.Call pupils by their names 3.Give verbal information about room changes, special assignments or procedures Read aloud key points on the

	haemorrhages 9. Onchocerciasis/river blindness 10. Drugs and poisons 11. Colour blindness 12. Cornea injury	5. Is unable to see distant things clearly 6. Squints eyelids together or frowns face when looking at objects from a distance 7. Stumbling over or bumping into visible objects enough 8. Complains of blurry vision, having double vision/seeing two of everything/inability to see peripheral objects/Eyes itching, burning or scratchy,	board. 4. Read visual aids large prints 5. Provide visual aids large prints 6. Teach through multi-sensory modes 7. Use bold prints for those with low vision or partially sighted. NB Give extra time for pupils to complete tasks. Also read items to pupils when necessary. Ensure free and safe environment and arrange furniture pieces nicely.
Physical Disability	1. Chromosomal abnormality 2. Infections such as poliomyelitis 3. Accidents 4. pre-matured birth 5. malnutrition and vitamins deficiency 6. CP (Brain injury)	1. Limbs are usually affected 2. CP	1. Managing and identifying 2. Reporting them to the head teacher and if possible pupils parents for proper medical intervention, care or treatment 3. Pay special attention to their needs and concerns 4. Educate the non-disabled pupils on the challenges and advise them to be aware of these so that we support them.
Learning Disability	1. Hereditary 2. infection 3. Trauma, accident, malnutrition, pre, peri and post natal	1. have low intelligence 2. Easily forget what have been learnt 3. Have low and poor retention span 4. Cannot complete task or assignment 5. Have little vocabulary 6. Have poor writing skills 7. Cannot spell or read and understand what they have read	1. Break the task/work into smaller logical sequence 2. Teach from known to unknown 3. Teach with real objects 4. Repeat lessons often 5. Demonstrate/dramatise activities to children and let children dramatise concepts. 6. Involve the child in the teaching –learning process in practical activity as much as possible.
Autism	There is no known cause. Much evidence supports the idea that genetic factor –genes, their functions	1. Problem with eye contact 2. Do not respond to name when called	1. Reinforce wanted behaviour and reduce unwanted behaviour 2. Through Apply Behaviour

	<p>and their interactions are some of main underlying causes of ASDs. Scientists are of the view about 10 genes on different chromosomes may be involved in autism to different degrees.</p> <p>2. Researchers also added that some environmental factors such as viruses.</p> <p>A third group look at neurological, infectious, metabolic and immunologic factors that are involved.</p>	<p>3. Joint attention problem</p> <p>4. Underdeveloped skills in pretend play and imitation</p> <p>5. Problem with non-verbal communication and language</p> <p>6. Some experience regression-top using language, play or social skills they have already learnt</p> <p>7. Red Flag-signs shown by autistic children. Do not smile, do not respond to name, sometimes seem deaf, walk on their toes, spend all the time lining or putting things in certain order, show unusual attachment to toys, get things for themselves only, seem to be in their own world, prefer to play alone, get stuck doing the same thing all over have odd movements, do not point at things nor wave back</p>	<p>Analysis-use positive behavioural intervention support (PBS), Pivotal Response Training (PRT), Incidental Teaching Milieu Therapy (PRT), Verbal Behaviour and Discrete Trial Teaching (DTT)</p> <p>3. Occupational</p> <p>4. Therapist, Speech –Language Therapist</p> <p>5. Physical Therapist</p> <p>6. IEPs</p>
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