

M.Phil Special Education Program

TRENDS & ISSUES IN SPECIAL EDUCATION

CODE No: 3709

UNITS: 1–9



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FOREWORD

One of the greatest changes which took place over the past years in special education is the increased level of awareness by the people. Because of the information we get through technology, there is a much better understanding and awareness about the care, training and education of special people than decades ago- that they are not different or abnormal; they are "differently-able." The field of special education is constantly changing as a result of legislation, new instructional formats and current research investigations. This upward trend has been, in many cases, beneficial, as students who were traditionally ignored by the educational system now have improved access to educational resources and opportunities.

Aside from the emergence of assistive technology and early detection for children with needs, other changes that I've seen over the past decade are the higher qualification standards for special education teachers and broader classification of children's disabilities - to help these children cope better using precise learning tools. The trends in special education indicates that something positive is being done for people with special needs. Their integration in different walks of life helps them not only to be accepted and absorbed by the society; prejudices begin to end when they are seen as not different from others.

The course 'Trends and Issues in Special Education' spanning 9 units delineates the top issues and trends in special education by providing all units written and reviewed by active researchers and practitioners in their respective areas. Issues such as identification, assessment and labeling have been discussed with historical perspectives and current concerns. Newer innovations and issues related to placement and inclusion, scientifically supported and unsupported interventions and support system, instructional methods, family concerns and vocational training are those issues which are complimented with the trends and must be a thought provoking endeavor for the professionals of the field.

I owe my tribute to the Late Dr. Mahmood Hussain Awan who was the Chairman of the Course Team when this course was initially prepared and launched. During the preparation of the units his contribution as reviewer is a complete reflection of his dedication and commitment to the field of special education.

I congratulate Dean Faculty of Education, Dr. Tanveer-uz-Zaman and the Course Team for their efforts to successfully complete this phase of course production which will be a milestone in the production of good quality professionals of special education.

Dr. Nazir Ahmed Sangi
Vice chancellor

PREFACE

Education is the fundamental right of every human being and a key to sustaining economic development, reducing poverty, ensuring peace and tolerance at national and international levels. The last two decades brought revolutionary changes in the field of special education witnessing genuinely expanded renewed vision which trusts and invest in people with special needs. Though the immense efforts were put in the development and synchronization of resources and efforts of societies at large it still require efforts to combat social inequality and cultural taboos. People with special needs still struggle for their rights and capacities to be believed.

The Study Guide has certainly contributed to our understanding of multifaceted issues encircling the education, technology, transition and the sports and leisure for people with special needs. Problems of definitions, screening, diagnosis, classification systems, legal implications, transition, Policy and planning are addressed. The trends in Instructional strategies and techniques in academic areas that support the learning of students with diverse learning needs, accommodations, modifications, and alternative teaching strategies to meet individual student needs, discussed provide us an insight to the gaps between theory and practice which is indeed a centerpiece of the course. Each unit is well equipped with appropriate text, Suggested Readings and activities. Theory and research is presented in clear and concise language. The Objectives and the contents of the units express the combination of the depth, lucidity, clarity, and coherence of the course and make it appropriate for students to have awareness and understanding to comprehend the issues and the trends of the field. Primary emphasis is upon to highlight the theme of the course and develop a research based attitude among the students.

I appreciate the valuable work done by the Course Team, Chairperson of the department, writers and the reviewers. My deep gratitude is due to late Dr. Muhammad Mahmood Hussain Awan for his valuable contribution as a Course Development Coordinator and the Reviewer. As the Dean faculty of Education I believe this Study Guide would be a beneficial addition in the study material provided to the students of AIOU.

Dr. Tanveer-Uz-Zaman
Dean, Faculty of Education

ACKNOWLEDGEMENTS

First and foremost, I thank ALLAH SUBHANUTALLAH for helping and enabling me to complete the task.

I express deepest appreciation to all the members of the Course Team for their valuable suggestions and efforts to develop the course at the level of its requirement. I believe the Course Team was the perfect blend of knowledge and skills which did not leave any stone unturned to include the trends and issues in special education to date.

I thank Dr. Shaista Majid for authoring three of the units in such a manner which provide a thought provoking approach to the students.

I would like to express my heartfelt gratitude to late Dr. Mahmood Hussain Awan who remained a source of inspiration and motivation during the preparation of the study guide and a tremendous mentor in the field of Special Education for me. Despite his ill health during the process of writing and reviewing the units, his suggestions greatly helped approaching the goal.

I am thankful to the reviewers for devoting their time and effort which would be proved a great asset to the community, InshaAllah.

I appreciate the efforts of my students of M.Phil Special Education, Naveed Shehzad, Syeda Beenish Batool and Khaula Munawwar Minhas for helping me to collect the relevant study material to be referred for the course. I also wish to thank all the support staff of the department who helped all the way through to complete the Study Guide.

I owe a huge thanks to Dr. Tanveer-uz-Zaman, Dean Faculty of Education, AIOU for providing excellent support and encouragement during the whole process of writing and preparation.

My special thanks are due to Dr. Nazir Ahmed Sangi, Vice Chancellor, AIOU who has always taken keen interest in special education and provided the Department of Special education all the possible administrative and financial resources to achieve our objectives from the platform of AIOU.

Dr. Tanzila Nabeel
Chairperson, Course Coordinator

INTRODUCTION

Since the years, the field of special education was taking up its pace i.e. in early eighties, there was one clearly defined goal - an appropriate education for students with disabilities. Parents, professionals, and students with disabilities rallied together to attain this right. Having secured this goal, the allies splintered into numerous advocacy groups, each fighting for different issues in special education.

A national shortage of fully certified special education teachers has been a persistent concern over the years. Issues such as school reform, full inclusion, standards assessment, and disability classification can be viewed not only from at least two perspectives, but from many variations or degrees of each. These controversies and issues, although the most widespread and disputed issues facing special education, represent only a small fraction of the numerous issues prevailing in special education today. However Identification, labeling and classification, Policies, inclusion, Curriculum issues complimented with teacher shortage and Family issues had always been there nationwide.

The Course addresses Trends and Issues of Special Education.

Unit 1 addresses issues of Identification, Detection and Prevention of disabilities in terms of public awareness and pre-school education. Each topic of the Unit discusses the trends along with the issues.

Unit 2 is based on the issues and trends on the Policies and Options. The statistics on disability in Pakistan as given in the census 1998 and before had been discussed in the light of its shortcomings and the up came results. The comparison is carried out on the legislative support in developed and developing countries.

Unit 3 gives a comprehensive overview on the issues and trends involved in the availability and awareness of services required by the population with special needs and the extent of awareness such people are entitled to.

Unit 4 is about the Equipment and Technologies. The market, funding, networking and institutional barriers have been thoroughly discussed which give food for thought for the students. These barriers had taken up the shape issues from which the trends arose.

Unit 5 is about the issues of Personnel and their Training. The scarcity of resources which has its foundation laid on the awareness issue has increased it manifolds. The unit comprehensively addresses these issues and the trends in the field.

Unit 6 is about the ever prevailing issue- the instructions. This issue is associated with the development of curriculum, the types of curriculum, implementation of the appropriate

curriculum. Furthermore the limitations of the teachers and the working groups such as administrators and volunteers had been discussed.

Unit 7 is the Inclusive Education. The concept of Inclusive education though initiated after the World War II but was recognized by different titles. Its pros and cons have been discussed. The various titles of it came up with different titles carrying same themes. The contents of the unit discuss all those aspects.

Unit 8 covers the issues and the trends involved in the family setups. The unit explicitly covers the family attitudes, family participation and the pre-school training of the persons with special needs.

Unit 9 is about the Vocational training and the Support activities for the special persons. This had always been the most neglected need of the disable population. The unit highlights the causes of this everlasting neglect, efforts of the advocacy groups issues associated with it. The trends in this regard had been given in the contents along with the progress over the two decades.

All the units fully cover the requirement and the theme of the course. These are well laced with the activities and questions which are thought provoking and provide the opportunity to practically interact with the situations. Each unit contains the element of carrying out brainstorming sessions for the students which would invoke the deep insight on the issues as well as the trends in special education.

OBJECTIVES OF THE COURSE

Course Code 3709 titled as Trends and Issues in Special Education is the Core Course for M.Phil, Special Education at AIOU. The broader objectives of the course are as follows, to;

1. Bring awareness among students and public at large on the issues of identification, screening and prevention of disabilities and the trends being involved to tackle the problems.
2. Apprehend the problem of lack of appropriate data on disabilities and issues arising from it in the form of non provision of legislative support.
3. Compare the provisions and alternatives being used for special education, in developing and the developed countries.
4. Enable the students to discuss the issues and trends related to the provision of services required for the education and training of the people with special needs.
5. Identify the barriers in providing equipments and technology for persons with special needs.
6. Highlight the issues regarding networking of the technical resources and preparation of personnel involved in the rehabilitation process.
7. Comprehend the curricular and the instructional issues, trends arising to minimize the functional limitations of teachers, administration and volunteers.
8. Carryout research based activities to find out the issues of inclusive education and the trends arising in its favor or otherwise.
9. Realize the problems of families having a person with special needs.
10. Critically analyze the existing facilities of sports and leisure activities, the trends of improving it and the issues involved to achieve the goals.

Unit-1

IDENTIFICATION, DETECTION AND PREVENTION

**Written by: Dr. Tanzila Nabeel
Reviewed by: Dr. Nasir Sulman**

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1.1 Introduction

Over the past six decades, the nature and reporting of childhood disabilities has changed drastically as well as the consequence of disability. During that era the disabled child would wear braces or use crutches for support or a child with clear signs of being blind, totally deaf or severe mentally retarded. Today, a child with special needs is a child with autism, a child with emotional and behavior disturbances, a child with learning disabilities or some type of intellectual deficiencies. Where the pre-60's child wore his disability for the world to see, in many cases today's child experiences his disability internally.

Disabilities can originate at any stage of life: prenatal, perinatal, infancy, early childhood, adolescence, adulthood and old age. The causes of many disabilities in childhood are complex and result from the interplay of environmental risk factors and genetic susceptibility. Several factors may combine to create a disability. Biomedical or constitutional causes have a basis in the body of the individual; there is a biological aspect to the condition. Most severe and multiple handicaps include conditions which fall into this category. Congenital disabilities, those present at birth, are constitutional conditions (Nagler, 1990).

There are two main reasons that professionals strive to find the causes of disabilities: first, the identification of a specific cause can help in treating the condition, and second identification of the cause of a disability may help prevent the occurrence of such disabilities in future generations.

Socio-cultural and environmental causes of disabilities are those which originate outside the individual's body. This includes not only those causes which stem from the social, cultural, and physical environments, but also those causes which result from the individual's life-style and behavior. These factors are hard to isolate for two reasons. First, they are very complex, and second, they do not inevitably result in impairment. For example, risks among people of low socio-economic class can run through generations because the cycle of poverty creates conditions which contribute to the incidence of disabilities (Kopp & Kaler, 1989). Since there is no direct cause and effect correlation between the associated socio-cultural and environmental conditions and disabilities, the conditions are generally called "risk factors". Those exposed to them are considered "at risk" for developing a disability.

1.2 Objectives

The objectives of the unit are, to:

1. enable the students to analyze the continuum of special education in terms of prevention, detection and remediation.
2. highlight the issues involved in the identification, detection and prevention of disabilities and the current trends in the resolutions.

3. equip the students with an approach which would reduce the referrals to special education by providing well-designed instruction and intensified interventions to create awareness among masses.
4. provide information about the situation of pre-school education of children with special needs in developing and developed countries.
5. make students comprehend the significance of community participation in terms of trends and issues involved to create public awareness on special needs.
6. equip the students for high quality, research-based instructions.

1.3 Major Issues in Assessing Students with Disabilities

- issues of identification and classification;
- questions about the appropriate use of accommodations;
- the problem of disabilities that are related to measured constructs; and
- issues pertaining to test design.

a. Identification and its Issues:

“Identification” is used to refer to the determination of a recognized special need/s and “classification” is used to refer the categorization of an identified person’s specific special need/s. Following are the major challenges:

1. Earlier diagnosis tends to be more uncertain. In early childhood, there is a high ratio of children with possible developmental disabilities for which definite diagnosis is difficult. Identification is highly inconsistent, raising concerns about over-, under-, and mis-identification. Of all disability categories, mild learning disability may be the most difficult to diagnose.
2. The younger the children are, the more difficult it is for parents to accept the disabilities. Parents and school personnel often express frustration about the barriers that interfere with the identification of disabilities.
3. The healthcare measures, medical care, education, and other required support is available in fragmented manner, rather than life-long support appropriate to the developmental stage.
4. Sophisticated identification procedures are not available or in practice. There is no single test to identify or diagnose a disability and the definition of a disability may be operationalized in different ways. Different professionals may use differing criteria for diagnosing a disability.
5. There are no adequate professional backup systems for supporting disabled children are available.
6. The social resources provided by governments vary and are very scarce. There is a big gap between demand and supply.

7. Talking about the emotional problems, those can be difficult to detect. Most people do not have the expertise to identify them. Emotional disability is a term used to describe a number of mental health conditions. The characteristics of emotional disability include an inability to learn that can't be explained by external factors; difficulties in developing or sustaining social relationships, inappropriate behavior or feelings, depression and a tendency to be fearful or to develop physical symptoms when faced with personal problems. These factors cause issues that interfere with the lives of emotionally disabled people.

People who suspect someone has an emotional disorder must be alert for warning signs, such as exaggerated emotions, social withdrawal, mood changes, lack of interest in anything, and hearing the person either talk too much or too little. A doctor, psychiatrist or psychologist can make a diagnosis of an emotional disability.

b. Accommodations:

Here accommodation is used as the general term for any action taken in response to the determination of the special need/s.

Can you suggest who deserves accommodations? After reading the previous paragraph, at this stage I am sure you can attempt my question. I would say, Everyone--.

Instructional accommodations are not just for students who are struggling. Depending on circumstances, Accommodations do not fundamentally alter or lower expectations or standards in instructional level (conceptual difficulty), content, or performance criteria. Instead, changes are made in the instructional delivery method, assessment method, or both to enable the student to have access to the same learning and equal opportunity to demonstrate learning. Such accommodation may include modification of presentations of contents, test administration processes or modification of test content. The more common accommodations entail not alterations to the test itself, but rather changes in the presentation or administration of the test or in the student's mode of response. The purpose of accommodation is to give the student with special needs an equal access to the learning environment. If the disability is unique to the individual and can be manifested in a variety of ways, the accommodations for a specific student must be tailored to the individual.

Activity: *Here let us do brainstorming. What types of accommodations you can think of? I can give you a few examples such as, providing students with additional time; administering the test in a separate location; breaking the testing time into shorter periods with more breaks; reading either directions or actual test items to students; providing the test in a different format, such as Braille or large type; and allowing students to dictate rather than write their responses.*

Now it's your turn, write on your notebooks other than what I have told you.

Accommodations fall under four major categories:

Content: What the student is taught the instructional concepts should be broad based, and all students should be given access to the same core content. However, the content's complexity should be adapted to students' learner profiles. Teachers can vary the presentation of content, (e.g., textbooks, lecture, demonstrations, taped texts) to best meet students' needs.

Process: Activities in which the student engages to make sense of or master the content is the differentiating process. Activities include scaffolding, flexible grouping, interest centers, manipulative, varying the length of time for a student to master content, and encouraging an advanced learner to pursue a topic in greater depth.

Products: Products should provide students with different ways to demonstrate their knowledge as well as various levels of difficulty, group or individual work, and various means of scoring.

Learning Environment: The way the classroom works and feels. The differentiated classroom should include areas in which students can work quietly as well as collaborate with others, materials that reflect diverse cultures, and routines that allow students to get help when the teacher isn't available (Tomlinson, 1995, 1999; Winebrenner, 1992, 1996).

At this stage let us pen down some possibilities for accommodation.

Step 1: Create a Plan for Adapting Materials

Effective adaptations require sustained development and support. They must be made within the framework of a larger plan that includes consideration of (a) basic and strategic skills instruction and (b) the roles of people involved in the adaptation process. (In some cases, it is important to involve your administrator and curriculum or program coordinator from the beginning, and identify exactly who will be responsible for making, implementing, supporting and evaluating the adaptation over the course of the year) As much as possible, involve students, parents, paraprofessionals, and others. Adaptations that can benefit an entire class or several classes are more likely to be supported and maintained.

Step 2: Identify and Evaluate the Demands that Students are not Meeting

The purpose of this step is to define the problem to be addressed by the adaptation. Observe students' performance when they use typical instructional materials. They may have difficulty acquiring or getting the important information from written materials, storing or remembering the information presented in the materials, or expressing the information or demonstrating competence on written tests. If students have difficulty with a given task, different solutions may be required depending on the level of difficulty and the student's individual needs.

Step 3: Develop Goals for Teaching Strategies and Making Adaptations

Some problems can be solved by adaptations; other problems may signal the need for intensive instruction in skills or strategies. Often, teachers may need to provide adaptations while simultaneously teaching the student the learning strategies he or she needs in order to perform the work. All adaptations lead students to become dependent on the person who makes them. Before an adaptation is made for an individual student, educators must carefully consider the best approach to address the student's difficulty and promoting success. Adaptations should be approached as short-term solutions within a long-term plan for teaching skills and strategies that will promote the student's independence as a learner and ultimately reduce the need for adaptations.

Step 4: Determine Whether Content or Format Adaptations are Needed

Content adaptations may be made only when the student's Individualized Educational Program (IEP) notes that the general curriculum is inappropriate for this student. Content adaptations must also meet local and state education standards. In some cases, the IEP may address the degree to which the requirements associated with meeting state standards and taking assessments may be modified. The teacher must decide which parts of the curriculum the student will be required to learn and will constitute mastery of the course content.

When the curriculum is considered appropriate for the student, adaptations may focus on format rather than content. Again, the teacher must identify the critical elements of course content that students must learn: First, identify the critical course ideas or concepts. Then identify the information that must be mastered in each unit to ensure that *Designing Lessons for Diverse Learners*. Finally, determine how students will demonstrate their mastery at the end of each unit and at the end of the course. Format adaptations are made to compensate for mismatches between the presentation or design of the materials and the skills and strategies of the student. In format adaptations, the content is not altered.

Step 5: Identify the Features of the Materials that Need to be Adapted

The design of materials can present many different types of problems for students who struggle. Teachers adapting materials should examine each content that might cause a learning problem. For example, the content may be very abstract, complex, or poorly organized, or it might present too much information.

Step 6: Determine the Type of Adaptation that will Enable the Student to Meet the Demand

Once the materials have been evaluated and possible problem areas identified, the type of format adaptation must be selected. Format adaptations can be made by Altering existing materials-Rewrite, reorganize, add to, or recast the information so that the student can access the regular curriculum material independently, e.g., prepare a study guide and audiotape.

Step 7: Inform Students and Parents about the Adaptation

Adaptations are more successful when they are offered and introduced to students at the beginning of the year. Parents should also be informed about them at the beginning of the year. Students should be taught explicit strategies to use any adaptation effectively and how to process the information received through the adaptation.

Step 8: Implement, Evaluate, and Adjust the Adaptation

As the adaptation is implemented, the teacher should evaluate its effects to determine whether the desired outcomes are being achieved. If not, adjustments will need to be made either in the adaptation or the instructions to the student in its use. Adaptations should significantly reduce failure and learning difficulties.

Step 9: Fade the Adaptation when Possible

Adaptations usually are short-term solutions to allow classroom learning and participation until the needed skills and strategies can be taught. Once the student has learned the necessary skills and strategies, the adaptation should be faded. The adaptation should not be removed until the student possesses the skills and strategies to learn and complete tasks independently. For some students, an adaptation may be required for several months, while for others; it may be maintained for years.

At this stage when you have learnt about the Accommodation, let's do an activity:

Activity: Prepare suggestions for adaptations and accommodations for students, along with suggestions for instruction. Each section should be organized around specific learning problems that students may exhibit. For each learning problem, a list of series of questions should be prepared that teachers can ask to learn more about the student who is struggling. Adaptations and accommodations should be matched to specific skill deficits within each learning problem.

(For example, there are several causes of word reading difficulties. A student who has deficits in phonological awareness will need different adaptations and accommodations than a student who is able to read single syllable words but struggles with multisyllabic words. Additionally, these students require different instruction to remediate their skill deficits.)

While the specific instruction will vary depending on individual student needs, all instruction for struggling students should be explicit (directly taught), systematic (sequenced so that skills build on one another, not left to incidental learning), scaffolded (supported instruction that is gradually withdrawn as students become more proficient) and modeled (teacher models both the task/skill and the thought processes to complete the task/skill).

No single accommodation has been shown to be beneficial to all students with disabilities (Fuchs, Fuchs & Capizzi, 2005). In fact, the effects of specific accommodations vary

depending on student characteristics; an accommodation that benefits one type of student may not benefit, or may even negatively impact, the performance of another.

Now what to do--:

- Use multi-modal methods to present classroom material, in order to address a variety of learning styles and strengths (e.g., auditory, visual, kinesthetic). Provide important information in both oral and written formats.
- When teaching a lesson, state objectives, review previous lessons, and summarize periodically.
- Use more than one way to demonstrate or explain information.
- Read aloud what you write on the board or present on an overhead visual.
- Keep instructions brief and uncomplicated. Repeat them word-for-word.
- Allow time for clarification of directions and essential information.

c. Trends in,

i. Identification:

Facilitating Detection and Identification

For detection and identification a team approach is widely recommended. No single method of assessment will provide educators with “the answer.” However, strong support exists for an assessment approach that encompasses multiple sources of formal and informal assessment information. Various methods of informal, formal and specialized assessment contribute to the identification of a disability. The diagnosis of a special need/s is made by a qualified professional on the basis of multiple sources of information. The information from the classroom (particularly with regard to the student’s response to various interventions), the parents’ input, and the student’s input, and data from various resources can be gathered.

The team could;

- promote professional development to increase teachers’ awareness as there may be many reasons for student difficulties besides apparent special needs and they need to be explored carefully.
- develop classroom assessment practices to identify when students are not making progress toward curriculum expectations.
- develop efficient pre-referral steps that draw on expertise at the school level to assist with problem solving, and provide suggestions for understanding and addressing the needs of students.
- encourage the involvement of parents early in the planning process. If parents have meaningful involvement, they will know action is being taken.
- promote collaboration to maximize flexibility in organizing for instruction so that additional assistance is provided to students encountering difficulties.

- implement preliminary interventions, monitor their success and hold follow-up meetings to review students' progress.
- arrange for the involvement of professionals with expertise in the problem-solving process before obtaining referrals for specialized assessment. For example, a psychologist or speech language pathologist could participate in brainstorming preliminary intervention strategies.
- arrange and organize for appropriate referrals and assessment process with other professionals for further specialized assessment and possible diagnosis that encompasses multiple sources of information and a team approach.

ii. Detection:

Pre-Natal testing and Babies with Disabilities:

The following tests can be conducted during pregnancy:

Amniocentesis: Most common prenatal test which is done around 15 to 20 weeks¹ into the pregnancy. A sample of amniotic fluid is extracted from the mother's womb and the fetal cells are tested for abnormalities. A 0.5 % miscarriage rate is associated with amniocentesis.²

Chorionic Villus Sampling (CVS): Conducted early in pregnancy, usually from 10 to 13 weeks. Some of the chorionic villi cells are taken from the placenta at the point where it attaches to the uterine wall,³ and fetal cells are tested for abnormalities. There is no consensus of what the miscarriage rate from CVS is. Some reports show it to be the same as that for amniocentesis and some to be twice that of amniocentesis. There appears to be an even higher risk of miscarriage with the transcervical CVS technique compared to the transabdominal technique. Other factors that further increase the risk of CVS include having the procedure three or more times and having a fetus that is smaller than normal for their age. The physician's skill and experience also play an important role. CVS is also associated with the birth of babies with limb abnormalities, especially when CVS is performed before the 10th week of pregnancy.

Alpha-fetoprotein Test (AFP): Conducted between 15 to 20 weeks into pregnancy. Blood sample is taken from the mother. This test is unreliable and associated with high false negative results, meaning that an abnormality is detected when none exists.

Ultrasonography: Conducted at any time during pregnancy. An ultrasound picture assists in detecting visible abnormalities of organs and limbs.

Combination of Tests: Conducted to verify or substantiate results of other tests. More prenatal technologies become available each year to test for certain diseases that an unborn child might have.

Conditions Detected in Utero: It is now possible to diagnose approximately 450 conditions in utero by testing fetal cells such as Down's syndrome, Neural Tube Defect (NTD), Spina Bifida and so on.

You can read the details of these tests in the textual material on the Cd, provided with this Study Guide in Section 1.2

iii. Prevention

When seeking to prevent disability, there are three levels which need to be considered.

a. Primary prevention seeks to keep disabilities from developing. Examples include strategies for increasing exercise, improving diet, controlling weight, reducing substance abuse, and screening for health impairments and any risk factor.

b. Secondary prevention utilizes methods of screening and early detection to identify problems before they can do "too much damage." Secondary prevention traditionally involves screening and early detection of disease. The goals of secondary prevention can be somewhat different for a person with a disability. Secondary prevention for people with disabilities involves all screening and early detection measures' to limit or reverse the impact of the impairment (disabling condition) and the development of secondary conditions 'and their consequent impacts on functional limitations, activity restrictions, or opportunity. An example is a clinical screening protocol for pressure ulcer prevention for persons with spinal cord injuries and their primary care providers. Pressure ulcers develop in response to decreased skin sensation and limited mobility, and can result in long hospitalizations, extensive debility, and disruption of a person's employment, social life, financial independence, and psychological health. The protocol is a checklist that prompts providers to screen for risk factors, promote self-care and support positive behaviors.

c. Tertiary prevention focuses on restoring health and function to people who have already developed a disability. Tertiary prevention is rehabilitation, the attempt to restore function subsequent to an impairment or illness. Restoration of function may not be possible for a person with a lifelong impairment. Rehabilitation should forestall further deterioration of the individual's health. Tertiary prevention for people with disabilities should also prevent disadvantage by incorporating goals of equal opportunity, full participation, independent living, and economic self-sufficiency. Interventions with these goals often target the communities in which people live and work, and involve people with disabilities, their immediate environments, and groups to which they belong.

Tertiary and secondary prevention are the primary efforts of the clinical community. But in order to reduce the prevalence of disability in the population, primary prevention is essential. To promote the health of people with disabilities, traditional strategies of prevention must be tailored more closely to their needs and demands. Traditional concepts of prevention have emphasized primary prevention of disease and impairments that lead to disability. The goals and the approach to prevention change, however, when

considering people with disabilities, that is, people born with an impairment, people injured during the life course who cannot recover function, or people who incur disabilities associated with the onset and course of chronic conditions.

Activity: *Find out the efforts made by the Government organizations, Non Government organizations and the private sector to prevent the disabilities in your community.*

Suggested Readings:

- Specific Learning Disability: Current Approaches to Identification and Proposals for Change by Eileen M. Ahearn, Ph.D. August 2003, Prepared for: Project FORUM National Association of State Directors of Special Education (NASDSE)
- Designing Lessons for Diverse Learners by Natalie Olinghouse 2008, (cec.sped.org)
- Issues With Emotional Disabilities
eHow.com http://www.ehow.com/info_8594449_issues-emotional-disabilities.html#ixzz2Bc2uTAeN

1.4 Public Awareness on Community Participation:

Persons with disabilities are commonly perceived to have limited potential. Having a family member with a disability reduces a family's social status. Families may hide such members out of a sense of shame or to protect them from the negative attitudes of society. Negative attitudes may arise from superstition and fear. Many people, through lack of knowledge of disability and experience of interacting with disabled persons at the personal level, feel uncomfortable in their presence. Some believe disability is a result of misconduct in a previous life. Others see disability as punishment for sins committed in the present life. Many individuals harbor a deep-rooted fear that if they are in contact with persons with disabilities, they may also be affected by "evil spirits".

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted by the United Nations General Assembly in resolution 48/96 at its 48th session on 20 December 1993, state that:

"States should initiate measures to remove the obstacles to participation in the physical environment. Such measures should be to develop standards and guidelines and to consider enacting legislation to ensure accessibility to various areas in society, such as housing, buildings, public transport services and other means of transportation, streets and other outdoor environments."

The degree of acceptance of diversity in a society is directly proportional to the level of accessibility of the fundamental rights, education, provisions, livelihood and facilities available to its all members. The effort to increase awareness must be accompanied by

two key features: co-operation and commitment amongst all agencies (governmental and non-governmental organizations, voluntary and user groups, self-help organizations, professionals, educational institutions, etc.) and the positive involvement of mass media (press, television, radio, etc.).

The United Nations Convention on the Rights of Persons with Disabilities(CRPD), adopted in 2006, aims 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.”

The CRPD and the International Classification of Functioning, Disability and Health (ICF) both highlight the environmental factors that restrict participation for people with disabilities. This Report has documented widespread evidence of barriers, including the following.

- Inadequate policies and standards. Policy design does not always take into account the needs of people with disabilities, or existing policies and standards are not enforced. Examples include a lack of clear policy of inclusive education, a lack of enforceable access standards in physical environments, and the low priority accorded to rehabilitation.
- Negative attitudes. Beliefs and prejudices constitute barriers when health-care workers cannot see past the disability, teachers do not see the value in teaching children with disabilities, employers discriminate against people with disabilities, and family members have low expectations of their relatives with disabilities.
- Lack of provision of services. People with disabilities are particularly vulnerable to deficiencies in services such as health care, rehabilitation, or support and assistance.
- Problems with service delivery. Issues such as poor coordination among services, inadequate staffing, staff competencies, and training affect the quality and adequacy of services for persons with disabilities.
- Inadequate funding. Resources allocated to implement policies and plans are often inadequate. Strategy papers on poverty reduction, for instance, may mention disability but without considering funding.
- Lack of accessibility. Built environments (including public accommodations) transport systems and information are often inaccessible. Lack of access to transport is a frequent reason for a person with a disability being discouraged from seeking work or prevented from accessing health care. Even in countries with laws on accessibility, compliance in public buildings is often very low. The communication needs of people with disabilities are often unmet. Information is frequently unavailable in accessible formats, and some people with disabilities are unable to access basic information and communication technologies such as telephones and television.
- Lack of consultation and involvement. Often people with disabilities are excluded from decision-making in matters directly affecting their lives.

- Lack of data and evidence. A lack of rigorous and comparable data on disability and evidence on programmes that work often impedes understanding and action.

These barriers contribute to the disadvantages experienced by people with disabilities, such as the following.

- They have poor health outcomes. Depending on the group and setting, persons with disabilities may experience greater vulnerability to preventable secondary conditions and co-morbidities, untreated mental health conditions, poor oral health, higher rates of HIV infection, higher rates of obesity, and premature mortality.
- They have lower educational achievements. Children with disabilities are less likely to start school than their peers without disabilities. They also have lower rates of staying in school and of being promoted, as well as lower transition rates to postschool education.
- They are less economically active. People with disabilities have lower employment rates than people without disabilities. Where people with disabilities are employed, they commonly earn less than their counterparts without disabilities.
- They experience higher rates of poverty. Households with a person with a disability have higher rates of poverty than households without disabled members. As a group and across settings, people with disabilities have worse living conditions and fewer assets. Poverty may lead to disability, through malnutrition, poor health care, and dangerous working or living conditions. Disability may lead to poverty through lost earnings, due through the additional costs of living with disability, such as extra medical, housing, and transport costs.
- They cannot always live independently or participate fully in community activities. Reliance on institutional solutions, lack of community living, inaccessible transport and other public facilities, and negative attitudes leave people with disabilities dependent on others and isolated from mainstream social, cultural, and political opportunities.

Suggested Reading:

- The United Nations Convention on the Rights of Persons with Disabilities(CRPD), 2006, (Recommendations for action may be read from the material on the CD given with the Study Guide). This World report on disability has documented the current situation for people with disabilities. It has highlighted gaps in knowledge and stressed the need for further research and policy development. It has also provided recommendations for action towards achieving a society that is inclusive and enabling, providing equal opportunities for each person with a disability to fulfill their potential. The evidence in this Report suggests that many of the barriers people with disabilities face are avoidable and the disadvantages associated with disability can be overcome.

1.5 Pre School Education:

The benefits of early childhood education have long been disputed. It is hard to deny the opponents opinion that children have always grown up to be intelligent and reliable young adults without the benefits of early childhood education. Child psychologists and teachers for early childhood education point out that there are many benefits including: the child being ahead when they start formal education, having a good foundation for continued learning, having a grasp of peer relationships, having higher self-esteem, and better enjoyment of the learning process.

Toddler is the years when a child learns the most. It is during these years that the child's mind is working overtime--taking in everything and processing information at a faster pace than they will a few years down the line. This time is of great importance because this is when children learn to socialize and process basic learning skills. Early childhood education will teach your child the basic skills necessary to be a success once your child starts his formal education. During early childhood education your child will learn to write his name, count and do basic math problems such as grouping objects, learn the colors and shapes, and recognition of first words. The early years offer a special opportunity to foster developmental gains in children as 80% of the brain's capacity develops before the age of three. The gains are shown to be highest for those with maximum disadvantage. Equally, early neglect has lasting disabling effects. Poor nutrition leads to early childhood stunting, and coupled with low stimulation and may contribute to the poor cognitive and educational performance.

It must be recognized that individual children learn and develop in different ways and at different paces. It is therefore important to create a learning environment that responds to the needs of every child, including those with disabilities. The growing consensus among professionals and disability rights organizations is that inclusion in mainstream schooling is the appropriate way to provide education for all children. Inclusive education (IE) responds to the diversity of students in their locality. Although governments, NGOs, INGOs, UN agencies and others have taken initiatives in addressing the special educational needs of children with disabilities in an inclusive school environment in South Asian countries, they have been able to make only a limited impact.

Suggested Reading:

- Report by UNICEF "Children with Disabilities- Towards Inclusive Education in South Asia". This report draws on a series of examples of special needs and inclusive education initiatives in five countries in South Asia i.e. Bangladesh, India, Nepal, Pakistan and Sri Lanka.

WHAT IS AVAILABLE IN PRACTICE FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AT PRESENT?

Early intervention – pre-school placements

Children with special educational needs benefit from intervention at as early a stage in their development as possible. Unfortunately finding an early intervention and/or a pre-school service is often a major difficulty. Getting an assessment done is generally a very slow process and if the child has to wait for longer periods can intensify the child's special educational needs. After having been completed the long waits for assessments they often have to join another long waiting list to access services such as speech and language and other forms of therapy. The whole area of assessment and early intervention services remains underdeveloped and is in need of major expansion.

Early Assessment

Initiated well before children become eligible for preschools and schools, early assessment and intervention should be made available to identify and support young children 'at risk'. It is the most effective when families are closely involved in the process, enabling them to seek appropriate diagnostic and therapeutic services to support their child's well-being and development. Through early assessment coupled with intervention, families gain relevant information, especially about what their child can do and about interventions that will optimize his/her learning potential. This also increases the chances that children with disabilities can participate and flourish in inclusive mainstream educational settings.

Activity: At this stage let us discuss on the issues involved in preschool education of children with special needs. Try to interview a few parents of children with special needs who have gone through the phase of early childhood education. Note down their problems and compare with those given in the literature about India and Bangladesh.

Suggested Reading:

- A comprehensive report given by the World Bank is available at "Educating children with disabilities in developing countries"
siteresources.worldbank.org/DISABILITY/.../EducatingChildRobson... **Children with Disabilities** and the **Education for All (EFA)** and **Millennium** A secondary focus is on **preschool issues involved** in Counting **Disability**.

If we go through this report we would find out, The brief provided by the World Bank for this study asserts that in developing countries, the "...vast majority of these children receive no education, are absent in school data sets, and invisible on the national policy agenda." In this situation the bringing about of change in nations' commitments to children with disabilities is critically dependent on the availability of data. This is the only route to the establishment of sound policies, strategic plans, and effective services and supports. Hence there is an urgent need to improve the quality and availability of international data related to the education of children with disabilities, in terms of coverage, reliability, and validity. Educational reform is crucially dependent on such

data. Given such initiatives and commitments on the part of developing countries there should be a corresponding commitment on the part of the World Bank and other funding bodies to provide the resources needed to realize such reforms. In the absence of relevant data, it will not be possible to ensure that children with disabilities are included in achieving the goals of two major global initiatives: Education for All (EFA), (see for example UNESCO, 2002) and the Millennium Development Goals (MDG), <http://www.developmentgoals.org>. The flow of international aid from multilateral and bilateral donors, regional banks, and other donor groups to the educational needs of children with disabilities is, in part, dependent upon having adequate, reliable, and valid data. Therefore, the main focus of this study must be on data sets which identify those children who have disabilities. Given good data on who and where they are, and on the nature of their disability, it becomes feasible to target educational and other services and programs. A secondary focus is on preschool and school data sets to establish the extent to which the children identified actually have access to education, permitting an assessment of the extent to which policy goals such as equitable treatment for boys and girls are being achieved.....’

One of the major issues of pre-school education is the different systems of education prevailing in the country with different teaching methodologies, strategies and techniques.

An another paper deals with early childhood care and education (ECCE) issues discussed at the UNESCO World Conference on 27–29 September 2010. The authors recognized and analyzed key trends in the development of preschool education in different countries and offer a well-substantiated approach to the related issues. The paper studied two opposite models of education in early childhood and shows major implications of each of the existing approaches. A special emphasis is laid on the development of a unified comprehensive system of preschool and primary school education. The authors believed that the “junction point” between those two education stages is a critical and, in many respects, a testing element for the entire national system of early childhood education in different countries. The authors emphasized the significance and a special role of child-centered interaction between adults and children as well as play as a part of the development-oriented preschool education. The training of teachers for early childhood education had also been discussed.

While OECD countries (18 European countries plus the United States and Canada joined forces to create an organization dedicated to global development. Today, 34 member countries span the globe, from North and South America to Europe and the Asia-Pacific region. They include many of the world’s most advanced countries but also emerging countries like Mexico, Chile and Turkey) offer several long-standing examples, Belarus has recently initiated an Early Childhood Intervention programme. Implemented through eight Development Centres equipped with a full complement of specialists, it provides individualized, child-centred, family focused and integrated health, nutrition and developmental services. Parenting education is provided as an integral part of the programme and supports the needs of parents of children with disabilities. Children are

supported with regular assessments, child and family development plans, careful tracking and follow-up.

In Vietnam, successful early intervention has encouraged full inclusion of children with disabilities in its school system.

Suggested Reading:

- A study ‘Challenges Faced by Students with Special Educational Needs in Early Childhood Development Centers in Zimbabwe as Perceived by ECD Trainers and Parents’ by Jabulani Mpofu, and Almon Shumba (Department of Disability Studies Special Needs Education, Zimbabwe Open University, Harare. Zimbabwe and School of Teacher Education, Faculty of Humanities, Central University of Technology, Free State, Bloemfontein 9300 South Africa) published in *Anthropologist*, 14(4): 327-338 (2012), highlights the perceived challenges faced by:
 - a) students with special needs in Early Childhood Development (ECD) Centers in Zimbabwe;
 - b) teachers of students with special needs in Early Childhood Development Centers in Zimbabwe; and
 - c) to assess how these challenges could be addressed in these centers.

The findings of this study imply that the involvement of parents of children with disabilities in ECD education should be encouraged to create more inclusive ECD centers and they should be involved in the implementation of such activities at any centre, public or privately owned. Formal support systems (for example, teachers, educational psychologists, district remedial tutors, district ECD coordinators, counselors, health officials, social welfare officers and others) are encouraged to explore more collaborative ways of providing special needs education within the context of regular early childhood education learning to gain new understandings about children with and without disabilities as well as how to accept a broader, more communal responsibility for the learning outcome of those learners.

*With reference to the study made by Sue Stubbs, October 1994, titled as **Early Childhood Education/Care Issues in Relation to Disability, Some examples from East Africa**, at website www.eenet.org.uk/resources/docs/earlychd.php highlights the issues of early childhood education in Zanzibar as,*

a. ‘Early’ Education:

All the disabled children were older than their peers and had usually started school very late. This did not seem to be a problem for the children who had a physical disability and were bright, but for the ones who had learning difficulty, it was a major disadvantage; the children had already passed their optimum learning time, were set in their ways, and were often isolated due to the age difference. Teachers

were disappointed and disillusioned by the failure of their efforts to educate the children. Some of the possible obstacles to early intervention are;

- Parents in general would not be concerned about the slow development of a very young child, and would feel that they would learn eventually.
- With a child who was not able to toilet or feed themselves, they would not expect them to be able to attend school until they had mastered these skills. Great importance is placed on social behaviour.
- Parents may be insulted when told that their young child has a problem.
- Parents may have no evidence that their child will benefit from schooling.
- Parents believe that they have a duty to protect disabled children, who are fragile and easily hurt. They more often over-protect than neglect when they are young.
- Even if parents are convinced, there are examples where they are criticised by neighbours for not 'protecting' their child, and allowing them to move around outside.

b. Teacher Attitudes

The piloting of the evaluation questions meant that discussions were more in-depth than usual, and the CBR team felt they gained more information. It was clear that many teachers were already trying to help children who were experiencing difficulty in responding to the traditional curriculum (not just 'disabled' children) and were not happy with repetition as the only method of helping these children. Where they had heard of special units, they tended to feel that the disabled child should go to a special unit. Where they had not heard of units, they felt they should receive some more training in appropriate methods, and more support. We did not come across any class teacher who felt that the disabled child should not be educated. However, it was obvious that integration was still partly at the whim of the individual teacher/headteacher, and that sometimes other teachers in the school had negative attitudes.

c. Social Development

Even when the teacher/children felt that a child was not benefiting academically, there was obviously an acknowledgement of the social gains for the disabled child (cleanliness, behaviour, discipline). The importance of the modelling of behaviour by non-disabled children should not be underestimated, and would be lost in a special unit (where mentally handicapped children are only together with other mentally handicapped children).

d. General Education Standards

In many schools there was an absolute lack of resources and even teachers. In one school, a teacher was teaching a class where three quarters of the children were asleep. The focus on disability needs to be a gateway or catalyst for the improvement of basic education overall. Often enabling teachers to respond even a little more appropriately to children who have learning difficulties results in more

teacher motivation and better practise for all children. Also the community-based education of parents and children undertaken in the CBR programme could perhaps be broadened out to be more integrated (integrated playgroups, integrated parent education).

e. Mainstream Teacher Training

The CBR programme could be instrumental in integrating a component in the mainstream teacher curriculum. However, currently the CBR workers are not education-trained and would need support. But this was an expressed need of class teachers who already had disabled children with learning difficulties in their classes.

f. Different Needs

The different disabled children have very different needs. For the physically disabled children, mobility and school access was often the only (yet significant) obstacle to their education. Hearing and visually impaired children also have an access need; access to the existing curriculum. For the children with learning difficulties, the curriculum and methodology were the barrier. Most had only mild/moderate difficulty and could benefit from more flexible approaches. Children with severe/multiple disability need to have access to an appropriate education, which would often focus on developing basic daily living skills, and would be best developed in the home environment with the parents and extended family. Yet with all these children, negative attitudes, ignorance and isolation could be additional barriers and the whole school/community environment needs to be challenged in this respect.

g. Screening and Assessment

Screening and Assessment are often assumed to be essential in work with young disabled children. Yet there is a huge difference between trying to identify objective individual characteristics of children which make them different from 'the norm' (which may result in labelling, segregation, insulting the mother), and setting up structures, systems and teacher skills which are able to help all children receive stimulation in learning, and to respond flexibly to individual children. The latter would enable systems and teachers to also respond to children from different cultural/ethnic backgrounds, 'traumatised' children, 'street' children without the labels. A child who cannot walk needs a means of getting to school and acceptance by his/her family, teachers and peers, not educational assessment or special education. There are many more issues raised by SCF's experience in CBR, this paper has highlighted only a few.'(to read this paper in detail you can go through the website).

In an another study titled as “Assessment of Educational Needs of Disabled Children in Bangladesh” (April 2005) by: Dr. Paul Ackerman, Dr. Mary S. Thormann and Dr. Sharmin Huq, provides “the results of a desk study analysis, informational site visits, and

a research study to assess preschool and primary education in Bangladesh for children with disabilities.

The study was commissioned by USAID in order to understand the needs of disabled children in Bangladesh, to inventory existing services, and to identify points of entry for basic educational assistance to disabled children”.

Activity: *However if you read the cited material, try to analyze and compare the problems of a case study of an East African country and a neighboring country - Bangladesh with such issues prevailing in Pakistan.*

Exercise:

- Q.1 What are the main characteristics of a student who meets the special education criteria for a severe cognitive disability?
- Q.2 What are the major issues involved in the identification of special needs?
- Q.3 Write down the issues of assessment of disabilities.
- Q.4 How may the earlier diagnosis of disabilities help in exploring and utilizing the potentials of people with special needs?
- Q.5 What is meant by accommodation of special needs? What is its purpose?
- Q.6 How may the accommodations be incorporated in the curriculum of students with special needs in the mainstream settings?
- Q.7 Give an account on the strategies of accommodating special needs and adapting the curriculum for the purpose?
- Q.8 What are the latest trends in identifying persons with special needs?
- Q.9 Describe the trends in detecting the disabilities at the pre-natal, natal and post-natal stages?
- Q.10 What are the issues and trends involve in the prevention of disabilities?
- Q.11 Describe the significance of public awareness on disabilities.
- Q.12 Write down the issues and trends of involving community to minimize the implications of disabled population?

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Unit-2

POLICY ISSUES AND OPTIONS

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2.1 Introduction

Historically, educational policy and practice in Pakistan has been influenced by the legacy of the British (1757 - 1947) (Fontana and Lari, 2006). The Government of Pakistan recognized its responsibility to educate the handicapped pupils first time in the report of Commission on National Education, 1959. A specific programme for the disabled persons named “Services for the Physically Handicapped” was included in the very First Plan of National Development (1955-60). However the programme could not be fully implemented due to the lack of administrative support, funds, trained personnel’s, etc. The programme had since been repeated in the subsequent four plans 1960 to 1983. In the Fifth Five Year Plan, a notable sum of Rs.26 million was allocated for the purpose as compared to Rs.2 million provided in the First Plan. The establishment of four model special education institutions for disabled children in Islamabad, under the Ministry of Health and Social Welfare, was an achievement of the Fifth Five Year Plan (1978-83). However the proposal to provide education for these children was not made until the Education Policy 1972-1980, and in the Fifth Five Year Plan (Pakistan Planning Commission, 1978), a modest sum was allocated to special education. In 1980s, much greater government involvement was witnessed and increased budgetary provision for special education, still insufficient, was made. During the Sixth Five Year Plan (1983-1988), the social welfare programme concentrated on strengthening existing institutions of social welfare and special education. In order to overcome organizational setbacks, the Federal Directorate General of Special Education with provincial counterparts was set up in 1985. Today a considerable number of special education institutions are functioning under the control of the provincial governments for the children having different disabilities. Recently, the special education institutions run by the federal government are devolved to the respective provincial governments in the consequences of the implementation of 18th amendment in the Constitution of the Islamic Republic of Pakistan.

2.2 Objectives

The objectives of the unit are to enable the students, to;

1. have the knowledge on the statistics of disability with reference to the study published by different organizations.
2. analyze the reasons of getting variant data on disabilities.
3. have information on the legislative support given to people with special needs in different developed and underdeveloped countries.
4. brainstorm new alternatives along with the implementation strategies to improve the hurdles of collecting accurate magnitude on disabilities, policy formulation and implementation.

2.3 Statistics on Disability

United Nations estimates that there are more than 650 million persons in the world with disabilities. The majority of such persons live in under-developed countries. The ties between poverty and disability are strong and generally cause due to malnutrition, substandard health and medical care and unhygienic living conditions. In fact, the

qualitative evidence suggests that disabled people are significantly poor in developing countries, and more so than non-disabled counterpart. It is feared that their number would increase rapidly due to the break out of wars, terrorist attacks and increasing vulnerability to natural calamities. The rate of disability found in household surveys and censuses varies dramatically. This variation results from different measures of disability, different data collection techniques, and different reactions to survey questions by respondents.

Activity: *Please go through the following suggested readings and analyze the stated magnitude of disabilities in different parts of the world, the causes of variance of the measure of disabilities and its impacts on the economy of the countries.*

Suggested Readings

- Beyond DALYs: Developing Indicators to Assess the Impact of Public Health Interventions on the Lives of people with Disabilities (PDF 386 KB), Daniel Mont and Mitchell Loeb, May 2008
- Measuring Disability Prevalence (PDF 282 KB) by Daniel Mont, World Bank, March 2007
- Using Qualitative Methods in Studying the Link between Disability and Poverty- Developing a Methodology and Pilot Testing in Kenya, SINTEF Report for World Bank By Lisbet Grut, Benedicte Ingstad, June 29, 2005.

Magnitude of Disability in Pakistan

The Pakistan Census Organization (PCO) in its 1998 national population census has provided data about disability under seven categories: Crippled; Insane; Mentally Retarded; Multiple Disability, Blind; Deaf, Mute and Others. According to the Census data, the Persons with Disabilities constituted 2.49 per cent of the overall population. Data reveals that 55.7 per cent of disabled people are found in Punjab, followed by 28.4 per cent in Sindh, 11.1 per cent in KPK, 4.5 per cent in Baluchistan, and 0.3 per cent in Islamabad. Most disabled people have a physical handicap; this is followed by hearing impairment. The number of males with disability is greater than females in both rural and urban areas. The number of people with disabilities is greater in urban areas than in rural areas. A possible explanation is that the incidence of mortality is higher in rural areas than in urban areas because of the lack of facilities such as safe water, sanitation, health services, etc. However, the number of people with hearing and physical disability is greater in rural areas than in urban areas. Besides heredity, one significant cause of hearing disabilities is disease. Illnesses such as typhoid, small pox, polio, pneumonia, meningitis, measles and scabies, which are linked to hearing disability, are more common in rural areas, and their treatment in such areas is also limited.

The linkage between poverty and disability is strong and goes in both directions. Poverty causes disability through malnutrition, poor health care and dangerous living conditions. Disability can cause poverty by preventing the full participation of disabled people in the

economic and social life of their communities, especially if the proper supports and accommodations are not available.

One of the issues in studying the link between income, poverty, and disability is the difficulty in obtaining high quality data, especially data that is useful for comparisons across countries. The rate of disability found in household surveys and censuses varies dramatically. This variation results from different measures of disability, different data collection techniques, and different reactions to survey questions by respondents. Many researches have been conducted to analyze the statistics available on disability prevalence. Reported disability prevalence rates from around the world vary dramatically for example from under 1% in Kenya and Bangladesh to 20% in New Zealand. Based on assumed 10%, disability prevalence rate as mentioned by WHO and UN, the total number of PWDs in Pakistan is estimated to be 17 million (based on current estimate of 170 million population).

This variation is caused by several factors:

- i. Differing definitions of disabilities,
- ii. Disability Categories
- iii. Supervision and Quality Checks
- iv. Verification of the Disabled Population
- v. Different methodologies of data collection, and
- vi. Variation in the quality of study design

According to the studies, done by (Tauseef Ahmad, 1993, 1995), collection of data on disabled persons in Pakistan has been a regular feature of population censuses. Special surveys too have been conducted to capture various details of a number of disabilities. In Pakistan, the data on disabled persons has been collected in all the censuses held to date i.e. in 1961, 1973, 1981, 1998. Besides these, during 1984-85 the Federal Bureau of Statistics (FBS) conducted a national survey to collect detailed information on disabled from a sample of 5638 households. In 1986, a survey was conducted in Islamabad and Rawalpindi districts by the Directorate General of Special Education (DGSE).

The issues remained on the exact magnitude of disabilities because the categories and definitions of disabilities were not consistent. It is important to note that variable pattern of prevalence of disability has been reported in the censuses and these surveys. The Pakistan Institute of Development Economics (PIDE), in its depth analysis of 1998 census data on disability also noted various inadequacies and inconsistencies. But unfortunately, none of the sources provides credible data because of a number of discrepancies among various data sources.

Pakistan announced its first “National Policy on the Issue of Disability” in 2002 which defined disability as: “A person with disabilities means who, on account of injury, disease, or congenital deformity, is handicapped in undertaking any gainful profession or employment, and includes persons who are visually impaired, hearing impaired, and physically and mentally disabled”.

The World Bank, in partnership with other international agencies, is working to expand and improve the collection of disability data in developing countries.

Activity: *Interview a few Data Collector of Census 1998 on the problems they came across during the process in the field and the shortcomings of the tool to get the accurate magnitude of disability in the country.*

2.4 Legislative Support

The UN declared 1981 as the International Year of Disabled Persons to awaken awareness among the member countries regarding the rights of disabled persons. Earlier, systematic care of disabled persons was initiated in 1981 when “Disabled Persons’ (Employment and Rehabilitation) Ordinance’ was promulgated. This ordinance fixed the responsibility of the State toward the prevention of disabilities; protection of rights of persons with disabilities; and provision of medical care, education, training, employment, and rehabilitation to the persons with disabilities. UN adopted “Convention on the Rights of Persons with Disabilities 2006” that demands from the signatory countries to make legal framework for providing them equal opportunities in every sphere of life. Pakistan being signatory to this convention had taken a number of steps to facilitate such persons (*The report titled as Legislation and Policy Reforms, 2011 given in the Allied Material on the accompanied CD may please be read to analyze the issues involved in the formulation of policies and implementations*).

Suggested Readings:

- *Legislation and Policy Reforms Report on National Census of Pakistan, 1998; Population Census Organization, Government of Pakistan, Berkeley Journal of Social Sciences, Vol. 1, No. 2, Feb 2011*
- *Declaration on the Rights of Disabled Persons (U.N. General Assembly-30th Session, 1975, pp 88-89*
The Declaration on the Rights of Disabled Persons was a declaration of the General Assembly of the United Nations held on 09.12.1975. It was the 3447th Resolution of the assembly. The preamble and the thirteen clauses are based on the promotion of the rights of the persons with special needs.
- *www.un.org/disabilities/convention/conventionfull/shtml. Convention on the Rights of Persons with Disabilities*
- *A Handbook on the Human Rights of Persons with disabilities, Marianne Schulze, July 2010, Available Online: <http://www.handicap-international.fr/fileadmin/documents/publications/HICRPDManual.pdf>*

The purpose of this manual is to explain the Convention on the Rights of Persons with Disabilities in the context of other core human rights treaties to strengthen its place in the mainstream of human rights discourse. As has frequently been emphasized: the Convention does not create any new rights. It does, however, highlight the accessibility and inclusion angle of all human rights. The manual goes through all the Articles of the Convention. It provides the narrative of the drafting process, whenever suitable and helpful to the general understanding of provisions. The bargaining and deals of a drafting process are a given and are therefore not dwelled on. Each Article is linked to similar provisions both in the Universal Declaration of Human Rights and the core human rights treaties. The interrelation between the various human rights treaties is spelled out in the Introduction. Furthermore, most human rights have by now been subject to general explanations by expert bodies within the United Nations system. Wherever they seem helpful to gain a better understanding of the right, they have been included. Most importantly, the manual gives a comprehensive – but by no means complete – overview of the positions taken by civil society, especially Disabled People’s Organizations (DPOs), and other stakeholders in the drafting process – as perceived by observers. Many of the suggestions provided by civil society, mainly through the International Disability Caucus (IDC) – which took shape in the negotiation process – are either summarized or provided in full. The civil society proposals are mainly those provided before the finalization of the Convention, all of them are taken from public domain.

- ***Education for All and Children with Disabilities: International Policy and Practice, Educating Children for Democracy, Issue Number 6, Winter/Spring by Phyllis Magrab, 2004.***

Education as the basic human right was affirmed in the Convention on the Rights of the Child (1989). The movement, Education for All (EFA), was launched at the World Conference on Education for All in Jomtien, Thailand in 1990 by the major international and bilateral organizations and was attended by almost all of the nations of the world. In the year 2000, a decade later, 176 countries gathered in Dakar, Senegal at the World Forum on Education for All to review the progress made towards this goal. The forum declared that Education for All must take into account the needs of the poor and the disadvantaged, which includes, among others, those with special learning needs and assure that Education for All really means **ALL**.

- **The Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion**

This *Flagship on Education for All and the Rights of Persons with Disabilities: Towards Inclusion* was established in the year 2002 to act as a catalyst to ensure that the right to education and the goals of the Dakar Framework are realized for individuals with disabilities. This flagship is based on the principle that the right to education is universal and must extend to all children, youth, and adults with disabilities.

- *Internationally approved declarations, including the World Declaration for Education for All (1990), the Standard Rules on the Equalization of Opportunities for Persons with Disability (1993), the UNESCO Salamanca Statement and Framework for Action (1994), and the Dakar Framework for Action (2000).*

a) **Developed Countries:**

i. **United Kingdom:**

In Great Britain, the most commonly-reported impairments are those that affect mobility, lifting or carrying. The prevalence of disability rises with age. There are over eleven million people with a limiting long term illness, impairment or disability in Great Britain. Around 6 per cent of children are disabled, compared to 15 per cent of working age adults and 45 per cent of adults over State Pension age. *(On this topic please read more from the CD given with this study material).*

ii. **USA:**

Following each of the major wars of this century, the U.S. Congress responded to the needs of returning veterans with rehabilitation legislation in the form of the Smith-Fess Vocational Rehabilitation Act. Enacted after World War I, it was amended in 1943, 1954, and 1965, after World War II, the Korean War, and the Vietnam War respectively, to reflect changes in how people with disabilities were perceived and the availability of new treatment and rehabilitation protocols. In World War I, only about 2 percent of veterans with spinal-cord injuries survived more than a year, but three decades later during World War II, the discovery of antibiotics and more sophisticated medical interventions brought the survival rate up to 85 percent. The first serious effort to address building design as an issue for people with disabilities was a 1958 conference sponsored by the President's Commission on Employment of the Handicapped, the National Easter Seal Society, and the American National Standards Institute (ANSI), a private standard-setting body that called for the development of voluntary standards for the design of accessible buildings with a grant from the Easter Seal Foundation. The Act laid important groundwork for change but did not address implementation; it took four more years for the regulations enforcing Section 504 of the Rehabilitation Act to be issued in 1978. And finally, the first version of the Americans with Disabilities Act went before Congress, crafted not by radicals in the disability movement, but by Reagan appointees to the National Council on Disability. At this time the disability movement, from the conservative to the radical wing of the movement, was unified in the view that what was needed was not a new and better brand of social welfare system, but a fundamental examination and redefinition of the democratic tradition of equal opportunity and equal rights.

In 1988, four things happened in one year. The first, HUD finally issuing its 504 regulations, only eleven years after the model regulation had been issued, was another step in the slow effort to develop standards that would change the physical environment. But the other three events were on the civil rights front, an arena that was critical to a major shift in perspective for people with disabilities.

The Civil Rights Restoration Act was written to repair the damage that had been done to the structure of civil rights enforcement, both by administrative and judicial decisions in the 1980's. The Civil Rights Restoration Act, which was stimulated by a gender-discrimination case, required federal-funding recipients to comply throughout institutions, not just within the funded unit. Important to disability rights, it was the first time that the disability community was accepted as a full partner in the legislative and the lobbying process for civil rights. In just two years, Congress passed this ambitious legislation and in 1990, President George Bush held the largest signing ceremony in history on the south lawn of the White House, an historic moment for all people with disabilities. The passage of the ADA (American with Disability Act) was to some degree affected by members of Congress realizing their obligation to ensure civil rights to all Americans. The Americans with Disabilities Act gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications. Fair, swift, and effective enforcement of this landmark civil rights legislation is a high priority of the Federal Government. The benefits of the ADA extend to a broad range of people by cutting across all sectors of society; virtually every voter will experience positive benefits from the law or know someone who does. Policy makers saw important implications for the next century in terms of managing costs of potentially dependent populations. Demographers project a dramatic increase in the number of people who will live into their nineties. The extent to which their needs can be accommodated through responsively designed environments and assistive technology may save billions of dollars in institutional care, largely underwritten by federal programs. With the national sentiment opposed to long-term welfare reliance and a labor-deficit economy, employment of people with disabilities is essential.

The Americans with Disabilities Act is not only historic nationally but globally as well. There is no other mandate of this scope in the world. Though other nations provide greater levels of support services and assistive technology, the United States ensures equal rights within a constitutional tradition. The ADA has a unique appeal for all Americans because, unlike other civil rights categories such as race and gender, an individual may become a member of the protected class at any moment in his or her life.

Suggested Readings:

- **Universal Design Education**

Universal Design or the creation of barrier free environments is a very simple idea: all buildings, products and services should be designed in such a way that the number of potential users is optimized. The need for specialized design or adaptations must be minimized and one simple design that can meet the needs of people of all ages, sizes and abilities equally should be made prevalent.

- **Improvements in Policy, Legislative and Enforcement Framework** (as discussed by Mughees Ahmed, Abdul Basit Khan and Fozia Nasem) “Existing policies and laws need to be refined since the only law for the welfare of PWDs was passed in 1981 and it now needs to be brought in line with changes in the society and advancement in various models for the rehabilitation and mainstreaming of PWDs. Weak enforcement mechanisms need to be strengthened so that the benefits available to PWDs, such as 2% quota in jobs, can accrue to them. This requires advocacy and lobbying with the government and corporate sector. A Disability Tribunal may be created on the patterns of Federal Services Tribunal to ensure compliance with laws, policies and rules related to persons with disabilities.”

b. Underdeveloped Countries:

India

Although India has one of the most developed policy for PWD among underdeveloped countries but there still remains many challenges at several levels in realizing the rights of PWD. However, as in many areas of social policy, challenges of institutional capacity and coordination have contributed to implementation that frequently leaves much to be desired. The intersection of policy and institutions is therefore critical to understanding the factors that drive current outcomes for PWD and might contribute to improving them.

Bangladesh

On 13th December 2006, the UN General Assembly unanimously adopted the Convention on the Rights of Persons with Disabilities (CRPD), which then entered into force on 3rd May 2008. Being one of the pioneering countries to ratify the Convention, Bangladesh is now pledge bound to implement the human rights treaty in its entirety, which we believe, will gradually pave the way for ensuring the rights of persons with disabilities in this country.

For details, Please read the “State of the Rights of Persons with Disabilities In Bangladesh”2009. Published By: Disability Rights Watch Group Bangladesh In association with: National Forum of Organizations Working with the Disabled (NFOWD), Bangladesh. Email: nfowd@bdmail.net, Website: www.nfowd.c

2.5 Experimenting with new Alternatives:

Valid and Reliable data are essential for the development of a comprehensive plan for the welfare of those in the population with disabilities. The need for accurate data on the disability situation in Pakistan is apparent. For example, a comparison of the 1961 and 1981 population censuses would seem at first glance to show an alarming increase in the number of people with disabilities in Pakistan. However, Economic and Demographic Survey, the validity of those previously referred to data becomes doubtful. For instance, according to the 1981 census, out of every 1,000 households, about 30 could be expected to have one person with a disability; the 1961 census produced an estimate of about 19 (HAD, 1964). In contest, according to the 1973 Housing Economic and Demographic

Survey (Co, undated), there were 115 persons with disabilities out of every 1,000 households. This comparison shows that there is a dramatic rise in the disability rate in Pakistan. Hardly so, yet such wide variations in data would make one lose confidence in their credibility. In view of the unreliability of these data, it is difficult to plan programmes to benefit persons with disabilities in Pakistan. Currently, services are being provided on the basis of rough estimations which is not covering the full strength.

The new dimensions through which validated and reliable information/ data is achieved needs to be streamlined. The need for elaborate data base on disabilities is absolutely essential for the formulation of special programmes. Such as the one to introduce vitamin A to prevent blindness in rural areas, or the use of iodized salt in northern Pakistan to prevent goiter; similarly polio vaccination and other programmes on immunization to control childhood diseases. The regions with concentration of disabilities along with socio-economic and demographic differentials exist in Pakistan for programme planning and development.

Activity: *Have brainstorming sessions with your colleagues on the initiatives which may be suggested to the policy makers and implementers to improve the methods of data collections on disabilities as well as the prevailing conditions of persons with special needs for educations, Health and medical facilities.*

2.6 Rethinking the Role:

Planning, implementation, monitoring, and evaluation of inclusive policies surely depend upon the availability of higher quality, internationally comparable data on disability. Progress in social welfare of a society can be gauged from how well persons with disabilities (physical and psychological) are able to be rehabilitated so that they can become productive members of the population. In order for countries like Pakistan, to plan specific rehabilitative programmes for persons with disabilities some basic elements are required including:

- Valid data regarding types of disabilities, the ages of persons with disabilities, the causes of their disabilities and places of concentration.
- Invest in a wide range of choice of provision and service.
- Prioritize resources accordingly to ensure support to children/young people and their families through collaborative early identification and intervention.
- Adopt a structured approach to assessment, as described in the SEN Code of Practice, and ensure consistence of practice across all sectors in support of children and young people with SEN.
- Take into account the view points of parents/carers, children/young people and professionals involved.
- Respect pupil and parental choice, notwithstanding the need to meet the statutory duty of maximizing pupil potential by appropriate interventions.

- Support all partners to facilitate children's/young person's involvement in decision making processes where appropriate.
- Maximize pupil participation in their own education and their role as citizens within their learning, family and social communities.
- Match pupil need with relevant support interventions and school placement – mainstream or special school as deemed appropriate. Mainstream options will always be pursued if parents request this.
- Provide a broad, balanced and suitably differentiated curriculum in support of children and young people with SEN and severe low incidence disabilities.

2.7 Exercise:

1. What is Universal Design?
2. What are the salient features of the American with Disability Act (ADA)?
3. What is the magnitude of disabled population (Disability wise and Gender wise) in Pakistan as given in the census of Pakistan 1998?
4. What are the reasons of receiving variant data on disabled population in the documented researches?
5. Give salient features of Government policies for people with special needs.
6. How may the strategies of carrying out surveys on special be improved?

2.8 Questions to be Researched:

1. Please make recommendations as to disability rights, lack of inclusion and access, particularly in relation to health care, based on short term (2 year) medium term (5 year) and long term (10 year) goals.
2. In the area of disability issues and rights, what are the positive achievements, approaches and successes that we have achieved to this point?
3. What are the problems and short falls as regards disability rights, inclusion, and access to care in Pakistan?
4. Analyze the problems in studying the link between income, poverty, and disability and obtaining high quality data to use it for comparisons across countries.

References:

- Mughees Ahmed, Abdul Basit Khan and Fozia Nasem, (2011), Policies for Special Persons in Pakistan, Analysis of Policy Implementation, Berkeley Journal of Social Sciences, Vol. 1, No. 2, Feb 2011
- Tauseef Ahmed,(1993), Disabled Population in Pakistan: Disabled Statistics of Neglected People, Working Paper Series # 13, A publication of the Sustainable Development Policy Institute (SDPI).
- Tauseef Ahmed,(1995), The Population of Persons with Disabilities in Pakistan, Vol. 10, No.1, 1995 - PakistanAsia-Pacific Population Journal.

Unit–3

SERVICES

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3.1 Introduction

Services support the rehabilitation of a disabled child by providing special education and related services.

Special education services are provided to the disabled child in the society. Professionals assess and provide referral according to the needs for availing the special education services. Every disabled child who is registered in special education or rehabilitation centers of Pakistan can avail the required services. This provision of services includes programs, the equipment and professional support.

The service providing agencies are linked with the special education or rehabilitation centers in the community. These services focus on enhancing student achievement through activities for students, families, educators, administrators, and others.

The targeted areas for services and supports include a wide range of provisions of accessible instructional materials, assistive technology, curriculum access and alignment, dropout prevention, family engagement, least restrictive environment, positive behavior supports, and transition. Sometimes additional services are required to ensure the smooth functions of the system. These services may include/provide guidance and coordination among various channels.

This unit deals with the information regarding the trends and issues of special education services, awareness about their nature and issues of their availability. It highlights the evaluation requirements and determines eligibility of the disabled persons requiring the special education and related services. It emphasizes the need of service quality for capacity building of the disabled persons in the country.

3.2 Objectives

After the successful completion of this unit you will be able to:

1. discuss the trends about the awareness of special education resources and services available for the teaching and rehabilitation of disabled children.
2. overcome the issues related to the provision of services required for the education and training of disabled children.
3. identify issues in determining the eligibility of PWDs regarding the requirements of special education and related services.
4. discuss the trends in fulfilling the eligibility criteria of the provision of services.
5. debate on the service quality and capacity building of resources and services.

3.3 Availability & Awareness

Special education services are defined as facilities and resources, including support personnel and equipment, necessary for developing and implementing a special education program.

Special education ensures the provision of specially designed individualized or group instruction or special services or programs to meet the unique needs of students with disabilities. Special education services and programs are provided at no cost to the parent of disabled children.

In any society the provision of special education services involves many steps. This stepwise process occurs sequentially building on the previous one. In this way, comprehensive information about the student is obtained and considered. The time periods are prescribed in order to ensure in time delivery of services. Parents' involvement is also encouraged in this process.

Availability of Special Education Services: The Process

Services and their provision is not well known in our country. Parents do not have knowledge of the special education resources, services and their provision process. There is a written statement of special education services, which is prepared by the school administration or directorate of special education.

Step 1: Initial Referral for Special Education Services

Students suspected of having a disability are referred to a multi-disciplinary team called the Committee on Special Education or the Committee on Preschool Special Education.

Step 2: Individual Evaluation Process

The Committee arranges for an evaluation of the student's abilities and needs.

Step 3: Determining Eligibility for Special Education Services

The Committee decides if the student is eligible to receive special education services and programs on the basis of evaluation results.

Step 4: Individualized Education Program (IEP) Development

If the child is eligible to receive special education services, the Committee develops and implements an appropriate IEP, based on evaluation results, to meet the needs of the student. Based on the IEP, the Committee must determine the student's placement, ensuring that services are provided in the least restrictive environment (LRE). Placement must be as close as possible to the student's home, and unless the student's IEP requires some other arrangement.

Step 5: Annual Review/Reevaluation process

The IEP is reviewed and, if needed, modified or revised by the Committee at least once a year (annual review). The student has a reevaluation at least once every three years, to review the

student's need for special education programs and services and to revise the IEP, as appropriate. A reevaluation may also occur when requested by a parent or teacher.

The referral provides guidance for further treatment/next step towards child's rehabilitation. Particularly the referral services direct the parents for an **evaluation for special educational needs of the child**. The results of an evaluation help determine if special education services or programs are needed.

Most students with disabilities have a range of health, human service, transportation, and fiscal needs beyond the educational supports typically provided in post-secondary programs. A significant number of students with disabilities in post-secondary education require either assistance with case management or the skills, knowledge, and time to manage their own services and supports (National Center for the Study of Post-secondary Educational Supports, 2000b; Stodden & Dowrick, 2000b; Stodden, et al., 2002).

A great need of early intervention and pre-school education exists because home based programs for parents of disabled children lack in our country. Issues of awareness and guidance can be overcome by having experience from other existing programs. One of such resource is "the Connecticut Requirements and Guidelines for Special Education and Related Services for Children (Ages 3-5) with Disabilities" prepared by the Connecticut State Department of Education, Bureau of Early Childhood Education and Social Services in 1997.

This guide package provides guiding principles, recommended practices and tools which school system and pre-school special education personnel can use to provide "family-friendly" services. It promotes awareness among school pre-school special education personnel and families concerning the availability of the special education services and in this way create a home-school-community partnership to benefit all concerned — the family, the school, the child and, the community at-large.

Let us enhance our knowledge on the concept by reading the following:

Reading 3.1

Special Education Services as Part of A Unified Service Delivery System --- Joel I. Klein, Chancellor, Department of Education, Office of Special Education Initiatives (pp. 1-8, 18- 45)

A most recent manual on special education services is given below to further enhance your knowledge on the principles of the provision regarding these services.

Reading: 3.2

A Manual of Policies, Procedures and Guidelines special education services, British Columbia Ministry Of Education, Victoria British Columbia Canada, March 2011
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Discussion papers on issues in provision of organizational services and particularly the curriculum issues for special educational needs and on Current Challenges along with recommendation on Facing the Future of Secondary Education and Transition Services for Youth with Disabilities in the United States are reflected in the following reading.

Reading: 3.3

- i. SPECIAL EDUCATIONAL NEEDS: CURRICULUM ISSUES – DISCUSSION PAPER by National Council for Curriculum and Assessment, December 1999.
- ii. Current Challenges Facing the Future of Secondary Education and Transition Services for Youth with Disabilities in the United States by National Center on Secondary Education and Transition, January 2004.

A research on the Evaluation of the Special Education Support Service conducted by the Department of Education and Skills highlights the key points in its Final evaluation report as given in the following reading, let us a look on it.

Reading: 3.4

A Report by Price water house Coopers LLB (PwC) on “Evaluation of the Special Education Support Service” Department of Education and Skills, March 2012

A thorough study and understanding of the concept will enable you to attempt the following exercise:

Exercise:

- Q.1 How are the disabled children refer to special education services? What are the bottlenecks in providing referral for special education services to the children?
- Q.2 What is a unified service delivery system? Does special education system in Pakistan fulfill the requirements of a unified service delivery system?
- Q.3 Describe major findings of the research on the Evaluation of the Special Education Support Service.

3.4 Evaluation Requirements (Eligibility)

Evaluation is a structured interpretation of the predicted or actual impacts of results. It is used to characterize and appraise a child’s capacities in a wide range of human enterprises, and human services. In special education institutions and centers the experts and special education teachers evaluate the disabled children in order to assess their educational needs and for the provision of special education services. This stage is very sensitive in terms of a child’s future.

An evaluation is carried out by using multiple assessment tools (tests) and strategies. These tests determine a child’s learning difficulties and how those difficulties affect his

or her participation and progress in the general education curriculum. This evaluation is at no cost to parents.

Evaluation is the beginning step in the special education process for a child with a disability.

Once the child has been decided to receive special education and related services for the first time in his life, he requires a detailed individual initial evaluation to see if he has a disability. Parents should be well aware that the initial evaluation specifies, if the child is eligible for special education and related services.

The initial evaluation of a child is the first requirement as stated in Individuals with Disabilities Education Act (IDEA) for providing services to the child. The purposes of conducting this evaluation are:

- i. To see if the child is a “child with a disability,” as defined by IDEA
- ii. To gather information that will help determine the child’s educational needs
- iii. To guide decision making about appropriate educational programming for the child

According to IDEA regulations only having a disability, does not necessarily make a child eligible for special education:

“**Child with a disability** means a child evaluated in accordance with §§300.304 through 300.311 as having [one of the disabilities listed above] and who, by *reason thereof*, needs special education and related services”.

This provision includes the very important phrase “...and who, by reason thereof...” *This means that*, because of the disability, the child needs special education and related services. Sometimes many disabled children do not require extra educational assistance or individualized educational programming.

Identifying Eligibility

A full and individual evaluation of the child must be conducted before determining a child’s eligibility. Practically expert use two ways for this purpose in which a child may be identified to receive an evaluation under IDEA:

1. **THE PARENT’S REQUEST:** Parents are the first persons who notice that their child’s learning, behavior, or development may need a professional opinion. If they’re worried about their child’s progress in school and think he or she might need extra help from special education services, they may contact to their child’s teacher, the school’s principal, or the Director of Special Education in the district. If the school agrees that an evaluation is needed, only then evaluation is carried out.
2. **THE SCHOOL’S REQUEST:** a school administration may recommend that a child receive further screening or assessment on the basis of teacher’s recommendation, observations, or results from tests given to all children in a particular grade. This further screening is aimed at to investigate that the child has functional limitations

or problems in learning, so he/she needs special education and related services. In such cases the school gets parents' permission (written).

Evaluation in determining eligibility in special education should not be considered an ordinary process. The school personnel should take it serious because a child's whole improvement depends on this evaluation results. The children may suffer or stuck up when they are provided the services not matched with their requirements.

It is a systematic to determine a child's merit, worth and significance, using criteria governed by a set of standards. It helps in decision-making to ascertain the degree of achievement. The evaluation is important not only that it helps in gaining insight of the existing procedures but it assists in the identification of future change also.

Evaluation must be conducted within a certain period of time after parents give their consent.

A specific timeframe of **60 days has been specified** in its reauthorization of IDEA in 2004: "The initial evaluation must be conducted **within** of receiving parental consent for the evaluation—or if the state establishes its own timeframe for conducting an initial evaluation, within *that* timeframe".

Usually the school administration completes the process of initial evaluation only by considering the problems relating assessment. Sometimes the problems are the consequences of other limitations, therefore a comprehensive evaluation is recommended for parents and teacher's awareness.

Comprehensive Evaluation

The evaluation must use a variety of assessment tools and strategies together relevant functional, developmental, and academic information about the child, including information provided by the parent in order to determine the child's educational needs and requirements.

The full individual evaluation includes evaluating the child's:

- i. Health
- ii. Vision and hearing
- iii. Social and emotional status
- iv. General intelligence
- v. Academic performance
- vi. Communicative status, and
- vii. Motor abilities

IDEA states, the school system must ensure that the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs,

whether or not commonly linked to the disability category in which the child has been classified.

There is a trend of routine checkup of the children via commonly used tests and observation but the evaluation must use a variety of assessment tools and strategies. This has not been done so far to fulfill the evaluation requirements from its earliest days. It is inappropriate and unacceptable to base any eligibility decision upon the results of only one procedure/tests and observation. Teachers if make decisions on the basis of mere observation or tests, it will cost the further improvements of child. The evaluation data collected by a variety of approaches as for example interview, observations, diagnostic tests, curriculum based assessment, as well as from a variety of sources (parents, teachers, specialists, child) can give an adequate picture of the special educational services requirements of a particular child

Eligibility Criteria

Professionals in the field of special education determine a child's eligibility for special education and related services. Parents have been excluded from the group of evaluators since the IDEA Amendments of 1997, which states, **parents are to be the part of the group that determines their child's eligibility.**

The school systems consider only the eligibility of the child for special education and related services in a meeting on the basis of description of assessments results. The specialists who assessed the child will explain what they did, why they used the results of these tests for making decisions about the child.

The Childs' eligibility determinant factors emphasize the decision taking and judgment. The child's lack of instruction in reading or math or the child's limited English proficiency should be the base of child's eligibility (NICHCY). A child is considered as 'eligible' if a child meets the following criteria:

- The child has a disability, and;
- As a result of the disability, the child needs special education services or related services to benefit from education

In other words, if a child has a disability but does not need special education services to benefit from education, then the child is not eligible for services. A child is also not eligible for special education services if the child's difficulty is mainly due to not having enough instruction in reading or math, or due to limited English skills. It implies that a child with a medical diagnosis does not automatically qualify for special education services. Eligibility decisions are based on the knowledge of medical diagnosis and the affects of diagnosis of the child's education.

It is important for parents to understand the difference between a child's medical diagnosis and the disability categories that determine whether a child is eligible for special education services.

Once the child is declared eligible for services, his time line for the services get starts within 30 calendar days of completing the full initial and independent evaluation (comprehensive) or by the 90th day from the day of referral. Parents have to meet the school administration for the purpose of further planning.

At the planning meeting the parents have the opportunity to discuss and clarify information on the evaluations, the special education process and possible goals for the child. The child's Individualized Education Program (IEP) is written at this meeting. The IEP includes academic and functional goals. It also includes the strategies to achieve these goals. Once the goals and strategies are agreed upon by everyone at the IEP meeting, the type of instruction and services for the child are decided.

Let us enhance our knowledge on the concept by reading the following:

Reading: 3.5

Individual Evaluation and Eligibility Determinations. Retrieved from http://www.p12.nysed.gov/specialed/publications/policy/individevalcontents.htm .
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Let us once again return to the **Reading: 3.1** and read the pages from **9 to 17** in order to have a Process Overview: Special Education Evaluation through IEP Development. Let us further enhance our knowledge by having a look on the Required Standards by Disability Category as given in the following reading:

Reading: 3.6

Zais, Mick. (2011). Standards for Evaluation and Eligibility Determination (SEED). Office of Exceptional Children: South Carolina, State Department of Education.

Let us do an exercise to check our learning.

Exercise:

- Q.1 Highlight the issues relating to initial evaluation and deciding eligibility.
- Q.2 How is the eligibility determined? Enlist the eligibility determinants.
- Q.3 How is independent educational evaluation carried out?
- Q.4 What is an IEP? How is it helpful for the students?

3.5 Service Quality and Capacity Building

Students with physical, sensory or cognitive disabilities face barriers to learning. Students with motor disabilities may not be able to hold a pencil to write answers on a test, or a compass to do a math lesson. Students with learning disabilities may not be able to decode words in printed text.

Many teachers are consistently working to provide alternative ways of learning for students who learn in different ways. Technology has a great impact on education and strategies. Computers have become an essential literacy tool in our society. When assistive technology is appropriately integrated into the classroom, students are provided with multiple means to complete their work and focus on achieving academic standards. The special education services may also meet the requirements of the changing society and include the advancement for the school of the disabled students.

The advancements can provide accommodations, modifications or adaptations made to the environment, curriculum, instruction, or assessment practices. The special education centers' administration must ensure the quality of the services provided to the eligible children.

A student with poor vision might use enlarged text. A student with motor difficulties might use an enlarged, simplified computer keyboard. A non-verbal student can be the "caller" for a game of "Red Light/Green Light" by using a talking switch. A student who can comprehend history at the 6th grade level, but can read only at the 3rd grade level, might read a textbook with the help of a computer that scans and reads text. The flexibility of assistive technology allows a teacher to build tools and materials that address students' strengths as well as their weaknesses.

For students with disabilities that interfere with their communication, learning, social relationships or active participation, assistive technology supports their participation in learning experiences in the least restrictive environment. Assistive technology can be the lifeline that increases a student's opportunities for education, social interactions, and meaningful employment.

An assistive technology service is any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

Assistive technology (AT) is any tool that helps students with disabilities do things more quickly, easily or independently. It can be elaborate and expensive or simple and low-cost. Assistive technology services are supports for using assistive technology devices, such as assistive technology evaluations, equipment maintenance, technical assistance, demonstration or training.

Rather than just specifying a student's special education services, the IEP must include information about a student's current abilities and how his or her disability affects involvement and progress in the general curriculum. The IEP must also include the program modifications and supports the school and teachers will provide to help a student's involvement and progress in the general curriculum in order to enhance the capacity.

Let us enhance our knowledge on the concept by reading the following:

Reading: 3.7

Paul M.A. Baker, Christine Bellordre. (2004). Adoption of Information and Communication Technologies: Key Policy Issues, Barriers and Opportunities for People with Disabilities Proceedings of the 37th Hawaii International Conference on System Sciences, PP. 1-10.

Reading 3.8

Paul M. A. Baker PhD and AICP & Nathan W. Moon MS and MA (2008) Wireless Technologies and Accessibility for People With Disabilities: Findings From a Policy Research Instrument, Assistive Technology: The Official Journal of RESNA, 20:3, 149-156, DOI: 10.1080/10400435.2008.10131942

Reading 3.9

JOHN LORD & PEGGY HUTCHISON (2003). Individualised Support and Funding: Building blocks for capacity building and inclusion, Disability & Society, 18:1, 71-86, DOI: 10.1080/713662196

Following readings are suggested here to enhance your knowledge.

Suggested Readings

1. The Collaborators (2011). Educational Programs and Service Delivery Review, Community Unit School District 203, February 2011. Urban Special Education Leadership Collaborative, Education Development Center, Inc.
2. Special Education in New York State for Children Ages 3–21, A Parent’s Guide, The University of the State of New York, The State Education Department Vocational and Educational Services for Individuals with Disabilities, Albany, New York 12234, May 2002.
3. Various types of special education services provided to all eligible DoD dependents at overseas locations is included just as an example: “Provision of Early Intervention and Special Education Services” in OCONUS Communities, OCONUS Directory, 2012.

3.6 Activity

Visit a special education center located nearby your locality. Meet with parents, disabled children and teachers. Ask them about the issues involved in the provision of special education and related services and prepare a list.

3.7 Self Assessment Questions

- Q.1 All disabled children can not avail/access to the locally provided services. Discuss.
- Q.2 Identify irregularities/drawbacks in availability of the special education services to the disabled children at the centers and suggest some measures for the easy and smooth availability of special education resources.
- Q.3 Discuss the prevailing trends in declaring a child's special educational needs. Highlight the issues relating to the initial evaluation and deciding eligibility of the children for special education and related services.
- Q.4 Why some disabled children could not reach to the maximum level of the improvement in spite of the provision of special education services?
- Q.5 Explain the building blocks for capacity building and inclusion of persons with disabilities.

3.8 References

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Lord, J. & Hutchison, P. (2003) Individualised Support and Funding: Building blocks for capacity building and inclusion, *Disability & Society*, 18:1, 71-86, DOI: 10.1080/713662196

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Paul M.A. Baker, Christine Bellordre. (2004). Adoption of Information and Communication Technologies: Key Policy Issues, Barriers and Opportunities for People

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The Collaborators (2011). Educational Programs and Service Delivery Review, Community Unit School District 203, February 2011. Urban Special Education Leadership Collaborative, Education Development Center, Inc.

Zais, Mick. (2011). Standards for Evaluation and Eligibility Determination (SEED). Office of Exceptional Children: South Carolina, State Department of Education.

3.9 Web Addresses

<http://www.p12.nysed.gov/specialed/publications/policy/individvalcontents.htm>

<http://www.doe.k12.ga.us/Curriculum-Instruction-and-Assessment/Special-Education-Services/Pages/default.aspx>

<http://www.roshni-rka.org/services.html>

Unit-4

EQUIPMENTS AND TECHNOLOGY

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Reviewed by: Dr. Nasir Sulman

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4.1 Introduction

The educational institutions are facing challenges to well educate and train their students in the use of educational technology and advanced equipments in order to move with the world.

Teachers are getting awareness of what is the best use of bringing computer hardware to their classrooms and how they make their students well train in using or accessing internet.

They are finding difficulties in their ways of teaching technology access and its use. The knowledge of barriers and support in access to the equipment and technology is provided by the experiences and surveys reported in researches.

In order to provide a rich context for understanding the barriers and supports that teachers face, it is critical that teachers be allowed to elaborate and identify their experiences, expectations and shortcomings as they use or consider using technology in their classrooms.

Abundant access to technology is not enough to ensure technology integration. The act of integrating technology into teaching and learning is a complex process and one that may encounter a number of difficulties. These difficulties are known as barriers. A barrier is defined as “any condition that makes it difficult to make progress or to achieve an objective” (WordNet, 1997).

Removal of a barrier acts as an aid towards the achievement of the objective. According to Ertmer (1999) teachers would not automatically integrate technology into teaching and learning even if barriers such as access, time, and technical support were removed.

Researchers identify that barriers range from very simple issues such as equipment-based limited access, the technical problems and malfunctioning to the individual differences in attitudes and skills among teachers.

4.2 Objectives

1. appreciate the information and provision of computer hardware in the classroom/school.
2. locate and discuss the funding barriers in the provision of computer hardware and educational technology
3. identify the market barriers in order to access the equipment and technology used for the educational purposes
4. share the information regarding networking of the technical resources and environmental barriers involved in their use
5. describe and try to remove the institutional barriers

6. understand the new hardware/software and networking advances could be used in future and the requirements of training in the use of these advances

4.3 Funding Barriers

There has been a great consensus on giving educational technology into the hands of teachers and students, but many obstacles in implementation still exist. Reasons are many; the teachers may lack the time and the motivation to learn technology skills or the professional development activities may not be provided. Sometimes unavailability of hardware and software creates problems for teachers in the classroom.

The provision of equipment depends upon the initial technology funding which may not be maintained by the school administration. Not only the provision but the provided equipments also require continuous supply of funds to upgrades, maintenance, and ongoing professional development. This critical issue provides practical information for promoting technology use in schools.

The effective use of educational technology in the classroom requires a regular and sustainable funding for technology in schools. It also requires the availability of technical support ongoing, hands-on training for teachers practical strategies for implementing technology.

Money for technology can be obtained from private grants, businesses, federal and provincial governments. Securing funds for technology in the schools is an ongoing process. Schools need to determine essential components of their technology plan and provide a permanent source of funding for those components. Additional components can be added if funding allows.

An investigation of services available at the local, state, regional, and national levels also may help cut funding costs. Technology plans often do not make the best use of limited financial resources; they typically budget staff time rather than using existing regional or district services, such as intermediate service districts (Cradler, 1996). Partnerships with local colleges or universities also can be beneficial by providing professional development opportunities for educators. Several different sources of funding can be identified to ensure a continuous flow of money for technology. Funds also can be allocated from the existing operating budget. For example, the funding for textbooks could be reconsidered.

Provision of education and rehabilitation to the disabled children involves many aspects which may not be provided or maintained as per requirements. The school may face hurdles in this process. The Barriers to education can be physical, technological, systemic, financial, or attitudinal.

According to Ontario Human Right Commission's Consultation Report entitled "The opportunity to succeed: Achieving barrier-free access for students with disabilities" there

may be certain barriers in providing educational material and service to the students with disabilities:

i) Inadequate Funding: The prime reason for delay and diminished special education services at the elementary and secondary levels is usually inappropriate funding. Because most of the funding decisions are based only on budget consideration not on the assessment of the actual needs of students with disabilities. The funding is more complex at the post-secondary level in which some programs contains eligibility requirements and restricting the free hand use of the fund on priority or need basis. That raises human rights issues.

ii) Physical Inaccessibility: Physical barriers to educational services are very common and most of the disable students. These barriers include lack of ramps and/or elevators in multi-level school buildings, heavy doors, inaccessible washrooms, and/or inaccessible transportation to and from school. An accessible students housing is a problem relate to students at the post-secondary level.

iii) Accommodation Process: The accommodation facility is often insufficient and sometimes not provided at all. Other difficulties related to it are delays at many stages of the accommodation process, a large backlog in the processing of claims for special education funding, long waiting lists for professional assessments, and delays in the provision of special education programs and services. The post-secondary level students need information about services and supports which is not always accessible.

iv) Lack of Individualization: Some education providers do not assess each student on an individual basis. Some funding schemes rely on pre-set categories and labels, and emphasize student "weakness" rather than strength. Policies regarding suspension and exclusion are strictly applied and do not take into account a student's individual circumstances.

v) Ineffective Dispute Resolution Mechanisms: At the post-secondary level, processes for resolving disputes are inconsistent, time-consuming, and often, place the responsibility of proof on students themselves to show that an accommodation would not cause unnecessary hardship.

vi) Negative Attitudes: Students with disabilities face negative attitudes and stereotypes in the education system. Lack of knowledge about and sensitivity to disability issues on the part of some educators, staff and students can make it difficult for students with disabilities to access educational services equally (Ontario Human Right Commission, 2002).

Let us read the following reading to enhance our knowledge.

Reading 4.1

Barriers to Technology Integration in a Technology-Rich Environment by Kevin Schoepp, Learning and Teaching in Higher Education: Gulf Perspectives. Volume 2

Reading 4.2

Final Report on Technology Barriers to Home-Based Telework
Summary of Findings. Retrieved from:

http://www.telework.gov/Reports_and_Studies/IT_Report/summary.aspx

4.4 Market Barriers

A barrier makes the achievement of objectives difficult. The unavailability of equipments in market their cost and existing variety pose market barriers. These barriers arise as a result of government intervention such as industry rules and regulations or legislative limitations. Sometimes these barriers may also arise as result of conditions within the business world.

The barriers to learning do not merely arise from problems occurring in the education system or in the wider society. The legislation and education policy that govern the educational system always become the source of barriers to learning. The society also directly or indirectly facilitates the existence or maintenance of such barriers. When legislation or policy fails to protect the disable learners from discrimination or continues particular inequalities, it become responsible for the existence or maintenance of such barriers. For example the policy which is inflexible regarding the minimum standards accommodating diversity the individual practices which may inhibit learner development or lead to inadequate and inappropriate provision for the special needs.

In relation to the equipment and technology the market barriers are affecting the disable persons regarding the equipment availability, their cost and variety. For example the required equipments are either very rare or often imported from other countries. The distance creates incompatibility with the demand. Further the cost of technology is unreachable for the disable students, i.e. hearing aids, cochlea implantation are quite expensive. Similarly if a disable person needs equipment according to his disability needs again the variety become a barrier for the availability, e.g. wheel chair.

Let us read the market barriers in detail by studying the following reading:

Reading 4.3

Small Wind Power - Demand Drivers, Market Barriers, Technology Issues, Competitive Landscape, and Global Market Forecasts

Press Release: Reportlinker – Tue, Mar 12, 2013 9:48 AM EDT.

4.5 Information, Net Working and Environmental Barriers

Today's teachers, instructors and students are living in the age of technology integration. The knowledge of special education technology and adaptive devices is beneficial to the family as it enable them to help the child in completing educational tasks, increasing their independence and exposing them to some basic fun. Hence it is necessary for parents and teachers of the disable children to increase their knowledge about special education technology products that are available so that appropriate items could be searched and use for the children.

One barrier to technology integration is the difficulty many teachers face in finding and using appropriate software for instruction (Glenn, 1997).

All teachers may not have enough knowledge of the hardware, software and the internet sites. They may also need guidance in locating multimedia software and internet sites to achieve the educational goals.

Glenn (1997) summarizes the challenge: "Problems exist with finding and using appropriate software or courseware for instruction. The number of high-quality curriculum materials has increased, and there is a wider variety; however, creating innovative learning opportunities for all students remains a fundamental challenge and elusive for far too many teachers".

Various laws have been designed to protect the rights of disabled students and the states are permitted to endorse laws that offer more protections.

Americans with Disabilities

The Americans with Disabilities Act prohibits discrimination against people with disabilities in employment as well as in public institutions such as public schools. Special education programs, as well as regular school classrooms, must make "reasonable accommodations" for students with disabilities. A reasonable accommodation is any accommodation that allows a student full access to an educational program without interfering with the fundamental nature of the program, and courts have ruled that assistive devices are considered reasonable accommodations.

Individuals with Disabilities

The Individuals with Disabilities Education Act mandates that children with disabilities not only have access to public education but also be provided with educational services that meet their educational needs. This law is one of the primary laws requiring special education programs. It also requires that students with disabilities have access to Individualized Educational Programs and teachers qualified to work with disabled students. As part of the law, students with disabilities are permitted to use assistive devices.

Assistive Technology Act

The Assistive Technology Act recognizes the importance of assistive devices in special education programs and aims to make these devices more accessible to students who might not otherwise be able to afford them. It provides funding to help people access assistive technology and establishes state assistive technology centers at which the uses and benefits of assistive devices can be demonstrated to students and their parents.

Other Rights

Children in special education programs have a right to quality teachers and competent evaluations. Schools can't typically mandate that a student use a particular assistive device if the student prefers a different device. Students also have a right to a second opinion from a qualified professional, and they are not required to use assistive technologies that don't work for them. Finally, many states have established laws requiring that all students in special education programs be placed in unrestrictive classrooms rather than isolating them from their peers. For example, a student's use of a hearing aid would not typically be sufficient reason to put her in a program separate from her classmates.

Access to information and communication is a barrier that may be least visible but no less present and excluding a very large number of people. In modern societies with developed technologies, access to information and communication is a basic prerequisite for all areas of living and working. However many means of communication, such as telephone, radio and television are not accessible for persons with impaired hearing, just as many information and services are not accessible for persons of impaired sight. Communication at all levels presents people with impaired hearing with a huge problem due to lack of devices for voice synchronization or sign language interpreters.

Due to these reasons a large number of disable persons from discrimination in communication and access to information. These barriers lead to a wider discrimination and marginalization. These barriers could be removed by raising the society's awareness and providing adequate financial resources.

Environmental Barriers

The surrounding environment comprised of transportation, housing, streets/roads and work spaces. Physical inaccessibility and the inability to use the built environment is the most difficult problem for special needs people.

Since the UN Convention on the Rights of Persons with Disabilities (Article 9 on accessibility) struggles for equal opportunities and raising awareness on the fact that accessibility of public buildings, houses, transportation etc. is a basic human right has become ever more widespread.

A barrier free environment involves the movement of all persons everywhere in the environment without any difficulty. Design for all (Universal) Designing for all includes planning, development and marketing of everyday products, services, systems and environment so as to make them accessible and usable to and by all irrespective to age,

ability and situation. But the architectural barriers most often includes staircases, narrow doors, non-existence of elevators, inaccessible public transportation, inadequate signalization for sensory impaired persons, lack off accessible public toilets, parking spots, adequate information etc.

The following study material will enhance our knowledge. Let us study it in detail.

Reading 4.4

Critical Issue: Promoting Technology Use in Schools by *Jan Gahala, NCREL's Communications department*. Retrieved from:

<http://www.ncrel.org/sdrs/areas/issues/methods/technlgy/te200.htm>

Reading 4.5

Teachers' Perceptions: barriers and supports to using technology in the classroom BY Wood, E. et al. *Education, Communication & Information*, Vol. 5, No. 2.

4.6 Institutional Barriers

Family, legal system, political system, education, employment, social services and healthcare services within a society act as different institutions. All disable persons are not able to take part in the life of a society due to the presence of the institutional barriers, that may got combine with other barriers and create trouble to them in social interaction. Range of these barriers is very vast and may end to an extreme denial of equal access and opportunities for basic human rights.

Example:

- i. Education System: Our still exclude disabled students from mainstream and mostly special schools are the only destination for training of such children. While the latest legal changes provide for introducing inclusive education. The education should fulfill the necessary multitude prerequisites, such as support system, accessible environment and transportation, and availability of text books in adequate formats etc.
- ii. Employment: The employment of disabled is still a barrier because it does not provide equal opportunities in different fields. The barriers such as physical, educational, psychological in protective social inclusion should be removed for employment of PWDs. The law on Professional Rehabilitation and Employment of Persons with Disabilities quite certainly contributes towards improving the employment status of disabled persons by assuring the existence of inclusive education, accessibility to the physical environment and introducing various support services.
- iii. Representation of PWDs: Such persons are seldom represented and therefore have less opportunity to influence the policy or service providing institutions. Further the disabled persons never actively participated in political and public life of a society, therefore have opportunities in discussions on public issues.

- iv. Family life: The persons are not well aware of rights of family life, therefore always spent a sexual life and need assistance and caring. The problems also occur due to the economic and other dependency matters.

Let us read the following articles to enhance our knowledge.

Reading 4.6

Barriers to Adopting technology for teaching and learning by Darrell L. Butler, Martin Sellbom, *Educause Quarterly*. November 2002. 21- 28.

Reading 4.7

Analyzing the Barriers and Benefits Toward Instructional Technology Instruction in North Carolina and Virginia Secondary Agricultural Education Curricula by Antoine J. Alston and W. Wade Miller, *Journal of Southern Agricultural Education Research*, Volume 51, Number 1, 2001. (50-62).

4.7 Hardware, Software and Networking Advances

The up-to-date trends in manufacturing technology, include the latest developments in information technology (IT), big data, automation, robotics, digital tools and other emerging technologies.

Although technology is more common in the schools, several factors affect whether and how it is used. Those factors include placement of computers for equitable access, technical support, effective goals for technology use, new roles for teachers, time for ongoing professional development, appropriate coaching of teachers at different skill levels, teacher incentives for use, availability of educational software, and sustained funding for technology.

Assistive technology is available to help the individuals having multiple problems ranging from cognitive to physical or multiple disorders. The use of technology enhances learning in an effective way, for example; improvement in access, participation in school and home environments, effective educational outcomes etc.

The use of assistive technology depends upon coordinated assessment and implementation process. Copley, J. & Ziviani, J. (2004) reviewed the literature on assistive technology with children and identified current barriers to its effective integration within schools. These barriers were found to include lack of appropriate staff training and support, negative staff attitudes, inadequate assessment and planning processes, insufficient funding, difficulties procuring and managing equipment, and time constraints. They proposed a team model for assistive technology assessment and planning is to optimize the educational goal achievement of children with multiple disabilities. Such a model can help target the allocation of occupational therapy resources in schools to best promote educational and broader functional outcomes from assistive technology use.

Let us read the following reading for further study.

Reading 4.8

Staff Study. (November 1998). Global Assessment Of Standards Barriers To Trade In The Information Technology Industry. Office of Industries, U.S. International Trade Commission.

Reading 4.9

Information and Communication Technology Use by North Carolina School Library Media Specialists: Perceived Competencies and Barriers by Sandra Hughes-Hassell & Dana Hanson-Baldauf. Retrieved from:

http://www.ala.org/aasl/aaslpubsandjournals/slmrb/slmrcontents/volume11/hughes_hassell

An activity is given below to practice the theoretical information.

4.8 Activity

Visit to a school for disabled children in your locality. Discuss the barriers in the use of technology with the teachers and students and formulate a report on these barriers with the suggestion to overcome them.

4.9 Self Assessment Questions

- Q.1 Enumerate the common technology integration barriers in the education system.
- Q.2 Suggest recommendations as to the methods of eliminating technology integration barriers
- Q.3 Discuss the findings of the research study conducted by **Kevin Schoepp**. What were the recommendations with regard to the development of a technology integration plan given by him?
- Q.4 Discuss the Support Issues regarding the use of technology in the classroom.
- Q.5 What are the critical obstacles in implementation of educational technology in school?
- Q.6 Explain the Barriers to Adopting technology for teaching and learning as given by Darrell L. Butler, Martin Sellbom.
- Q.7 Give an account on the benefits toward instructional technology at secondary level education curricula.
- Q.8 Describe the “Global Assessment of Standards Barriers to Trade in the Information Technology Industry” in detail.
- Q.9 What competencies and barriers in information and communication technology use were perceived by North Carolina school library media specialists?

4.10 References

- Alston, A. J. & Miller, W. W. (Number 1, 2001). Analyzing the Barriers and Benefits Toward Instructional Technology Instruction in North Carolina and Virginia Secondary Agricultural Education Curricula. *Journal of Southern Agricultural Education Research, Volume 51*, 50-62.
- Butler, D. L. Sellbom, M. (November 2002). Barriers to adopting technology for teaching and learning. *Educause Quarterly*, 21- 28.
- Gahala, J. (n.d). Critical Issue: Promoting Technology Use in Schools. *NCREL's Communications department*. Retrieved from:
<http://www.ncrel.org/sdrs/areas/issues/methods/technlgy/te200.htm>
- Hughes-Hassell, S. & Hanson-Baldauf, D. (nd). Information and Communication Technology Use by North Carolina School Library Media Specialists: Perceived Competencies and Barriers by Sandra Hughes-Hassell & Dana Hanson-Baldauf. Retrieved from:
http://www.ala.org/aasl/aaslpubsandjournals/slmrb/slmrcontents/volume11/hughes_hassell
- Reportlinker. (, Mar 12, 2013). Small Wind Power - Demand Drivers, Market Barriers, Technology Issues, Competitive Landscape, and Global Market Forecasts. Press Release: AM EDT. Retrieved from <http://finance.yahoo.com/news/small-wind-power-demand-drivers-134800796.html>
- Schoepp, Kevin. Barriers to Technology Integration in a Technology-Rich Environment. *Learning and Teaching in Higher Education: Gulf Perspectives Volume 2*, 1-24.
- Staff Study. (November 1998). Global Assessment of Standards Barriers to Trade in the Information Technology Industry. Office of Industries, U.S. International Trade Commission.
- Wood, E., Willoughby, T., Specht, J., & Deyoung, T. (July, 2005). Teachers' Perceptions: Barriers and Supports to Using Technology in the Classroom. *Education, Communication & Information, Vol. 5, No. 2*. (183-206).

Unit-5

PERSONNEL AND THEIR TRAINING

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5.1 Introduction

Education of teacher refers to the policies and procedures designed to equip prospective teachers with the knowledge, attitudes, behaviors and skills they require to perform their tasks effectively in the classroom, school and wider community. According to UNESCO, Teacher calendar, 2010, the teaching force in Pakistan is estimated to be 1.35 millions working in government sector from primary to higher education level. There are 275 teacher training institutions providing pre-service training (certificates, diplomas and degrees). In addition, there are 300 teacher training resource centers at the district level.

The teacher's training institutions provide pre-service as well as in-service training to both groups; the trainee teachers and the employed teachers in order to increase the teaching personnel. The pre-Service Training is the instruction given to a person before he/she begins a job or task. In fact this training inculcates professional growth of the trainees. The main purpose of pre-service training is the full time involvement of the trainees and to provide opportunities to focus on their learning without having other responsibilities. But the personnel prepared through this training cannot experience the immediate real-life situations to practice the skills they learned until they seek a job.

The other way to provide teaching experiences during job is the in-service training. The main purpose of pre-service training is to educate the employees and to help them develop their skills in a specific discipline or occupation. In-service training involves the strategies based on the trainees own work experiences. But during this training the trainee is already responsible for and engaged in a task or program and may be easily distracted from training activities.

In Special Education the teacher's training procedures are same but as the common personnel of this field; director/principal, deputy director/vice principal, head of the institution, special education teacher, computer instructor, art instructor, physical education instructor, vocational teacher, music teacher, attendant/aya, speech therapist, physiotherapist, mobility instructor, occupational therapist, bio-engineer, audiologist, sociologist, psychologist, etc. belong to different specializations therefore provision of their in-service training is a challenge for the institution.

Training is an ongoing process, it is not just for the new employees only. Training for the current employees helps them adjust to rapidly changing job requirements. These requirements can be fulfilled by involving the employees in seminars and training workshops to introduce them with new methods and materials. Further the challenges of multiple disabilities could also be meet with the participation of training session providing strategic planning to address the issues.

One community is a very complete sphere of all necessary provisions for special need children. The personnel belonging to different fields of specializations can collaborate and coordinate in a community.

This unit deals with the trends and issues related to the networking of the resources in special education. It highlights the need and procedures of the coordination, cooperation and collaboration of all personnel of this field. It discloses the solutions to the issues in collaboration of the personnel through the in-depth study of the researches in this important area.

5.2 Objectives

After the successful completion of this unit, you will be able to:

1. Appreciate the information and provision training of the personnel working in the classroom/school.
2. Locate and discuss the available resources in the local community and at the national level.
3. Identify the issues related to the availability of teachers, professionals required in special education.
4. in order to access the equipment and technology used for the educational purposes
5. share the information regarding networking of the technical resources and personnel involved in the process of education and training of disabled children.
6. describe and try to remove the barriers in collaboration and coordination of the resources of the field.
7. understand the new ways to involve all personnel in the community for the betterment of disabled children and appreciate the networking of the human resources for the future.

5.3 Networking of Resources

The underreporting (misreporting) of persons with disabilities is obvious from a part. The overall trend during the last three decades exhibited by the absolute number of this portion of the total population would indicate that the proportion of the population with disabilities is probably growing rapidly in Pakistan. Despite the data difficulties, observing the prevalence of disabilities recorded in the censuses of 1961 and 1981 would lead one to expect a much higher incidence of disability concealed by both poor data collection and the cultural imperative to avoid talking about such matters, especially with strangers.

Need of Increased Availability and Accessibility

Increased accessibility to medical care through the use of mobile units could provide much needed relief to disabled people in rural areas, especially mobile eye clinics for females with visual impairments. Similarly, better antenatal and postnatal care for children and improved access to polio vaccination would help to reduce the risk of contracting an easily preventable disabling disease.

Social Recognition and Rehabilitation

In order to engender greater acceptability for and better assimilation of psychologically and physically disabled people in society, the Government should initiate special education courses and provide opportunities for such persons to gain acceptance in society. In this regard, social organizations should be encouraged to assist persons with disabilities with regard to their physical needs, and where possible, provide job opportunities through employment bureaus in order to help them live a more independent life.

Research and Methodologies

Yet there is a dire need for in-depth analysis of data on persons with disabilities, using survey data at the district level to identify the concentration, differentials by geographic region, social characteristics, reasons for the disabilities, prevalence rates by social status, efforts at rehabilitation, and potential for involvement of persons with disabilities in social and economic activities. There is also an urgent need to illuminate the causes of disability so as to assist the Government in organizing rehabilitation programmes and forestalling possible reasons for the emergence of various new types of disability, such as those usually identified with growing urbanization: violence and drug abuse.

Personnel Preparation Infrastructure

To insure that these students have well-trained teachers and therapists require a personnel preparation infrastructure that includes three major components:

1. Pre-service programs to teach personnel the competencies needed to work with students in school settings;
2. State policies and procedures to license personnel for practice as well as certification requirements through which professional organizations exercise oversight of individuals and programs; and
3. School system efforts related to recruitment, retention, and staff development to insure that all students are served by qualified personnel.
 - a. Pre-service training programmes
 - b. The skills
 - c. Written materials and seminars
 - d. In-service training to all teachers
 - e. Specialized training
 - f. Enabling them to work in different settings
 - g. Universities major advisory role
 - h. Networking
 - i. Research

Awareness and Education

Increased awareness of good physical and psychological hygiene and a demand for specific types of health care could help men, women and children to reduce their risk of both psychological and physical disorders. Furthermore, literature about disabilities should be identified for the use of people with disabilities, their families, specialists and the general public to increase their awareness of disabilities and the measures that can be taken to improve the quality of life for the people concerned.

Let us read a brief Story of Oklahoma written by Leila Richey on Building a Support Network for Special Education Directors, August 2012.

Reading 5.1

Building a Support Network for Special Education Directors: *The Oklahoma Story*, August 2012, a document of Personnel improvement center: National center to improve Recruitment and Retention of qualified personnel for children with disabilities, pp.1-2.

It was emphasized that the dramatic growth in the number of special education programs to serve students with special needs resulted in demand for qualified teachers and therapists and the development of a vast personnel preparation infrastructure to support the training, licensure, and employment of practitioners in special education and related services. This article discusses current trends and future directions in personnel preparation in special education as they affect rural schools.

Let us read the following articles to enhance our knowledge.

Reading 5.2

The Illinois proposal for a State Personnel Development Grant (SPDG): The Illinois RtI Network – Professional Development and Coaching to Support School Improvement.

Reading 5.3

Preparing Special Education Personnel for Rural Schools. Current Practices and Future Directions.

The reading 5.2 highlights the established priority of reforming and improving (state educational agency) systems for personnel preparation and professional development in early intervention, educational, and transition services in order to improve results for children with disabilities and competitive preference priority 1: Partnerships with LEAs and IHEs to Improve Special Education Teacher Effectiveness.

The article in reading 5.3 gives an overview of Personnel Preparation Issues and discusses current trends and future directions in personnel preparation in special education as they affect rural schools.

Following operational manual describes the networking of resources. Let us have a look on it.

Reading 5.4

- Georgia Network for Educational and Therapeutic Support (GNETS).

It was trailed that a team may consider services by a GNETS program for a child based upon documentation of the severity of the duration, frequency, and intensity of one or more of the characteristics of the disability category of Emotional and Behavioral Disorders (EBD). This documentation must include prior extension of less restrictive services and data that indicate such services have not enabled the child to benefit educationally. Most students served by GNETS programs are those with severe emotional and behavioral disorders. Students who are served in GNETS classes are those requiring the intensive therapeutic interventions and educational support that GNETS programs are designed to provide.

The following reading highlights the regional service network.

Reading 5.5

Regional Service Network

The mission of the Wisconsin RSN is to improve the quality of educational services to students with disabilities. The RSN has identified communication, staff development, and leadership as strategies for accomplishing the mission.

The persons work for the identification of related services for the children and maintain the link between the service provider and the client.

Let us read the following articles to further enhance our knowledge on this issue.

Reading 5.6

Santa Clara County Office Of Education, Cwss Title: Manager- Special Education Programs.

This reading discusses the responsibilities of special education managers in making available all the services to those who are eligible for them.

5.4 Cooperation and Coordination

The specific professional activities in special education like carrying out an intervention or building a coalition is far more likely to be successful if they are informed by the culture of the community and an understanding of the relationships among individuals and groups within it. So anything we do in a community requires us to be familiar with its people-- their culture, their concerns, and relationships -- and to develop your own relationships with them as well.

Most communities have an array of groups and organizations of different kinds. Many aspects of the physical and social structure of the community are integrated into other areas -- relationships, politics, economics -- but there are also the questions of how people in the community relate to one another on a daily basis, how problems are (or aren't) resolved, who socializes or does business with whom, etc.

Co-ordination

Co-ordination is the unification, integration, synchronization of the efforts of group members so as to provide unity of action in the pursuit of common goals. It is a hidden force which binds all the other functions of management. According to *Mooney and Reelay*, "Co-ordination is orderly arrangement of group efforts to provide unity of action in the pursuit of common goals". According to *Charles Worth*, "Co-ordination is the integration of several parts into an orderly hole to achieve the purpose of understanding".

The basic functions of co-ordination by which it is achieved are planning, organizing, staffing, directing and controlling. Co-ordination is the essence of management and is implicit and inherent in all functions of management.

Co-ordination is an integral element or ingredient of all the managerial functions as discussed below: -

- a. **Co-ordination through Planning** - Planning facilitates co-ordination by integrating the various plans through mutual discussion, exchange of ideas. e.g. - co-ordination between finance budget and purchases budget.
- b. **Co-ordination through Organizing** - Mooney considers co-ordination as the very essence of organizing. In fact when a manager groups and assigns various activities to subordinates, and when he creates department's co-ordination uppermost in his mind.
- c. **Co-ordination through Staffing** - A manager should bear in mind that the right no. of personnel in various positions with right type of education and skills are taken which will ensure right men on the right job.
- d. **Co-ordination through Directing** - The purpose of giving orders, instructions & guidance to the subordinates is served only when there is a harmony between superiors & subordinates.
- e. **Co-ordination through Controlling** - Manager ensures that there should be co-ordination between actual performance & standard performance to achieve organizational goals.

Co-operation

Co-ordination is an orderly arrangement of efforts to provide unity of action in the fulfillment of common objective whereas co-operation denotes collective efforts of persons working in a project voluntarily for the achievement of a particular purpose. It is the willingness of individuals to help each other. Co-ordination is an effort to effectively

integrate energies of different groups whereas co-operation is sort to achieve general objectives of business.

The existence of co-operation may prove to be effective condition or requisite for co-ordination. But it does not mean that co-ordination originates automatically from the voluntary efforts of the group of members. It has to be achieved through conscious & deliberate efforts of managers, therefore to conclude we can say that co-operation without co-ordination has no fruit and co-ordination without co-operation has no root.

Coordination and cooperation are two related concepts but not exactly same. There are some differences between these two concepts and we can explain difference between cooperation and coordination with the help of following points and suitable examples.

Co-operation is the collective bargaining efforts of people who associate voluntarily to achieve specified objectives. It indicates merely the willingness of individuals to help each other's.

Co-ordination is much more inclusive, requiring more than the desire and willingness to co-operate of the participants. It involves the conscious efforts to bring together the activities of various individuals in order to provide unity of action.

According to McFarland, "Coordination is a far more inclusive, term embracing the idea of cooperation. Cooperation, that is mere willingness of individuals to help each other, cannot serve as a satisfactory substitute for coordination.

Cooperation is for the most part the result of voluntary attitudes on the part of people in an organisation. Cooperation is valuable element in coordination, but cannot substitute for it." "Coordination, on the other hand, cannot be voluntarily produced by a number of cooperating persons.

Coordination is a state of affairs which an executive brings about through deliberate action on his part". Cooperation has no time, quantity or direction elements whereas coordination is the concerted effort of requisite quantity and quality arranged at the proper time through deliberate executive action. Thus, coordination is much more than cooperation.

The following study material will enhance our knowledge. Let us study it in detail.

<p>Reading 5.7 Employee training methods</p> <p>Reading 5.8 The Special Education Cooperative Model</p>

There are several types of employee training methods as discussed in reading 5.7. Among them some work better than others in certain professions, at times it is merely a matter of

the personal preference of the employer. Effective employee training can have a major impact on your company's growth and profitability.

The research in reading 5.8 included reviews of documents and interviews with 19 people who have started, led, or participated as members in special education cooperatives serving charter schools. The article also includes descriptions of the cooperatives and research references and resources to further understand the issues and consider the value of implementing or adapting the model.

Let us read the following articles to further enhance our knowledge on the topic.

Reading 5.9

Inter- and Intra-Relationships between Communication Coordination and Cooperation in the Scope of the 3C Collaboration Model

This paper describes the 3Cs mapped onto collaborative systems: Inter-relationships.

Reading 5.10

Emerging Issues

This study examines key issues in the field of family and community connections with schools. The issues highlighted in this synthesis represent critical areas of work in family and community connections with schools.

An activity is given below to practice the theoretical information.

5.5 Activity

Visit a special education directorate in your locality and prepare a report on the procedure of networking of the personnel and their collaboration.

5.6 Self Assessment Questions

- Q.1 Enumerate the common systems for personnel preparation and professional development in early intervention, educational, and transition services in order to improve results for children with disabilities.
- Q.2 Highlight the current practices and future directions for preparing special education personnel for rural schools.
- Q.3 What is Georgia Network for Educational and Therapeutic Support (GNETS)? How are children with severity benefited through this network?
- Q.4 How does regional service network improve the quality of educational services to students with disabilities?
- Q.5 Discuss the trends of employee training methods and the issues of professions and careers development.
- Q.6 Explain the special education cooperative model for schools.
- Q.7 What is 3C cooperative model? Give an account on the scope of this model.
- Q.8 Describe the issues in family, school and community connections regarding related services.

5.7 References

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Unit-6

INSTRUCTIONAL ISSUES

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6.1 Introduction

The process of teaching students with special needs can be divided into several phases which involve prereferral, referral, eligibility determination, placement, IEP development, provision of services and annual evaluation of progress. Teachers in Special Education use varied techniques to help promote learning. They are not only involved in student's social, behavioral, emotional and academic development, they work with parents, personnel and sometimes act as coordinator for home, school and society. Effective teachers carefully plan their instruction. They decide what to teach and how to teach it.

While each child and their disability are different there are standard methods that can aid both the student and the teacher. The instructional issues begin from the inappropriate placement of the students having special needs which turns up manifolds if appropriate and required assistive technology and human resource is not available. Students learn at different paces and different learning styles. This involves the use of variety of teaching approaches, methodologies and organization of learning contents. This fact of the matter entails the use of differing teaching methodologies, teaching styles, differentiation in the selection and organization of contents and evaluation procedures. This in turn depends upon students' strengths, learning needs and rates of progress. To explore and utilize the full potential of the student various techniques are recommended and used in special education to cater the special needs of the students such as individualized instructions, problem solving assignments, small group work, peer tutoring etc. Traditionally, curricula for students with special educational needs tended to concentrate on a narrow range of skills however now-a-days provision of broader range of opportunities is recognized as more effective model.

6.2 Objectives

The objectives of the unit are, to enable the students to,

1. raise awareness, acceptance and understanding of issues related to curriculum and support services required by people with disabilities.
2. comprehend the issues involved in tailoring the curriculum for special needs of the students.
3. identify the gaps in delivering the instructions and the expected performance of the students.
4. highlight the roles and responsibilities of teachers, administrators and volunteers with respect to delivery of support services to disabled population, they are entitled to.
5. ameliorate the issues and trends to provide support services available to faculty and the students with special needs.
6. find out the barriers to successful participation in social and educational activities for students with disabilities.

6.3 Curriculum: What Works?

'Curriculum' consists of four components i.e. Objectives, Contents, teaching methodologies and evaluation. Instruction is meant the teaching practices which engage students in the curriculum. School personnel tend to distinguish between curriculum (the "what" or substance of education) and instruction (the "how" of curriculum delivery or transmission). Howell and Nolet (2000) offer a palpable definition of curriculum that is amenable to operational definition:

"A curriculum is a structured set of learning outcomes, or tasks, that educators usually call goals or objectives. Students are expected to learn the information specified in the curriculum so that they will have the skills needed to transition from childhood into adult life. Curriculum is intended to prepare students to succeed in society. Consequently, the material in the curriculum comes from someone's analysis of what society requires for success." Reduced to its simplest terms, curriculum provides the answer to the question *what should students know and be able to do as they progress through school?*

Curriculum theorist Larry Cuban asserts that, at any given time, four different curriculums are in use in schools:

1. The *official curriculum*—what state and district officials set forth in curricular frameworks and courses of study
2. The *taught curriculum*—the part of the official curriculum that teachers actually choose to teach
3. The *learned curriculum*—the part of the official curriculum that students actually learn
4. The *tested curriculum*—the part of the official curriculum that is selected as representative of the entire body of material, and which "measures" absorption of that specific sub-set of curriculum material, as reflected through test scores

Reference to the wide ranging analysis done by Browder et al. (2004) which focus on the evolution of different approaches to the curricula for students with special needs. The first approach was the *developmental model*, which emerged in the 1970s after PL94-142 established the right for all students with disabilities to have a free, appropriate education. In this model, educators adapted existing infant and early childhood curricula, on the assumption that the educational needs of students with severe disabilities could best be met by focusing on their mental age.

The second was the *functional model*, which was based on what was required to function in the daily life of a community. By the late 1980s, a strong consensus had emerged that curricula should focus on age-appropriate functional skills. This typically involved selecting from a range of such skills those which best fitted a particular student – hence the IEP.

The third model was described as an *additive model*, initially reflecting a focus on including students with severe disabilities in general education classrooms and with a

strong emphasis on social inclusion and student self-determination (reflected, for example in ‘person-centered planning’).”

According to Browder et al. if the efforts for inclusive education are continued, this would enable the students with disabilities to participate in the general education curriculum.

Please read the section 6.1 of the material in the attached CD for the detailed analysis done by Browder et al. (2004) on the evolution of curriculum for special needs.

Now, if you have read the referred material, can we outline some of the strengths and weaknesses in the existing curriculum being used in our country for the students having special needs? Let’s do this exercise together. Here I would start by saying that every human being in this world is with unique set of experiences and strengths and people with special needs are certainly not an exception. Every student has his/her own learning style which may differ from the majority.

Firstly some points in favour of the curriculum should be discussed.

Positive points of existing curriculum of special children

1. Mostly objectives of the existing curriculum of special children are according to the needs of these children.
2. Teachers usually consider the individual differences of the students while making the objectives of the content for these children.
3. Teachers usually develop the individualized education plan for these children in order to meet the requirements of these children.
4. Teachers modify the content and learning experiences according to the needs and disability of special children.
5. Teachers use variety of methods and instructional materials to meet the requirements of special children.
6. Not only the input adaptation but also the output adaptations are done by the teachers for special children.
7. Extracurricular activities/co-curricular activities are also arranged for these children.
8. Different therapies and interventions are also provided to these children in order to meet their needs.
9. Different assistive devices like hearing aids for hearing impairment children and wheel chairs for physically handicapped children are provided to special children to meet their needs.
10. In the process of curriculum evaluation, we also consider the special needs of these children.

Some issues to the existing curriculum of children with special needs

1. While making the objectives of the curriculum for the children with special needs, we usually under-estimate these children.
2. In the process of curriculum adaptation we usually reduce the content while doing modification.
3. In the methodology teachers usually use traditional methods of teaching instead of computer assisted instructions.
4. The existing curriculum no doubt tries to meet the needs of special children but mostly it fails to help these children at work place.
5. The curriculum does not focus on such vocational services which help these children to earn independently.
6. In order to make the process of evaluation modify for these children according to their needs sometimes teachers make it so simple that it affects the standard and quality of it.

In this way it is concluded that existing curriculum tries to meet the needs of these children but it also needs improvement and modification. In general practice, teachers or school administrators decide to reduce the course contents or evaluation procedures. Now, with these lines if I say, *There is no need to dilute curriculum or to reduce course requirements for the disabled student*, what would you say? (Write down your answer on a separate sheet then read further) My answer would be special accommodations may be needed, as well as modifications in the way information is presented and in methods of testing and evaluation. Curriculum planning for students with special educational needs must look to the future and have clear goals in mind. All students, but particularly those with special educational needs, need access to a range of educational opportunities and genuine choice in the directions that their education may take.

For further reading, please read this document: National Council for Curriculum and Assessment (NCCA) 1999, An Chomhairle Náisiúnta Curaclaim Agus Measúnachta, Special Educational Needs: Curriculum Issues: Discussion Paper.

6.4 Support Services

People with disabilities have faced decades of hardship when it comes to exercising their legal and civil rights. Issues range from being denied appropriate education, accessibility, transportation, medical and support facilities, inclusion and much more. Here one outline those issues which the special population comes across in their life not only in Pakistan but throughout the world.

i. Education

Students with disabilities face many challenges in obtaining a quality education. While there have been some significant legislative victories, there are still many barriers to receive a proper education such as segregated settings and a lack of qualified special education teachers. Despite the existence of comprehensive

government policy intended to ensure that all children with disabilities receive a free, appropriate public education, continuing challenges for students with disabilities exist.

ii. Segregation

The Individual with Disabilities Act (IDEA) requires that students with disabilities be educated to the maximum extent possible with students who do not have disabilities. However, many students within our constituency remain segregated in self-contained classrooms in separate schools, with limited or no opportunities to participate academically and socially in general education classrooms and school activities. Many do not have access to the same academic and extracurricular activities and services provided to other students. Frequently, these students are alienated and leave school unprepared for adult life in the community.

iii. Employment

Employment for people with disabilities remains a critical issue, as they face hardships over wages, training and support. Though people with disabilities deserve to be active participants in the workforce.

iv. Family Support

As our society continues to depend on the active engagement of family caregivers for the support of individuals with disabilities, it is essential to meet the needs of those caregivers to continue providing care in the community instead of more costly and unwanted institutions.

v. Long Term Supports & Services

People with disabilities often need long term services and supports to address their chronic health conditions and their desire to live as independently as possible. These long term services and supports include assistance with activities of daily living, such as getting dressed, taking medication, preparing meals, and managing money. People with disabilities often need long term care to address their health conditions. Several issues such as provision of required equipment and its maintenance, human resource and scarce medical facilities prevent people with disabilities from getting the appropriate care they need, forcing them to be placed on waiting lists or the possibility of institutional care.

Further Reading: *With the increasing number of disabled students entering the higher education sector, much research work has focused on the support services arena and the elimination of barriers that the disabled students have encountered. However there still lie many issues on support services unaddressed. A study conducted by Avramidis & Skidmore (2004) adopting a socio-educational model of 'learning difficulty', examined the issue of 'learning support' for the whole student population of one university. The survey employed the Learning for All Questionnaires (LfAQ), a newly developed instrument that aimed to operationalise a holistic view of learning support. The analysis of the collected data provided directions for developing university policies and practices*

through a significant reformulation of the existing support provision. The article concludes by exploring the concept of 'institutional habitus' as a tool for understanding institutional practices, and effecting change to enhance learning and promote inclusion.

To study this article in detail, please read the following reference:

Avramidis, E., & Skidmore, D. (2004). Reappraising Learning Support in Higher Education. Research in Post-Compulsory Education, 9(1), 63-82.

There are many existing rights and services for disabled people that you may not know about. Moreover, just because you learn about them does not mean they will automatically protect and serve you. These rights and services must be insisted upon by the people they are supposed to benefit or they may never be practiced. An organized group of committed people is the best avenue to attain and ensure the rights of disabled people. When disabled people become active in the community, it benefits the entire community. So, help yourself. Help the community. Get organized.

Suggested Readings: “Understanding the Concerns of Parents of Students with Disabilities: Challenges and Roles for School Counselors” By: Deborah Taub

Professional school counselors can be more effective in their work with parents of students with disabilities — as well as with the students themselves, their teachers, and other students — if they understand parent perspectives. In this article Parents' areas of concern are described, and implications for school counselors are outlined.

*Dear students, there are many websites of universities and Student Support Service Centers which give the details of the support services being provided under their umbrellas. Please search through those websites to have the comprehensive overview of the required and the provided support services.

Role of a Teacher in Supporting and Strengthening Effective Helping Relationship between Parents and Child with Disability

These are some important roles or things a teacher does or can do in order to develop a helping relationship of parents with their disable child.

1. A teacher can provide the guidance and counseling to the parents in order to help them solving their problems.
2. A teacher can develop the positive attitude and perception about the capabilities of a disable child in his parents. In this way they will no longer neglect the child and it will help them to develop positive relationship with their disable child.
3. Another thing a teacher can do is to involve the parents in all the decision making issues about the child.

4. In order to help the parents in developing a healthy relationship with their child a teacher can involve them in different intervention and learning activities of their child.
5. Teacher can conduct different meetings in order to guide and aware the parents about the problems of their child and can guide them about the strategies to coping up with them. It helps them to develop and maintain a helping relationship.
6. Sometimes parents become over protected and then their child with disability becomes dependent and a teacher can guide parents in this regard in order to maintain a helping relationship.
7. Teacher can ask parents to participate in different relevant therapies of their child for the better results and this will also help in effective relationship of parents and child.
8. A teacher can ask the parents to help their child in doing their homework and also guide them to positively reinforce their child on his work and on showing positive behavior it will also provide support in developing helping relationship.
9. Recreational activities are also very important for these children so parents can be guided to organize different recreational activities for their children and they should also participate in such activities with their child.
10. When child with special needs gain or achieve some new skills then teacher should inform the parents about it that their child is showing positive behavior and it reduces the stress of the parents and provide support in effective helping relationship between parents and their disable child.

Role of a Teacher in Preparing the Parents in Coping up with Different Transition Events

1. In order to prepare the parents in coping up with different transition events firstly a teacher helps or can help the parents in providing early identification and then early intervention to their child.
2. Teacher should involve the parents to take the decision about the child's placement.
3. In order to prepare the parents for coping up with transition events teacher can provide the career counseling to their child.
4. Teacher can consult different rehabilitation centers and professionals in order to prepare parents.
5. Teacher should intervene the child according to his/her need in this eay he becomes socially independent and helpful for the parents in this regard.
6. Teacher should find different financial and human resources for the child in order to prepare the parents for coping up with different transition events.
7. By providing the quality of learning to the child with disability in different areas like socialization, health care, academics, self help skills etc. teacher can prepare parent for different transition events.
8. Teacher can guide parents in finding gainful employment for their child according to his disability and in this way they will be able to cope up with different transition events of their child.

So these are some important roles which can be played by a teacher of special child in order to provide support and strength to the parents of a child with disability.

6.5 Functional Limitations of Teachers, Administrators and Volunteers

There are many issues involved in teaching and training the students with special needs. Let's go through those issues:

a) Identifying the Disabled Student:

Identifying disabilities may not always be a straight forward process. Obvious and visible disabilities are easier to identify while there are some hidden disabilities such as learning disabilities, psychotic problems, sensory problems, health issues which impair the stamina of the child.

Now, as a teacher what should you do?

If you suspect that a student has a disability, discuss it with him/her. You may find such an approach awkward, at least initially, but the end result will be extremely beneficial if the student's condition is made known at the very outset.

b) Dividing the Responsibilities:

One important factor is how different coping styles affect parents' ability to draw support from one another and handle the pressures and circumstances of caring responsibilities. The research showed that supportive couples protect one another from the stresses and risk of depression associated with caring for a disabled child. Children also benefit when parents get on well. They are likely to feel more secure, do better at school, and are less likely to develop additional emotional or behavioral problems. Disabled children with high care needs do better when their parents get on because their parents are more able to focus on their care.

The division of responsibilities lies with the school personnel as well. If we take the example of Special Education system in Malaysia, providing educational opportunities and related services to children with disabilities presents challenges to the present educational practices and administration. Education for all without discrimination is crucial in a developing country to produce citizens who are productive and contribute to the country's changing economy. Before 1981, education for children with special needs was practically non-existent. Children attended regular schools and were given remedial help if available and often the children left school without full completion due to sub-standard academic achievement. Today, the same children have at least the opportunity to leave the seclusion of their homes and learn basic literacy skills if not social, communicative and living skills to be adjusted themselves in an able-bodied world. Increasing numbers of children with disabilities in Malaysia are being educated in the general education classrooms. Schools have begun to integrate children with disabilities into regular classrooms if an integrated placement can benefit the children academically and socially. Special education teachers and general education

teachers divide the responsibility of educating the children. The special education teacher taught using an adapted curriculum and materials in a pullout program or resource room while the general education teacher taught using standard curriculum and textbooks within the general classroom. Inclusion in Malaysia has no intention of placing every child with a disability in the general classroom if it is not the most beneficial place of instruction. There is a need to preserve the continuum of services provided while promoting full inclusion. Therefore a shared model of service delivery facilitated by consultation, collaboration and co-teaching is proposed as an alternative to the traditional model of divided responsibility. It is expected that the shared responsibility model of inclusion will meet some resistance from general education teachers, especially with increased teaching responsibilities. However, shared responsibility will make inclusion programs more coherent and successful. Further improvement of the present system requires systematic change and full support of teachers. Change therefore is a collective effort.

c) Faculty-Student Relationships:

Encouraging students to share their concerns with faculty members can give students a different 'take' on a problem. Teachers should not feel apprehensive about discussing the student's disabling condition as it relates to the academics. Dialogue between the student and instructor is essential early in the term, and follow-up meetings are recommended. There is no reason to avoid using terms that refer to the disability, such as "blind," and "see," or "walk." The disabled student will probably have had some experience with the kind of initial uneasiness you may bring to the relationship. The student's own suggestions based on experience with the disability and with school work, are invaluable in accommodating disabilities in his/her academic sphere.

(For further reading: The "Disability Etiquette" web page has information on working with people with disabilities).

d) Attendance and Promptness

The student using a wheelchair or other assistive devices may encounter obstacles or barriers in getting to class on time. Others may have periodic or irregular curtailments of functioning, either from their disability or from medication. Flexibility in applying attendance and promptness rules to such students would be helpful.

e) Classroom Adjustments

A wide range of disabled students may be served in the classroom by making book lists available prior to the beginning of the term; by thoughtful seating arrangements, by speaking directly toward the class, and by writing key lecture points and assignments on the chalkboard.

f) Functional Problems

In addition to the adjustments for each category of disability, some understanding is required in coping with more subtle and sometimes unexpected manifestations of disability. Chronic weakness and fatigue characterize some disabilities and medical conditions. Drowsiness, fatigue or impairments of memory or speed may result from prescribed medications. Such curtailments of functioning and interference with the student's ability to perform should be distinguished from the apathetic behavior it may resemble.

g) Use of Technology and Note-Taking

Excellence in any field cannot be achieved in any field without equity. Every student, no matter what special needs he/she possess require adequate access to instructional resources and support services in terms of information technology.

Students who cannot take notes or have difficulty taking notes adequately needs be helped by allowing them to tape-record lectures, by assisting them in borrowing classmates' notes, or by making an outline of lecture materials available to them.

h) Testing and Evaluation

Depending on the disability, the student may require the administration of examinations orally, the use of readers and/or scribes, extension of time for exams, a modification of the test formats or, in some cases, make-up or take-home exams. For out-of-class assignments, the extension of deadlines may be justified. The objective of such special considerations should always be to accommodate the student's learning differences, not to water down scholastic requirements.

i) Teaching Students with Specific Disabilities

For this section please read the section 6.3 of the material given at CD. Practical suggestions on how to work with students with disabilities, possible accommodations, and definitions of the disabilities listed below are given in detail.

- Vision Disability
- Communication Disability
- Learning Disabilities
- Acquired Brain Impairment
- Developmentally Delayed Learners
- Psychological Disabilities
- Mobility Disability
- Other Disabilities

The proclamation in December 1982 of the United Nations Decade of Disabled Persons (1983- 1992) prompted a flurry of activity designed to improve the situation and status of people with disabilities. Emphasis was placed on raising new financial resources, improving education and employment opportunities for the people with disabilities, and increasing their participation in the life of their communities and country. The 1993

Standard Rules on the Equalization of Opportunities for Persons with Disabilities were intended to complement the World Programme for Action Concerning Disabled People. The Standard Rules cover a wide range of areas of everyday life such as access to employment and education as well as rehabilitation and international cooperation. Although they are non-binding, the Standard Rules require States to remove obstacles to equal participation and to actively involve non-governmental agencies (NGOs) dealing with disabilities as partners in this process. The Rules emphasize equal rights and equal obligations not special rights, but the achievement of equality on the same terms as all persons. The social model of disability thus became common thinking within CBR development, with a shift from service delivery (only) to more human rights models of CBR which include attention for equal opportunities, empowerment, building linkages and networks, ownership and an increased emphasis on advocacy as a tool to ensure that rights are being fulfilled.

Basic Guidelines for Working with Students with Disabilities

Provide Equal Treatment

In general, treat students with disabilities as you treat students without disabilities. Some adjustments may be necessary to provide them with access to course materials and related services, but they are still students with the same issues and concerns that other college students have. Make sure to include a student with a disability in all classroom activities and offer the same level of attention you give other students.

Communicate

The best way to work with a student with a disability is to talk frankly to the student about his or her academic adjustment needs and establish a rapport for future discussions. Don't be afraid to ask a student questions about his or her disability and possible accommodations, especially if you are unsure how best to assist. Generally a student in this situation is more than happy to provide you with information and answer your questions in detail. However, you must be careful not to pry too deeply. Don't say, for example, "I've read the list of accommodations, but what exactly is your disability?" As stated previously, it is the student's right to disclose or not his/her disability status to the instructor. A specific diagnosis does not have to be given to you in order for you to provide accommodations.

Respect Confidentiality

Treat all conversations with the student as confidential. Some students with disabilities are quite open about their disability status and related needs. Others are more concerned about privacy. Don't make any assumptions in this area. Even students with readily apparent disabilities may not be comfortable with their disability being the subject of a class discussion or with their accommodation requests being discussed in front of other students. There will be times when other students notice that an accommodation is being given. If they bring this to your attention, explain to them that it is a confidential matter than you cannot discuss.

Emphasize the Whole Student

Avoid referring to a student as the “disabled” student. Do not make statement such as “I have a disabled student in my class.” While there is nothing wrong with the word disabled, you want to emphasize the whole person and not make any person feel as totally defined by a disability. Say instead, “There is a student in my class with a disability.” Likewise, never say, “I was talking to my blind student yesterday and learned some interesting facts about Braille.” Instead say, “A student in my class who is blind told me some interesting facts about Braille.” If you are not sure of appropriate terminology to use, speak with the student.

Have liaison with Student Advisory / Counseling and other Disability Services

Develop a relationship with student advisors on disabilities. Make yourself available for training. Encourage your department to schedule training sessions. Attend off-campus workshops or conferences in your field that cover teaching students with disabilities.

6.6 Exercise

1. What types of curriculum had been described by the Curriculum theorist Larry Cuban?
2. Describe the different approaches of curriculum development. What were the factors which caused the evolution of these approaches in different eras?
3. Analyze the existing curriculum of special needs in Pakistan in terms of its strengths and weaknesses? Suggest improvements if required.
4. Outline the required support services by people with special needs.
5. Analyze the situation and conditions for the provision of services in Pakistan in term of special needs.
6. What are long term support services required by special persons? How these needs may be arranged in collaboration of public, private and non-government organizations?
7. Define ‘Effective Relationship’ between teacher and the parents of special child.
8. How many teachers keep effective relationships with parents of special children?
9. Suggest measures to tackle the issues of identification of special needs.
10. What accommodations must be made by the institution, the students, and the faculty member in order to maintain the accessibility of the materials created and used by all of the members of the class?

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Unit-7

INCLUSIVE EDUCATION

Written by: Dr. Tanzila Nabeel
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7.1 Introduction

Inclusive education means a learning environment that promotes the full personal, academic and professional development of all learners irrespective of race, class, gender, disability, religion, culture, learning style and language.

The concept of inclusion has arisen from mainstreaming and integration after the concept of “special education”; which (special education) was rapidly promoted after World War II. Before special education every individual was the part of educational system. So the concept of inclusion has deep rooted history. This philosophy is, basically, stemming from the concern for human rights; which allows every individual to feel respect, confidence and safe to develop his/her potentials by availing equal opportunities and right of education regardless of his or her disability, race, color religion, social, cultural, ethnic or economic differences. The purpose of Inclusive education is to provide the opportunities for personal and academic growth for all the children where they can use their full potential and enhance their capacities and capabilities to the maximum. The essentials of inclusive education are:

- a) Adaptation: in Curriculum, physical and social environment of the school.
- b) Consultation: with the administrative and the teaching staff of the school, the Parents, General Education Teacher, Special Education Teacher the Resource Teacher.
- c) Collaboration: School Administration and Management, Parents and the Professionals.

Following Suggested Readings will help you know how Inclusive Education became the buzz word over the years although it had been in practice for centuries.

Suggested Readings

- The UN Convention on the Rights of the Child (1989) which sets out children’s rights in respect of freedom from discrimination and in respect of the representation of their wishes and views.
- The Convention against Discrimination in Education of UNESCO prohibits any discrimination, exclusion or segregation in education.
- The UN Convention on the Rights of Persons with Disabilities (2006) which calls on all States Parties to ensure an inclusive education system at all levels.^[14]
- United Nations Educational, Scientific and Cultural Organization (UNESCO) (1994) the Salamanca Statement and Framework for Action on Special Needs Education, Paris, UNESCO.

7.2 Objectives

The objectives of the unit are, to enable the students to-

1. find out the purpose and the significance of inclusive education.
2. comprehend the prerequisites and the requisites of inclusive education.
3. differentiate the types of inclusive education.
4. Analyze the causes and the circumstances prevailed which initiated the movement of inclusive education.
5. recognize the issues involved in the successful implementation of inclusive education worldwide and in particular of Pakistan.
6. research the trends for inclusive education worldwide and in particular of Pakistan.

7.3 Types

Integration:

Integrated education means to bring the special or exceptional children in the school of a general education system to study with their peers but having no extra equipments, tools and teachers. Integrated education essentially follows the medical model of disability which sees the child as a problem and demands that the child is changed, or rehabilitated, to fit the system. Inclusive education is more in tune with the social model of disability which sees the system as the problem.

The child with disabilities is integrated into the classroom such that they work with the same content and materials (though not necessarily expected to learn the same level of skills). For example, a child integrated into a math class in 6th grade might be expected to show with manipulative how much half of a set is while the rest of the class might be working on more complex fractions. The types of integration are:

- Physical Integration
- Social Integration
- Pedagogical Integration

Suggested Readings

- Jangira, N.K.,(1997) "Special Educational Needs of Children and Young Adults: An Unfinished Agenda," Education and Children with Special Needs: From Segregation to Inclusion,Ed. Seamus Hegarty, Mithu Alur, Thousand Oaks: Sage Publications Inc., Print.47
- Kalyanpur, Maya, (2008) "Equality, Quality and Quantity: Challenges in Inclusive Education Policy and Service Provision in India." International Journal of Inclusive Education. 12.3: Print.

Normalization

The principle of normalization was developed in Scandinavia during the sixties and was first developed and articulated by Bengt Nirje. This principle refers to a cluster of ideas,

methods, and experiences expressed in practical work for the mentally retarded in the Scandinavian countries, as well as in some other parts of the world. It is also during the fifties that the parents' movement becomes organized in Denmark and other countries and can thus with greater force expressed and communicated their own positive experiences of resources and possibilities for development and the rights of their sons and daughters. The normalization principle underlies demands for standards, facilities, and programs for the retarded students as expressed by the Scandinavian parent movement. During the 1960's the normalization principle became a concept which, up to the present day, has greatly influenced and characterized the work within the organization responsible for services to the mentally retarded in Sweden. This forceful role of the concept was gained during the period of development which took place during the preparations for the 1967 Act of services to the mentally retarded in Sweden. Nirje, as a representative for the Swedish parents association, participated very actively in these preparations.

Normalization has had a significant effect on the way services for people with disabilities have been structured throughout the UK, Europe, North America, Australasia and increasingly, other parts of the world. It has led to a new conceptualization of disability as not simply being a medical issue (the medical model which saw the person as indistinguishable from the disorder), but as a social situation.

Normalization involves the acceptance of people with their disabilities, offering them the same conditions as are offered to other citizens. It involves an awareness of the normal life style which includes a day with activities like any other person in that particular community and bringing the person into the same activities rather than protecting him due to his disabilities. The person is exposed to tasks and activities based on the social norms of the culture i.e. giving him the same opportunities in life that others have. He/She is not "forced" to be normal; the environment is changed to give this person a chance to experience what is considered "normal." This concept is different than age appropriateness which refers to encouraging the person with disabilities to interact with other people who are the same chronological age. They are exposed to opportunities to participate in activities and use items that are designed for their own age group.

Suggested Readings

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Mainstreaming

Mainstreaming has been used to refer to the selective placement of special education students in one or more "regular" education classes. Proponents of mainstreaming generally assume that a student must "earn" his or her opportunity to be placed in regular classes by demonstrating an ability to "keep up" with the work assigned by the regular classroom teacher. This concept is closely linked to traditional forms of special education service delivery.

“Mainstreaming” refers to children with an IEP attending a regular classroom for their social and academic benefit. These students are expected to learn the same material as the rest of the class but with modifications in the course and adjustments in the assessment. A mainstreamed child does not have any other help in the classroom except for the teacher. The support they get is in the form of modifications in the course. For example, if a child is dyslexic and has problems in reading or writing, they are occasionally given individualized reading sessions. Their reading material is simplified, and they are given simplified writing assignments.

Mainstreaming is allowing the student with a disability to be educated along with non-disabled peers in a general education classroom. Inclusion allows the student with disabilities to receive instruction in the general education with special education services coming to them. For example: a student with difficulties in reading would have the special education teacher come to them to receive their instruction in the same room with their non-disabled peers.

Suggested Readings

- Difference Between Mainstreaming and Inclusion | Difference Between | Mainstreaming vs Inclusion <http://www.differencebetween.net/language/words-language/difference-between-mainstreaming-and-inclusion/#ixzz2WXelGE7w>
- Hegarty, Seamus, and Mithu Alur., (2002), Education and Children with Special Needs: From Segregation to Inclusion. Thousand Oaks, Calif: Sage Publications. Print.

7.4 Pros& Cons

The concept of Inclusive education is based on human rights and principles. In inclusive education all types of students, by being together learn to respect the individual differences and acknowledge the diversity. Different teaching approaches and strategies are used in the inclusive system which enhances the learning experiences of the students with disabilities.

Segregation system labels the children and inclusive education removes all labels and gives confidence to the students with special needs. Inclusive education focuses on acceptance and works in a way to meet the needs of all children after focusing their abilities and deficiencies.

Inclusive education is cost effective in a way because when we arrange and accommodate all the learners at same place it will help to arrange the resources move effectively and in a more proper way.

However, there are always two sides of the pictures. Similarly, if we analyze either side of inclusive education there are demerits as well. Let us write these separately so that its pros and cons can be inferred.

Merits of Inclusion of Students with Disabilities

- i) It is quite useful to enhance the abilities of the learners. When they get a chance to learn together they would be able to share their knowledge and abilities hence get greater opportunities for interactive learning. Increased appreciation and acceptance of individual differences understanding and acceptance of diversity give special children opportunities to face different challenges which make them able to face the future challenges and problems in a better way. Peer role models for academic, social and behavior skills which increase social interactions, relationships, and networks.
- ii) Inclusive education provides the equality and quality of education for the entire population without any discrimination. It is the right of every child to get quality of education within his/her community on the basis of equality and it is the responsibility of each school to build the capacity to enroll every child in the school of the community and provide the learning experiences according to his needs. Inclusive education is to provide or develop the unified educational system. When all the students of a society will get a chance to learn in the same learning environment then it will raise the standard of education and make the objectives of education clear for all the relevant personnel.
- iii) Every child has his own learning style. It is the responsibility of the teacher to deal with their students according to their learning style. It is the competency of the teacher that how he/she deals with all the learning styles according in orders to provide quality of education. Teachers may use variety of learning and teaching strategies and focus on the latest teaching technology to meet the needs of the learners in inclusive education.
- iv) Inclusive education enhances the learning and thinking skills of the students. By self learning and problem solving activities students' cognitive abilities are enhanced. It makes students able to acknowledge the diversity and respect the individual differences. It provides the chance to learn from multiple experiences.
- v) Inclusive education can enhance the socialization and academic skills of exceptional children. Children with special needs are able to learn inter-personal skills in a better way when they get a chance to interact with normal persons. In this way inclusive education not only develops academic skills among exceptional children but also improve their social competencies.
- vi) Greater family, school and society participation is achieved.

Demerits of Inclusive Education

- i) It is very challenging for a teacher to manage all type of disabilities in a single classroom and difficult to provide relevant intervention to special need children in a regular setting.
- ii) Special children need individualized education plan and program and in a regular classroom which is very difficult to manage in a regular class.
- iii) Special children need multi-professionals services for different therapies and in a normal classroom it is really a challenge to manage all this.
- iv) Inclusive education requires lots of resources and infra-structure. It needs proper physical structure and least restricted environment for all the students. But most of our school buildings are not designed such so that all the students with disabilities such as mobility and orientation can reach or move into these buildings.

Refocusing

Clearly, inclusion is an issue of national importance to the disability as well as the general education community. There is a need of refocusing in three areas that might serve to move us towards successful inclusion of children with disabilities.

- i) A useful refocus is that inclusion be designed to benefit all children; for this, the schools and the community cannot ensure the well-being for inclusion programs without the support and good will of professionals, parents, and children in general education.
- ii) Another refocusing is required to understand the problems, challenges and barriers that teachers and other professional, personnel, parents and importantly, children face in inclusive programs. Everyone's individuality needs to be respected. It is equally important to understand what works well and is effective and satisfying.
- iii) A final refocusing is that we need a clearly articulated set of outcomes for all children who participate in inclusive programs. A national discussion should be refocused from the general goals of inclusion to specific child-based outcomes would do much to solidify best practice around inclusion.
- iv) We need to change the attitudes of teachers whether they belong to normal schools or special schools and parents of children with disabilities or without disabilities.
- v) Availability of trained professionals and teachers. A refocus is required for proper pre-service and in-service training courses for teachers. Administrative leadership is also very important for inclusive education. For inclusive education we need collaboration, consultation, resources and adaptation all these are not possible without administrative support. So, administration has an important role and is an important aspect of inclusive education.

Activity: In-service training includes professional development for teachers who are already working in the classroom. In addition to developing the skills of professionals before entering the workforce, it is essential that teachers already teaching be provided skills and techniques for inclusive education.

Conduct a small study in your local community on the teachers teaching at the primary levels to find out their awareness level on Inclusive Education.

Questions to be researched

- Q.1 The notion of inclusion is still often associated with children who have special needs. Why?
- Q.2 How do curricula need to change to improve learning and encourage the inclusion of all pupils?
- Q.3 Teachers have a foremost influence on learning. Yet their status and working conditions in many countries make it difficult to promote inclusion. What can be done to improve their lot?
- Q.4 Does the component of Inclusive Education in the Education policy of Pakistan promote inclusion as a human rights issue or use human rights as a justification for inclusive education?

Exercise

- Q.1 What are the three essential components of capacity building in Inclusive education?
- Q.2 What are the principles of inclusion?
- Q.3 In the field of disabilities, what do normalization and age appropriateness mean and why are these concepts important?
- Q.4 What is meant by Inclusive Education system?
- Q.5 How the teacher training curriculum may be modified for Inclusive education?
- Q.6 How does inclusive education promote successful learning?
- Q.7 What are the issues involved in acknowledging the different pedagogical needs and methods required for children, youth and adults in Inclusive Education?
- Q.8 What strategies and activities may be used to carry out attitudinal changes and awareness raising campaigns for Inclusive education in the society?

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Unit–8

FAMILY INVOLVEMENT

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8.1 Introduction

Birth of a child in a family associated with great expectations of a healthy child, full of future planning and a perfect successful life with ambitions. These expectations break at once a child comes in the world with disabilities. It shakes the parents, siblings and other family members. This creates many problems for the parents and the child. There are several effects on the family of a disabled child. At this stage, parents go through many phases:

(Can you recall the phases you have read in Unit 1).

The phases, parents and the family go through:

- i) Shock, Fear, Loss, Anger and Guilt: They feel insecure and sensitive; start blaming each other or think it is due to the misdeeds they might had any. This is a very sensitive issue where parents need psychological and moral support and guideline.
- ii) Social Isolation: Parents if do not accept start avoiding social functions to avoid people and their questions, this leads them toward social isolation; which creates many social and psychological problems among them. This social isolation not only affects the family members but also affect the social development of the child. Children with special needs learn a lot in their environment with the interaction of other people in the society.
- iii) Financial Burden: Mostly parents feel financial burden to meet the needs of the child suppose a child is a multiple disabled and needs physiotherapy, speech therapy, hearing aid etc. then it will be difficult for the family to meet the needs of special and other children without disability. Similarly, it increases the efforts to take a child from one place to another which is also a reason for social isolation.
- iv) Disabled Child Himself: Experiences many influences even by his/her family and social surrounding and the level of care that they receive. They have to go through different developmental stages from early childhood to adulthood. Some of the stages create problems for them and their families and some are challenging in other ways but not a single developmental phase is unimportant and less challenging for both child and the parents.

8.2 Objectives

The objectives of the unit are to enable the students, to;

1. examine family resilience and those factors which help parents to manage in the daunting circumstances.
2. identify the feelings of disabled people, parents and the society.
3. become aware of the effects a handicapped child may have on his family and the issues that family encounter for pursuing the facilitating resources.
4. analyze the trends involved for providing guidance and counseling services available in the country and issues associated to reach those.
5. find out the attitudes of family towards their family member having special needs.

6. determine the opportunities of providing pre -school education and training to the children with special needs and teachers intending to serve in the field.

8.3 Awareness (Acceptance)

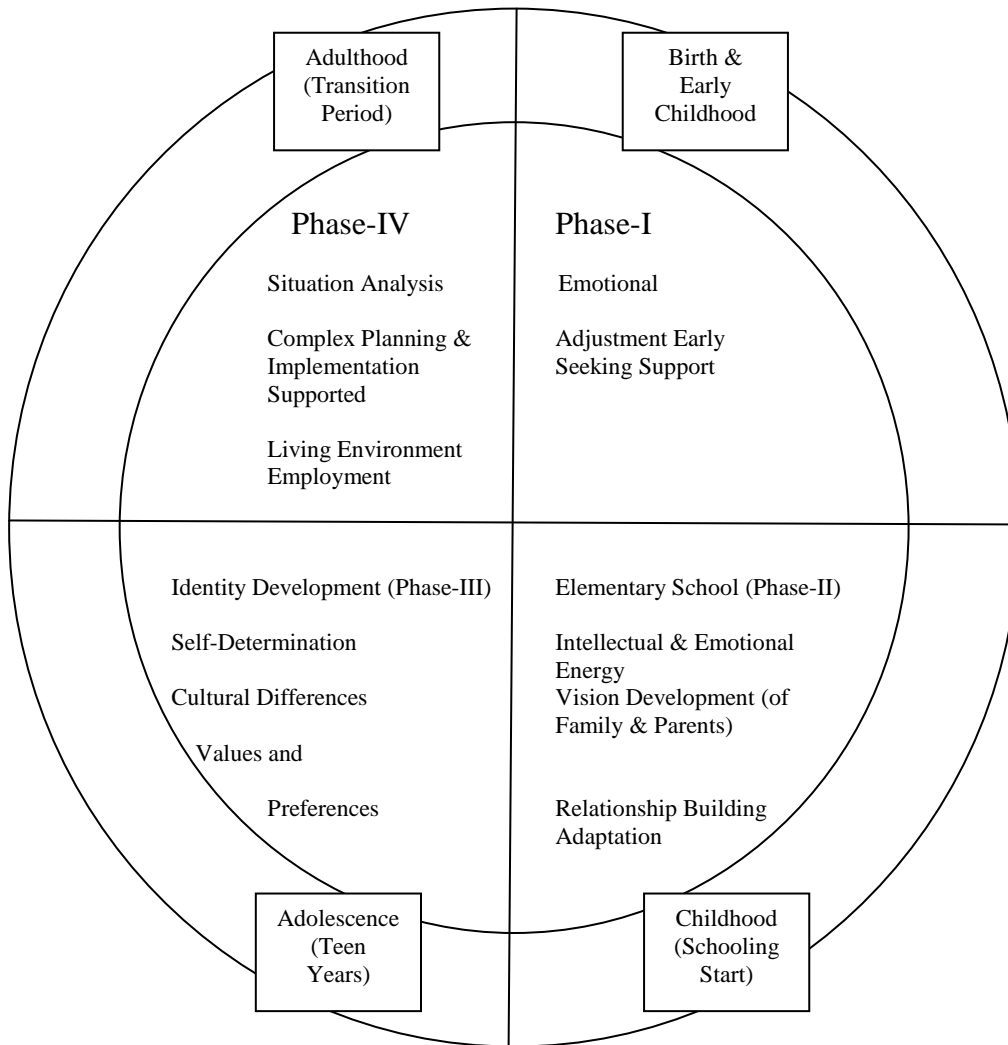
The parents having a disabled child face many problems and issues. It includes financial, social and emotional problems. These children have their own special needs and parents face many challenges while fulfilling these needs – so they go through the developmental cycle in rearing a child with disability. Here are the phases of that developmental cycle.

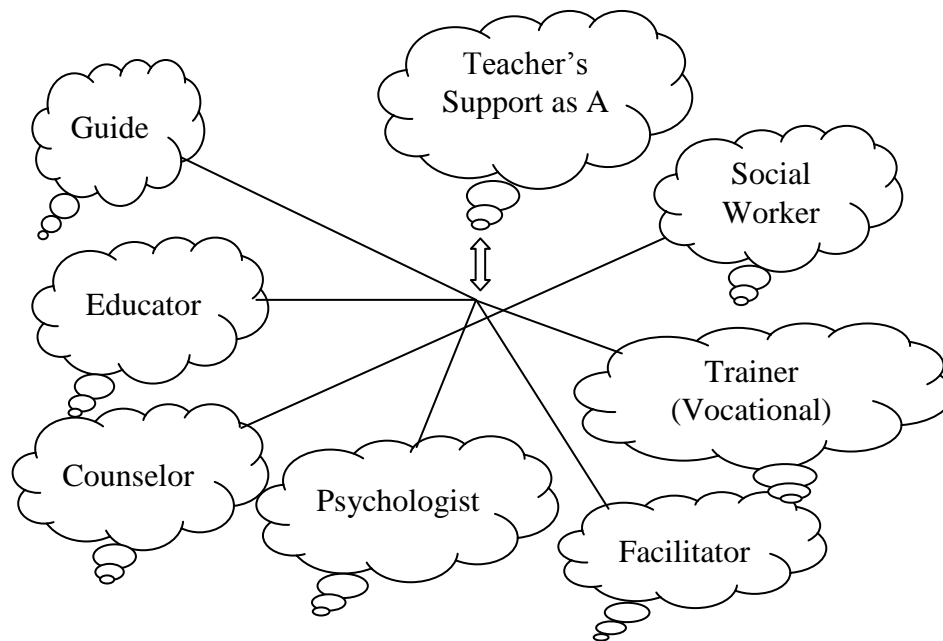
- Denial
- Feel ashamed and guilty
- Physical and Financial Stress
- Neglect
- Over protected
- Work on the adjustment and intervention services

Stigmatization is a common issue associated with disability in Pakistan. The occurrence of any disability or handicap due to congenital problems or psychological concerns is considered a threat to the family's social status. Hiding family events leading to disability relates to “exchange” phenomenon in marriages, especially on the bridegroom's side. The fear that other children in the family may carry genes which could affect their progeny and that people would not like to marry their daughters or sons prevents parents from revealing any handicapped birth in the family. The stigma associated with the disability emanates from the fear of discriminatory behavior from others because of the inability to perform expected roles.

The concept of resilience in the context of family life indicates the ability to cope effectively with challenges and hardships, to function in crisis situations and to demonstrate resourcefulness, as well as the ability to adjust to new and changing situations and to resume constructive functioning. Here let us those general developmental phases or stages a disabled child, his parents and family go through and the supporting persons who help them to cope up with these stages:

Phases of Developmental Cycle





8.4 Counseling and Guidance

The counseling services are the following:

- Individual Counseling
- Group Counseling
- Family Counseling
- Counseling Special Cases

There are different trends and issues in the field of guidance and counseling. For example, one of the issue prevailing is the professional title. One school of thought prefers to be called school counselor whereas another one prefer to be called guidance counselor. However as a professional school counselor have more duties than those practiced by vocational guidance counselor. The major function of the school counselor is to help all students with growth in self-understanding, developing interpersonal, problem solving, and decision-making skills and occupational awareness. This is accomplished through classroom guidance, large and small group sessions, and individual counseling and based on the following principles:

- Every student needs appropriate personal and social skills to achieve optimum benefits from the educational program.
- A comprehensive developmental guidance and counseling program is not a support service but an integral part of the total education program.

- A developmentally appropriate guidance and counseling program provides important benefits to individual students by addressing their intellectual, emotional, social, and psychological needs.

Activity

- Attend the counseling sessions two professional school counselors- one working in general school system and another one in the school for children with special needs. Document all the stages and the strategies they are using and write down the comparison.
- Interview a counselor on the trends and issues of the field.

8.5 Family Participation

The presence of a disabled in the household is made known when such an individual is not considered a threat to the family's name and social status or when the family feels appropriate to provide socialization to handicapped persons beyond their own family. Parents can help many of the professionals by assisting and providing real information. Family members have expert information that can promote a successful rehabilitation experience. Rehabilitation professionals and other human service providers realize that by involving family, rehabilitation success is enhanced. Because of the current shift in thinking, families are considered critical partners.

Parents can act as:

- i) Advocates,
- ii) Participate in educational planning
- iii) Observe their children's behavior
- iv) Help set realistic goals
- v) Work in the classroom
- vi) Teach their children at home

Parents Role

Parents of a disabled child mainly go through following four stages or phases of development of their child. So their role is very important for the well being of their child.

Phase-I: Birth and Early Childhood

This is the first stage in which parents go through an initial reaction of emotional adjustment as we have discussed earlier that parents need emotional support to accept the reality of loss. Once parents come out of this emotional state of mind, the first thought comes to their mind is the possible ways to overcome the problem. This thinking leads them towards seeking of a good and proper early intervention program suitable for their child. This support seeking attitude helps the child as well to utilize his abilities.

Parent Teacher Relationship: Trust

Here, parents collaborate with a multi disciplinary team to provide maximum benefit to their child. In this regard a special education teacher can help them to select an appropriate intervention program where a child can access multi services to overcome the disability. This stage is also known as diagnostic stage as child is diagnosed with developmental delays where pediatricians guide the parents and provide information and support to adjust their child and his issues. In an early intervention program, special education teacher starts working on the child's education and training.

Phase-II Childhood

This phase is specifically deals with the school related issues, these issues link with the growth of the child with special needs. As the child grows into childhood and enters elementary school, family members share a greater wealth of experiences. Parents and to some extent other family members develop a vision about the future of their child. They come to know about the strengths and weaknesses of their child and also become able to identify the interest of the areas of their child.

Teachers' Role as a Guide & Facilitator

On this stage, teacher plays the role of guide and facilitator, who guides the parents regarding the needs of their child facilitate them with different coping strategies to handle the related issues. Here teacher and parents establish a relationship of trust and understanding. And teacher guides the parents realistically. Teacher also help the parents to select the most suitable program or system either inclusive or special on the bases of assessment. So, teacher helps in making decisions.

Phase-III Adolescence

This is a difficult and crucial phase for the teacher, parents and child himself. Parents have to face biological and psychological problems. The teen years are developing age. Identity problems can be complex. It is time to expand self-determination skills, which includes the motivation, knowledge, skills, and responsive content to live life according to the individuals' values, preferences, strengths, and needs. Teachers' support on his phase is compulsory along with other supportive services.

Teacher as a Counselor

On this stage teacher becomes counselor and helps the parents regarding managing problems related to this stage which can be behavioral, psychological or personality related.

Phase-IV Transition Period or Adulthood

Again a crucial period for the parents which is very important. Whatever child has learned and has got training from the school now, it's time to utilize them. If child at the age of 22 is not placed in a right place at a right time then all the efforts will be useless. At that time, family faces a significant number of issues that require complex planning and implementation.

Teacher as a guide, counselor, trainer social worker and vocational teacher

Support the parents and family members in finding the best appropriate place for the child in society. Coaching the parents in this regard is essential in nutshell, every phase of a disabled child's development is equally important. Services should be provided in such a way which emphasizes the whole person and involves the family in a supportive and holistic rehabilitation process. Such provision requires the rehabilitation counselor to have a broad paintbrush with which to paint flexibility, respect, and acceptance.

8.6 Attitude toward Disability

While talking about the attitudes toward disability, it involves the attitude of the disabled person towards himself/herself, his family's attitude and the society's. This is the most difficult time for the parents who have waited and dreamt for a healthy beautiful child. The grieving process is compounded by resentment that an imperfect substitute has been left in the place of the anticipated infant. The reactions of friends and family members can be devastating at this time (Featherstone, 1980). However, the emotional reactions of parents vary, and professionals must not assume that a specific pattern of reaction is inevitable. Cultural values have a large influence on the degree of trauma the parents experience (Hanson, 1992).

Issues involved in having a disabled person in the family

a) Emotional Adjustment

Peoples' reactions to their disabilities vary with the individual, the severity of the handicap, and the time of life when the condition began. A person's emotional adjustment can be made more difficult by social discrimination and the limited concessions made by the community. For those individuals who are born with impairment, the emotional adjustment is on-going; it changes with the different phases of life (*please see section 8.3 of the unit with the heading Phases of Development Cycle*). People who acquire an impairment through injury or sudden disease have a more dramatic and immediate adjustment to make. They have to adjust to a new social situation and accept new attitudes and expectations from others. They may have to live with new limitations on their access to community facilities and services and suffer new limitations of opportunities. A slow degenerative condition puts somewhat different emotional stresses on affected individuals and those around them.

Activity

At this point of study, let us discuss the type of adjustments the person would have to make if he is disabled,

- born with impairment
- through injury or sudden disease
- because of slow degenerative condition

Though common emotional reactions can be identified among large numbers of people who cope up with disabilities, they cannot be assumed to exist in every person or every family. Interventions should be individualized to meet the needs, wants, and culture of the person and the family (Lynch, 1992).

b) Social Issues

Disabilities have many effects on the social lives of those afflicted. These include the attitudes of others, the effect of personal appearance and behavior, leisure activities, and family life. The attitudes of other people are the major problems faced by people who have disabilities (Saskatchewan Human Rights Commission, undated brochure). For most of the instances people without disabilities think that positive attitudes are those which are "nice" and "helpful". They do not realize that this sort of response actually places the recipient in a needy position. The attitude conflict described above can be resolved by educating the nondisabled public. Relationships between people with disabilities and those without can be improved through open communication and personal interaction. Another way to change public attitudes toward people with disabilities is through positive media presentation.

c) Education

Proper schools which fulfill the needs of special people, trained personnel and the teachers, appropriate curriculum, services which fill the needs of people with disabilities are extremely important for the appropriate education and the quality of life. As the student reaches high school age, vocational training and independent living skills may take precedence over academic studies and the adolescent need to spend a large portion of the day in the community rather than in the school.

d) Affordability and availability of assistive devices

The devices include mobility aids, respiratory equipment, environmental aids such as wheelchairs, commodes, walkers, and other self-help devices which assist in daily living in the home. People who are paralyzed due to certain diseases or injury need medical supplies, medication, and more sophisticated devices. The affordability of essentials is an issue for many people with disabilities because, as a group, their incomes are lower than average.

e) Employment and Finances

Educational requirements for jobs are often a barrier to people with disabilities because they tend to have less formal education than their peers. There are two main reasons for this discrepancy: those disabilities caused interruptions in people's education, and the need to attend special classes or special schools. Some people are so severely disabled that they cannot go to school. People with disabilities are concerned about the following aspects of their employment situation:

- lack of reasonable accommodations in the workplace,
- work disincentives within the social welfare system,

- lack of job-seeking skills and lack of information about job training and job search assistance,
- job discrimination and lack of equality of opportunity,
- Limited job opportunities.

f) Problems Associated with Accessibility

The problems of accessibility make the handicap of a person even worse. Accessibility is a major issue for people with disabilities. It limits the places they can go, what they can do, the stores they can shop in, the jobs they can hold, and the places they can live. Lack of access makes a joke of the entire concept of equality. Access, or lack of it, determines whether a functional limitation becomes a disability. Disabled people's problems do not end when they finally reach a building. Exterior doors may be difficult to open. Doors and hallways may not be wide enough for a wheelchair or walker to be maneuvered easily. Washrooms can also pose many problems for someone who is in a wheelchair: they may be too small; they may not have grab-bars; and sink, towel dispensers, and mirrors may be inconveniently placed. All of these factors make people's lives more difficult and limit the number of places they can go.

g) Media Portrayal and Public Information

Children are exposed to negative images about people with disabilities from books, movies, plays, television, and comics. Such stereotypes influence the reactions of people toward individuals who are obviously different. Movies often show people with disabilities in a negative and unrealistic way, preferring the sensational or pitiful to the everyday and human side of disability." (de Balcazar et al. 1988/1990, page 10). In spite of this, there have been many positive movie representations of disabled individuals. Examples include a 1930 film called *City Lights*, where Charlie Chaplin befriends a blind girl; the 1946 movie *Best Years of Our Lives* about a sailor who came back from the war after losing both arms; and *Miracle Worker*, the film about Helen Keller produced in 1962. *Mask*, *Children of a Lesser God* and *My Left Foot* and the famous '*Tare Zamin per*' are modern examples of movies which give fairly realistic views of people who have special needs. The Special Olympics creates an active and appealing image of people with disabilities. Public news reports of these events are carried by many forms of media i.e. radio, newspaper, and television. Television has presented some excellent depictions of people with handicaps. *Fifth Estate* did a sensitive presentation of a girl with Fetal Alcohol Syndrome, and Oprah Winfrey has respectfully interviewed individuals with conditions such as Pader-Willi Syndrome. Such portrayals help remove the stigma suffered by people with disabilities.

h) Transition

School transitions, whether from one level of schooling to another (such as from elementary to middle school) or into a new school (such as after family relocation), are stressful for all families. However, these transitions typically are easier for students without disabilities than for their peers with disabilities (Ysseldyke et al.,

2000). Therefore, transitions may raise particular concerns for the parents of students with disabilities. School transitions mean establishing new relationships with principals, teachers, support-service providers, other school personnel, and students and their parents. Parents may feel depressed, pessimistic, and overwhelmed about the need to start all over again with this new cast of characters. These new people will need to be educated about the child's disability and trained in all pertinent special procedures or equipment.

i) Personal Appearance Related to Social Attitudes:

Personal appearance can influence the way individuals are treated socially and affect their professional and economic opportunities. For example, for people with physical disabilities personal appearance is a particularly sensitive issue. Physical differences may be seen as unattractive or even revolting. People's initial reactions tend to focus on an obvious disability rather than on the person.

Activity

Interview some physically disabled people on the views on their personal appearance and attitude of others on the first meeting with them.

j) Leisure Activities

Because of the non-availability or ill-management of leisure activities for disables, this has become another major issue for the people with special needs.

k) The Right to Equality

Discrimination and lack of accessibility create a situation where people with disabilities must struggle for equality. Discrimination shows itself in many areas of life. Equality of opportunity requires appropriate education, and the provision of necessary public services. Equality of opportunity also requires that housing, transportation, employment sites, and community buildings are accessible despite the extra costs of adaptation.

Activity

Canada was the first country in the world to guarantee equality for the disabled in its constitution. Canada also belongs to the United Nations whose charter states that "Everyone has the right to life, liberty and security of person". At this stage read the constitution of Canada on the equal opportunity rights for disables for your information?

Practical Considerations

As evidenced by the personal remarks quoted earlier, people with disabilities have the same concerns that plague everyone else in our society: finances, social acceptance. Handicapped people, however, have personal and practical problems specific to their particular requirements and limitations.

8.7 Pre-School Training

Parents/families of exceptional children play an important role in early intervention.

Benefits of Early Intervention Include:

- i) Gains in physical development, cognitive development, language and speech development, social competence, and self help skills.
- ii) Prevention of secondary disabilities
- iii) Reduction of family stress
- iv) Reduced need for special education services or placement during the school year
- v) Savings to society of the costs of additional educational and social services that would be needed later without early intervention
- vi) Reduced likelihood of social dependence in adulthood
- vii) The effectiveness of early intervention is increased when it begins early in life, is intensive, and lasts for a long time.

Disabilities affect every aspect of life for people who are afflicted. Their life style choices can often be curtailed and their quality of life reduced. Disabilities can, and should, be prevented because of the human suffering they cause, and the financial burden they impose.

Further Reading

For further reading about disabilities and their effect on individual's lives, the following books and articles are recommended:

Nagler, M. (Ed.). (1990). *Perspectives in Disability*. Palo Alto, CA: Health Markets Research. This edited volume contains a wealth of material drawn from journal sources. The articles chosen cover a wide variety of topics in the field of disabilities. It is an excellent resource and a convenient way to obtain an overview of the field without doing extensive individual research.

Featherstone, H, (1980). *A Difference in the Family: Life with a Disabled Child*. New York: Basic Books. This is a touching autobiography which explores the effects that having a child with a disability can have on family life and interactions.

Detailed information about prevention of disabilities can be found in the following books:

Abroms, K.I. & Bennett, J.W. (Eds.). (1981). *Genetics and Exceptional Children*. San Francisco: Jossey-Bass Inc.

This is the second part of a four-part study that used qualitative methods and descriptive statistics to examine child mental retardation from the perspective of the family. Ninety-five mothers of children with mental retardation were questioned using both a questionnaire and open-ended questions to allow them to articulate their own experiences

in their own words. The data were analyzed with regard to the children's and mothers' needs and experiences, including those in education. In addition, these experiences were compared with those of families from part one of the study. The report also offers recommendations in terms of attitude change and policy change. These recommendations support the current levels of understanding regarding the "best practices" for giving services to families and children with disabilities. (11 references).

Key words: Child rearing, parent/child relationship, educational experience, parent/school relationship, family relationship.

Briggs, F. (1995). Developing personal safety skills in children with disabilities (Clearinghouse No. EC 304578). Maryland. (ERIC Document Reproduction No. ED 391329).

This guide was designed to provide general background information and practical curriculum ideas for teaching children with disabilities personal safety skills in the area of child sexual abuse. The guide is divided into two parts. Part 1 examines the history and effective educational programs for child protection, reasons why children with disabilities especially need personal safety skills, and curriculum development. It also looks at strategies for maximizing parental participation, managing a child's disclosure of abuse, and providing therapy for the victims. Part 2 presents activities, work sheets, and teaching methods for addressing the development of self-esteem, assertiveness skills, coping skills, body image and body awareness, an understanding that some body parts are private, feelings awareness, and how to encourage a dialogue about these things. Two appendices also present suggestions for integrating personal safety into the curriculum and additional reasons for the protection of children with disabilities. (115 references).

Key words: Disabilities, child abuse curriculum, prevention safety, self-care skills, emotional development, teaching methods, sexual abuse.

Cohen, L.G. (1997). Early literacy activities: Experiences of rural families of children with disabilities (Clearinghouse No. RC 021018). In Promoting progress in times of change: Rural communities leading the way (Clearinghouse No. RC 020986). (ERIC Document Reproduction Service No. ED 406117).

This study examined the early literacy experiences of rural disabled children ages 3-8. The data originated from a subset of the National Household Education Survey of 1995 and included families both with and without disabled children. Families were asked questions about their race/ethnicity, education level, native language, presence of children with disabilities, child and family literacy activities, and children's grade level. The results showed that among other things, the incidence of disabled children was higher among parents with less than a high school education. In addition, black children had a higher incidence of disabilities than did other racial and ethnic groups. With regard to early literacy, over half the children both with and without disabilities were read to every day by a family member, and three quarters of the children were read to on a

regular basis each week. The results also indicated that during the primary grades, families who had disabled children were as involved with early literacy activities as families with nondisabled children. However at the preschool level, children with disabilities were engaged in early literacy activities with family members to a lesser extent than preschool children without disabilities.

Key words: Early childhood education, family involvement, parent/child relationship, rural/urban differences, family role.

Grolnick, W.S., Benjet, C., Kurowski, C.O., & Apostoleris, N.H. (1997). Predictors of parent involvement in children's schooling. *Journal of Educational Psychology*, 89, 538-548.

This study examined three different types of parental involvement and the factors that might predict the occurrence of each type. Parental involvement was categorized into school involvement (i.e., attendance at school events), cognitive involvement (i.e., engaging the child in cognitive-intellectual activities), and personal involvement (i.e., interest and knowledge of school activities). The factors predicting involvement were divided into three levels: individual factors (parents' personal efficacy, child difficulty); contextual factors (stress, social support); and institutional factors (teacher attitudes). The results of the study found, among other things, that mothers from single parent families were less involved than those from two-parent families. Also, teacher practices were found to have the strongest effect when individual and contextual factors are optimal. This indicates that families with high stress levels may not respond to teacher efforts to involve them in the same way that less stressed families do. Overall, this study identifies the multidimensional nature of parent involvement and stresses the need for schools to use multiple pathways for encouraging family participation in schooling.

Key words: Parent role, parent participation, school, children, educational involvement.

Healy, J.M. (1995). Nurturing the growing brain. *NAMTA Journal*, 20(1), 44-66.

This article examines the factors that influence the physiological development of children. The quality of both the family environment and the parent-child relationship was found to have a significant effect on the neurological development of young children. Parents are encouraged to develop thinking skills, problem-solving skills, and language skills in their children. Practical suggestions and techniques are provided to assist parents in using meaningful conversation and interaction to facilitate the development of these skills. The article also discusses two neurologically-based disorders – attention deficit hyperactivity disorder and dyslexia – and explores a range of environmental factors that may be possible causes of these diseases.

Key words: Attention deficit disorders, early childhood education, learning disabilities, parent-child relationships, environmental influences.

Higgins, C. (Ed.). (1995). Dads and disability [Special issue]. *Families and Disability Newsletter*, 6(3).

This is a theme issue that focuses on the relationship between fathers and their children with disabilities. A study of 86 Kansas fathers of children with and without disabilities ages 5-8 was conducted in order to identify more options for fathers wishing to increase their involvement with their children. Approximately half of the 86 fathers included in the study had children with mental retardation. The study evaluated parenting competence surveys and measured time spent in various activities. The results indicated that having a child with a disability did not seem to alter the father's concept of his parental competence or the amount of time spent caring for his child. The results suggested that these fathers identified their priorities for their children, found activities that respond to these priorities, talked more with their children, and used a problem-solving orientation such as finding ways to adapt toys. The newsletter also provides contact information, a brief description of seven resources, and a vignette describing the coping strategies of a father with a severely brain damaged daughter. There is also a discussion of how fathers may feel left out and suggestions for involving fathers more with their special needs children.

Key words: Child rearing, parent-child relationship, parent role, parent attitudes, coping with disabilities, mental retardation.

Jacobson, A. (Ed.). (1996, February). Annual conference on parent education proceedings. A review of the 4th annual conference on parent education proceedings held at the University of North Texas, Denton, TX. (Available through the Center for Parent Education, College of Education, University of North Texas, P.O.Box 13857, Denton, TX 76203).

The goals of this 2-day interdisciplinary conference were to present a spectrum of program models, curriculum, and knowledge related to parent education, parent involvement, and parenting. It was also developed to provide in-depth training in parent education and to promote interaction and exchange of ideas. This document includes abstracts and summaries from a variety of interest sessions, research forums, and workshops. Topics that were covered at the conference include parent educator collaboration, foster children, child rearing practices, promoting academic achievement, and the classroom teacher's role. Also discussed were child-adolescent conduct disorders, divided families, incarcerated mothers, and sibling relationships. Additional areas of interest were literacy, parent-child relationships during early adolescence, and parenting children with Down Syndrome.

Key words: Child rearing, children, disabilities, family environment, parent/child relationship, parenting skills, parent participation, and parent/student relationship.

Lange, C.M. (1995). School choice and students with disabilities: Parent perspectives and expectations. Research Report No. 15. Enrollment options for students with disabilities

(Clearinghouse No. EC 304 634). Minneapolis, MN: University of Minnesota College of Education. (ERIC Document Reproduction Service No. ED 392 203).

In this qualitative study, the parental expectations for students with disabilities were examined. The parents of 18 children and adolescents who transferred their child to a different school participated in an in-depth interview. The issues that were addressed included the student's history of special education, reasons for transfer, delineation of student needs, parental expectation of the child's school, parental expectations of the child's teacher, student change after the transfer, and parental satisfaction. The results indicated that the needs discussed most often by parents centered on accommodation and adaptation in their child's program. The parents also emphasized the need for help in personal/social adjustment, the need for a warm supportive environment, and some sort of home-school communication. (16 references).

Key words: Decision making, disabilities educational policy, parent attitudes, parent participation, parent/school relationship, access to education.

League, S.E., & Ford, L. (1996, March). Fathers' involvement in their children's special education program. Paper presented at the Annual Meeting of the National Association of School Psychologists, Atlanta, GA.

This study examined family involvement in children's special education programs by focusing on the involvement of 9 fathers in the special education programs of their children ages 5 to 16. Subjects were interviewed individually and as part of focus groups. The results showed that fathers felt that they did not receive the necessary communications from the school or the teacher regarding their children. In addition, the fathers believed that parent involvement is important for motivating and encouraging their child, cutting down on the child's misbehavior in school, and acting as an advocate for the child in the school. This study also looked at the fathers' level of satisfaction with the school and how factors such as the importance of classroom behavior management, progress in academic areas, and a positive school's climate can impact on the parents' attitudes.

Key words: Academic achievement, classroom environment, disabilities, parent/child relationship, parent/school relationship, parent role, parent participation.

Lillie, T. (1995). Mandating father involvement: Implications for special educators (Clearinghouse No. EC 303926). South Dakota. (ERIC Document Reproduction Service No. ED 381978).

This paper examines various issues concerning mandated father involvement with their children, especially as this involvement affects children with special needs. One issue that is examined involves the history of the status of fathers, how it has changed, and why father involvement is an factor. Another issue looks at the current regulations at the federal level that explicitly provide for or mandate father involvement. Also discussed are the various court decisions that encourage or mandate father involvement. Finally, the

implications of mandated father involvement are presented and discussed from the perspective of special educators. Two current and contrasting theories on mandated father involvement are presented: one that favors father involvement and one that favours ultimate maternal control over child-rearing. This paper contains a table that identifies the federal regulations concerning fathers' responsibilities, especially regarding their almost exclusive emphasis on financial responsibility. Recent court decisions concerning fathers of children with disabilities from various states are summarized and there are suggestions for encouraging more inclusive father involvement. (38 references).

Key words: Parent-child relationship, financial support, legal responsibility, parent role, parent participation, special education, state legislation, disabilities.

Naperstek, N. (1995). *The learning solution: What to do if your child has trouble with schoolwork*. Dresden, TN: Avon Books.

This book was written specifically for parents of children who may have learning problems. A learning problem is defined to exist when there is a discrepancy between people's expectations and a child's academic performance. The book was intended to increase parent's knowledge about school resources along with the effectiveness of their interactions with school personnel. In the chapters, the author discusses labels, the origin of learning difficulties, and common school problems. He explains academic support services, special educational support services, alternatives to traditional intervention, and emotional support services. There is a guide for parents on asking the right questions, using questionnaires, and how to get a good psycho-educational evaluation. The book ends by providing specific tutoring strategies for reading and mathematics, behavior modification, and motivating techniques. A section also lists a variety of resources and organizations that are available to parents. (18 references).

Key words: Learning difficulties, parent roles, parent support, special education, tutoring strategies.

Raddish, M.. (1995). Nutritional intake in children with disabilities compared to typical children (Clearinghouse No. PS 023 825). Kentucky. (ERIC Document Reproduction Service No. ED 388 452).

This study compared the feeding problems of children with disabilities to a sample of typical children. Subjects were 50 children ages 3-5 in the state of Kentucky – 25 of which were without disabilities. Data was collected from parent/guardian interviews, case records, medical histories, and a food frequency questionnaire. A Health and Nutrition Assessment Inventory for children with feeding disorders was done with both groups. Results showed that compared to typical children, the children with disabilities were shorter, weighed less, had a greater incidence of poor oral motor skills, had more dental problems and weaker tongue muscles, and spent less time eating. This study implied that children with special needs are at an increased risk for nutritional deficiencies and may require more careful monitoring of dental health needs. The authors suggest that the

present study documents the need for a nutritionist as a vital member of the educational team. (9 references).

Key words: Feeding problems, preschool children, preschool education, disabilities, nutrition.

Severe, S. (1996). *How to behave so your children will, too!* New York: Greentree Publishing.

This book was written as a parenting guide for parents and anyone who works with children. The book uses examples and stories drawn from the author's experiences which many parents will be able to relate to. It provides parents with specific and positive strategies to replace their own behavior with patterns that produce more cooperative behavior in their children. The chapters cover a variety of topics including how to be consistent, manage anger, prevent arguments and power struggles, and how to teach children to listen? The author also provides sensible and useful activities for parent and teacher training, counseling, and consultation with each topic that is covered.

Key words: Parenting skills, children, behavior modification, training, anger management.

Tucker, M.A., & Fox, R.A. (1995). Assessment of families with mildly handicapped and non-handicapped preschoolers. *Journal of School Psychology, 33*(1), 29-37.

This study compared and contrasted parental attitudes towards behavior and development in families with and without disabled children. A total of 125 families of pre-schoolers were interviewed – 65 had children with mild handicaps and 60 had non-handicapped children. The families were interviewed and compared using the reports from the Parent Behavior Checklist and the Child Behavior Checklist. The results indicated that mothers of the mildly handicapped sample had significantly lower developmental expectations than did mothers of the non-handicapped sample. In addition, parents of mildly handicapped preschoolers saw them as displaying higher levels of internalizing and total behavior problems than did the parents of the other group of children.

Key words: Behavior disabilities, parent-child relationship, parent influence, educational development.

Turbiville, V.P. (1995). Fathers and family-centered early intervention. *Infants and Young Children, 7*(4), 12-19.

This article reviews a variety of studies on the father-child relationship and its influence on personal development. Fathers have been found to have a positive influence on their children's emotional development. In addition, a satisfying relationship can also impact positively on the father's personal well-being and contentment. The article provides strategies for facilitating the inclusion of fathers in early intervention service delivery.

These include specific techniques and methods for involving fathers in both play and verbal interactions with their children.

Key words: Disabilities, early childhood education, parent-child relationship, parent role, parent participation, parent influence.

8.8 Exercise

1. What are the attitudinal phases a family goes through on the birth of a handicapped child?
2. Which strategies may be used by a teacher/care giver to engage the family of the students with special needs which would support their child's educational development?
3. To what extent do differences in levels of family involvement and family expectations relate to variations in students' school engagement, academic performance, social adjustment, and independence?
4. What are families' expectations for their disabled children's future education and independence?
5. What are the types of counseling?
6. How may the families' involvement in home-based activities be encouraged that support the education and training of secondary-school-age students with disabilities?
7. What are some of the identified barriers to family involvement?
8. Family involvement helps youth (with or without disabilities) do better in school.
9. What are the benefits for parents, teachers, and schools?
10. What are some additional issues or barriers for family involvement in the transition Individualized Education Program (IEP) assessment and planning process?
11. What are some important strategies for successful parent involvement?
12. What are some practical ways for schools to increase parent and family involvement?
13. What is parent-professional partnership and collaboration?
14. What can teachers and school administrators do to promote family-professional collaboration and partnerships?

8.9 Bibliography

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Ysseldyke, J. E., Algozzine, B., & Thurlow, M. (2000). *Critical Issues in Special Education* (3rd ed.). Boston: Houghton Mifflin Company.

Unit-9

VOCATIONAL TRAINING AND SPORTS ACTIVITIES

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9.1 Introduction

Vocational Education and Training in general refers to an education that prepares people for specific trades, crafts and careers at various levels. The purpose of vocational training for students with special needs is to impart them the skills they need to find employment and live as independently as possible. Employment empowers individuals with special needs to feel they are just as significant and productive member of society as anyone else. A vocational assessment helps the student explore options and identify the appropriate vocational program to match his/her aptitude in the least restrictive environment.

United Nations estimates that there are more than 650 million persons in the world with disabilities. The majority of such persons live in under-developed countries. It is feared that their number would increase rapidly due to the breakout of wars, terrorist attacks and increasing vulnerability to natural calamities. Proclamations, treaties convention, pacts, UN is all about guiding individuals and groups of people towards a healthier world, where justice is the first priority. Treaties for rights of disabled persons have always existed, but the disabled were and still are, stigmatized and victimized by prejudice, preventing them from assuming the rightful places in the society.

9.2 Objectives

The objectives of the unit are to enable the students to,

- i. have the information on the Models and Services available for the vocational training of people with special needs.
- ii. comprehend the policy objective of the Government in assisting persons with disabilities in attaining employment to ensure that they have equal access to participation in productive and gainful employment in the open market.
- iii. aspire the special educator to be able to provide effective services to students with disabilities which emphasize to develop their employability skills, vocational training and transition training.
- iv. analyze the weaknesses and strengths of the vocational training provisions, job seeking and job adjustment problems in Pakistan and enable them to suggest solutions to be adopted to make vocational system more effective.
- v. learn appropriate leisure skills for disables, access to recreation/leisure activities and the opportunities for these activities including sports, exercise, games hobbies and community services and social events.
- vi. explore the trends and issues associated with leisure and sports activities

9.3 Models and Services

Vocational training is the preparation for jobs that call for extensive practical experience and training. Providing vocational training to PWDs is a bit different and complicated than other people since their functional limitations and essential supports needed varies according to disability category and level of severity. So the suitability of training,

management of essential environment and appropriate training delivery method or approach are the key factors to be considered while providing vocational or job related training to PWDs. The model and approaches of vocational training also varies as per the country, culture, need and resource; however there are some very commonly practiced approaches or model of trainings as described below.

Manish Prasai (2010) in his article titled as ‘Relevant Vocational Training for the Persons with Disabilities in Nepal’ gives models and approaches as follows (*See the detailed article in the CD based material*).

a) Mainstream Model: For mainstreaming disability, the physical infrastructures, rules and regulations, systems, curriculum and evaluation processes of such training centers are made disability friendly. The resource persons (trainers) are also fully oriented about disability issues and capacity of PWDs. Since being inclusive in nature this model is very demanding and effective. Most of the PWDs want to be trained through such types of model.

b) Community Based Model: Community Based Rehabilitation (CBR) program is experienced the best strategies for the overall development, rehabilitation and empowerment of PWDs in the world. Economic empowerment is one of the key components of CBR which support to enhance the economic participation of PWDs by mobilizing the local resource and community's cooperation in their own community. Under this approach PWDs are given different types of vocational training based on the need of local market and they are supported technically and financially to start the self employment or get relevant job in the local labor market. In CBR model the needy people are also facilitated to include in the locally run mainstream vocational training center.

c) Apprenticeship model: This is a way to gain skill in a particular subject by working with experienced and skilled persons in his/her workshop or workplace. Learning with experienced crafts and trades people is a very longstanding and widespread means of developing skills. This model is very good to engage in informal economy and even it is cost effective.

d) Peer Training: Peer training is a process where successful business people teach their skills to others. In this model the trainers and trainees are from same background, living condition or same disability category in the case of PWDs. In peer training, the relationship between trainers and trainees is very close like friendship. They both have a very good spirit of teaching and learning. The trainee also feels a kind of deep ownership in the training. In Cambodia such model is very effective to enhance the economic status of PWDs.

e) Group Training Model: This is a model where a person learns skills within the group of people having same training needs. This model is known effective for saving time and resources. We can find many groups having same interest and involved in same job. The very good example of such model is saving credit group. One case study of Cambodia is

replicable in our context. Some PWDs having same training needs formed a group and started to learn Khmer music (which is old but popular music in Cambodia). After a time interval they were able to perform the music and started their performance for tourist and wedding. They earn US\$ 700 per month.

f) Sheltered Model: This is a traditional model where PWDs are kept in specially designed structures and provided different types of vocational training. The trained human resource are given work in the same shelter and paid for their work. The produced goods are also marketed by the shelter. This type of model is highly expensive and cannot cover the wider population of PWDs. This model is not so popular in developing and underdeveloped countries.

At this stage, let us discuss some main issues which are the major hurdles in formulating any appropriate policy for the vocational education and training for PWDs.

Major Challenges and Constraints In the View of Existing Practices for PWDs in Pakistan

The identification of challenges faced by PWDs and organizations working for their welfare is of paramount importance.

- 1. Lack of Reliable Data** (non reliable data, policy making. In the absence of nation – wide and accurate data collection methodologies, reliability of current data would remain questionable.
- 2. Inappropriate Need Assessment** Appropriate need assessment helps key stakeholders and the owners of any program but unfortunately no scientific effort has made to assess the real needs and problems of the PWDs in Pakistan.
- 3. Inadequate Policy, Legislative and Enforcement Framework** The DPO (E&R) 1981 does not contain an effective mechanism for the employment and rehabilitation of PWDs. The policies and laws for the welfare of PWDs are not being followed strictly due to weak enforcement mechanisms and lack of awareness on part of major decision makers e.g. 2% quota for PWDs in all jobs still not fully implemented.

Suggestions and Alternatives

1. There should be establishment of a national network for organizations working for PWDs *currently, this lack of collaboration among different sectors i.e. public, private, NGOs, is seriously affecting the needs of PWDs.
*This lack of collaboration is leading towards unreliable data collection, insufficient service provision, ineffective program implementation etc. So it is strongly recommended that all Government, Non-Governmental and Private organizations and departments should work collectively, collaboratively with mutual understanding, planning for the benefit of PWDs. Because if the target is

one and the aim is one to help PWDs, than efforts should also be done at the united platform to make it more focused and better result oriented.

2. Collection of reliable data should be the top priority because without it, every effort will be useless. Proper mapping, planning, implementation is based seriously upon reliable data.
3. Conducting of scientific needs assessment is as essential as water for thirst and food for hunger. We can't replace one for another.
4. Improvements in Policy, legislation and enforcement framework are depending upon sincere, devoted and dedicated professionals. Untrained, non serious personnel will take it easy to decide anything in the name of policy and then selection of wrong personnel for implementation would ruin any policy.
5. Business market and stakeholders be involved to enhance community based programs for PWDs. They should understand that PWDs are valued entities of the society and can do wonders.
6. Human Resource Development can be stabilized by recruiting PWDs in specially designed community based programs. Innovative and creative personnel are required to launch new programs for them.
7. Services and Facilities should be provided barrier free. (such as sheltered workshops, buildings, micro-credit facilities and equipment)

9.4 Employment

The right to work and employment is an essential feature to realize the human dignity. Besides providing economic support, work offers opportunities for social interaction and a chance to use and enhance skills in a chosen area. Our society place a high value on work and on people who contribute. Employment can be defined as using one's physical and/or mental energies to accomplish something productive.

At this point of your study, before we start discussing the issues involved in the employment of PWD and the trends for the purpose, let us read section 9.2 of the material given on the CD. This material provides the information on the type of employment PWD may get. Moreover the proceedings of the convention of the rights of Person with Disabilities (CRPD) should be studied.

Generally persons with disabilities are either unemployed or underemployed. Why is it? Can you determine the issues involved in it? Here let me pen down a few for you.

Transition issues can be categorized as personal support factors, environmental barriers, and interaction of co morbid factors.

Debra Stewart, Matt Freeman, Mary Law, Helen Healy, Jan Burke-Gaffney, Mary Forhan, Nancy Young, Susan Guenther(2013) in their article “Transition to Adulthood for youth with Disabilities: Evidence from the literature” based on the reviews of published during the last decade discussed the issues as follows:

Transition:

Numerous personal support factors have been identified in the literature on transition to adulthood for youth with disabilities. Some examples are provided below:

- self-awareness, effective coping strategies, resilience, active engagement, perseverance, and goal setting (Learning Disabilities Association of Canada 2005)
- literacy level and language skills (Alpern and Zager 2007)
- internal control and adaptive behaviour, and knowledge about self and future options (Baltodano et al. 2005; Blacher 2001)
- self-determination and self-advocacy during transition (Algozzine et al. 2001; Powers et al. 2007; Wehmeyer and Palmer 2003).

It is evident from this evidence that the strengths and capacities of youth should be taken into account at all stages of the transition process.

Environmental Factors: Barriers

Very few research articles specifically address environmental barriers and/or supports, but the influence (both positive and negative) of environmental factors is imbedded in review articles. The primary environmental barriers described in the literature are:

- People's attitudes towards youth with different types of disabilities and ethnic status in general influences all aspects of transition and also interacts with many of the other environmental factors (Annable et al. 2003);
- Lack of knowledge about options and understanding of disability-related needs of youth by service providers, educators, parents and community members affects a young person's transition process negatively (Hitchings et al. 2001);
- Lack of opportunities, choices and experiences in childhood through adolescence and the transition itself has a profound impact on adult outcomes (Foster and MacLeod 2004);
- Barriers at the service level include lack of continuity of services, for example from paediatrics to adult services (Committee on Disability in America 2007; Davis and Sondheimer 2005); stereotyping and expectations of service providers and educators (Annable et al. 2004); lack of access to services and underfunding of services (Callahan and Cooper 2007); and rigid timelines and age requirements for transition services (Galambos et al. 2007);

- The narrow focus of transition services, especially within schools, on preparation for post-secondary education instead of addressing the 'lifecourse' needs of youth in all domains of transition (Bowe 2003); and
- The environment of the family can also pose barriers, such as socioeconomic status (SES). However, one study has found that SES has a smaller impact on youth with disabilities than those with no disabilities (Wells et al. 2003). Other family factors include parents' low expectations for the future (Chambers, Hughes and Carter 2004) and their lack of knowledge and information to help their young adult (Learning Disabilities Association of Canada 2007).

Interactions and Complexities:

Recent literature acknowledges that researchers are beginning to focus on interactions and complexities involved in transition to adulthood, including the interactions of comorbidity, secondary disabilities and environmental factors. Although this is a relatively new focus of research about transition, some interesting findings are emerging. For example:

- Recent studies have found that some youth with disabilities may become involved in criminal behaviour and substance abuse (Baltodano et al. 2005), which increases the complexity of their situation and often results in negative outcomes of school failure and unemployment.
- Disability interacts with other forms of disadvantage, for example, ethnicity, poverty and immigrant status, but knowledge about the exact nature and process of these interactions (Black et al. 2003; Burchardt 2004) among different groups of youth is limited.
- Studies have also found that having a disability and completing secondary education positively influences future employment outcomes (Vander Stoep et al. 2002) but how this interaction occurs is also not known.
- Other studies are demonstrating how different domains of transition interact with each other; for example, employment is closely related to young adults' capacity to live on their own (Hendey and Pascall, 2001).

This evidence supports the need for more research that studies the various person-environment interactions that take place during the transition to adulthood. A recent study used an interactional/multidimensional approach to examine the influence of type and severity of disability on transition outcomes and the acquisition of adult social roles. Researchers found that while severity of a developmental disability was an important factor, activity limitations and opportunities in the environment were also part of the picture (Van Naarden Braun et al. 2006). These interactions require further study to better understand.'

Learning Independence and Adaptability on the Job

No matter whether it is a competitive environment or a supported one, the need for wide range of vocational and social skills training to come to the complex working environment remains intact. The employees have to learn to perform well, behave properly and work skillfully to their best and optimum level. The under-mentioned list provides details that can be used as checklist to evaluate the independent performance of employees with disabilities.

Performance Measures

- i. Works independently
- ii. Completes all assigned tasks
- iii. Attends to job tasks consistently
- iv. Meets company standards for quality of work
- v. Meets company standards for rate of work performance
- vi. Follows company procedures
- vii. Maintains good attendance and punctuality
- viii. Takes care of equipment and materials
- ix. Maintains acceptable appearance

Adaptability Measures

- i. Obtains/returns material for tasks
- ii. Adjusts rate of performance according to job demands
- iii. Works safely
- iv. Follows a schedule
- v. Manages time properly
- vi. Is able to adjust to changes in routine
- vii. Solves work-related problems independently

Social Skills Measures

- i. Follow directions
- ii. Accepts criticism
- iii. Asks for assistance when necessary
- iv. Gets along with fellow workers
- v. Interacts appropriately with customers

Activity:

- **Develop an infrastructure to empower the disabled persons through legislation, in Pakistan.**

9.5 Residential Alternatives

Preferably the best option for the living of the person with special needs is to be with his/her family i.e. Home (with family). However the recommended Residential Alternatives are outlined in four general service model categories:

- Creative Living Options (CLO) - Privately funded and cost share cooperative residential programs created by a healthy collaboration among the provider, family and referral source to meet the individual's changing needs, preferences and interests.
- Shared Living - This residential option is based upon the mutual benefit of including an individual with disabilities in an existing family unit. An assessment of need determines whether such an arrangement is suitable or beneficial to the individual. Funding may be provided by public or private resources or through a cost share.
- Adult Foster Care (AFC) provides the same individualized services as the Shared Living placement but AFC placements provide two different levels of support based on personal care needs, medical oversight and/or behavioral intervention. To participate in the AFC program, the individual must have Medicaid and meet the requirements of the Adult Foster Care program.
- Individual Community Supports - In a situation where an individual simply needs support to remain in their own living arrangement, a case manager is assigned to work with the person on assessed skill areas such as money and time management, personal organization, medication administration, and meal preparation to enable the person to function as independently as possible. Services can be funded through public or private arrangements.
- Individualized residential Alternatives(IRA)-is a type of community residence that provides room and individualized service options. In this option supervised need based support staff is provided.

Activity:

- **Find out the residential alternative provisions available for persons with special needs in Pakistan.**
- **Prepare an Action Plan to have / improve such alternatives in Pakistan.**

Suggested Readings

- Better Care Network <http://www.crin.org/BCN/initiatives.asp>
- Better Care Network and EveryChild, Enabling Reform: Why supporting children with disabilities must be at the heart of successful child care reform http://www.crin.org/docs/Enabling%20Reform_March2012.pdf
- International Social Service <http://www.iss-ssi.org/2009/index.php?id=25>
- NGO Group for the CRC (UN translations) <http://www.childrightsnet.org/NGOGroup/childrightsissues/WithoutParentalCare/>
- RELAF (child and adult friendly version) <http://www.relaf.org/aplicacion.html> and http://www.relaf.org/aplicacion_eng.html
- SOS- Children's Villages International <http://www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-inCare/Advocating-Quality-Care/Pages/UNGuidelinesontheAlternativeCareofChildren.aspx>
- UNICEF http://www.unicef.org/protection/57929_58004.html

9.6 Recreation and Leisure Activities:

Recreation and Leisure Activities

Recreation and Leisure activity means refreshment of one's mind or body after through an activity that amuses or stimulates. Recreation may be defined as those activities which an individual is not compelled to do but rather which are chosen based upon the establishment of their value as being enjoyable, satisfying, interesting, diverting or otherwise capable for sustaining pleasure for that individual.

Such activities are very important for every human being, especially for children with disability. Because these children face more problems and difficulties in their lives as compare to normal persons. Their disability makes them aggressive and frustrated. Because of disability they lose their self-confidence and positive self-esteem. Recreational and leisure activities are very important for them because:

1. These activities positively effect on the social and psychological adjustment in the life of these children.
2. Recreational activities increase the skills of these children in a variety of academic areas.
3. These activities decrease the negative and inappropriate behavior of children.
4. Activities can be used for the successful maintenance of these persons in community settings.
5. Productive use of sports, recreational and leisure activities contribute to the quality of life of children.
6. Social skills and competences among children are enhanced.
7. The positive self concept can be developed.
8. Successful participation in recreational activities encourages feelings of confidence and competence among these children.

9. These activities enhance self-confidence, positive self-esteem and independence in these children.
10. These activities make these children to forget about their disappointments and disabilities.
11. These activities are quite important in making these children optimistic and enthusiastic.
12. These students become creative and would be able to accept defeat with the help of these activities.
13. These activities are important in making the healthy personalities of those children.
14. These activities are important to refresh and relax them.
15. With the help of recreational activities it is possible to make them able to love and live life in a better way.

Some Leisure time/recreation activities that can be organized

Here are some options or activities that can be organized at district levels for the recreation children with disability.

1. **Arrangements of Different Games**
We can arrange different games like football, volleyball, badminton, cricket, table tennis etc. for these children. These games can be arranged at school level and different competitions and sports or intra-schools level.
2. **Music and Singing Activities**
Different music and singing activities can be arranged for the recreation of these children. Singing competitions and music concerts refresh the minds of the children and they become enthusiastic and forget about their worries.
3. **Painting and Drawing**
Painting and drawing is a way of expressing ideas and feelings. It shows the creativity of a person. Some children have such talent and with organizing such activities they can be given a chance to draw or paint and exhibit their talent.
4. **Poetry and Writing Competitions**
Some children have the talent for literature or comedy writing. They should be provided a platform to show this talent. Such competitions among students play a vital role in personality building.
5. **Quiz Competitions**
Different quiz competitions can also be arranged by teachers to enhance the cognitive ability of their children.
6. **Riding**
Horse riding is wonderful experience and benefit the rider both physically and mentally. It improves balance, posture, coordination. So we can organize this activity for these children.

- 7. Fishing**
It provides a great opportunity to enjoy being outside in a healthy environment.
- 8. Cycling**
The benefit of cycling are the same for a disabled person as they are for an able bodied. It promotes physical and mental well being and for the disabled persons. There is the addition of independent mobility. So this can be arranged for the children with disability.
- 9. Dancing and Dramas Competition**
Dancing and drama competitions can also be arranged in order to bring their hidden talent in front of others and making them refresh and confident.
- 10. Debates**
Debates also increase the confidence, socialization and communication skills and teachers can arrange or organize different debates competitions among these children by giving them different topics.
- 11. Essay Writing Competition**
With the help of essay writing on different topics or issues students become creative and it improves their written expressions and it is also a way of sharing their ideas and feelings. So it is also a way which teachers can use for the recreational activities of children with disabilities.
- 12. Activities of Self Creativity**
Teachers can give projects to these children to make a thing according to their own creativity and they can make different science projects, diagrams, models etc and then teachers can organize exhibitions to display their work.

So, these are some recreation leisure activities which can be organized for these children.

However there are many barriers which create hurdles for organizing recreational and leisure activities for children with special needs in Pakistan. Here are some examples:

Attitudinal Barriers

The attitudes of society are one main hurdle in this context. Because overall our society have negative perception about the abilities of exceptional children and they do not believe in their capacities and capabilities. Our policy makers, government agencies, professionals and media is also not playing a positive role in this regard.

Physical Barriers

Leisure and recreational activities need proper physical structure and least restricted environment for students with special needs. But the infrastructure does not provide the least restrictive environment and students with disabilities face problems in mobility and orientation.

Technical Barriers

There are different technical barriers in the way. In order to introduce sports, Leisure and Recreational system for persons with special needs in Pakistan we need proper technical assistance, trained professionals and physical education teachers trained for special needs.

Economical Barriers

Our country has different economical issues and our financial resources are quite limited. And in order to work on this aspect in Pakistan we need financial resources.

Types of Recreation

- i. Passive and
- ii. Active Recreation

Passive recreation involves activities like strolling on the beach or taking a walk on the riverside while **active recreation** is about engaging in adventure sports or outdoor games. Recreational activities can also be classified as **indoor and outdoor** ones. The former typically includes indoor games and pursuit of hobbies and activities that one engages in, for entertainment. Outdoor activities include sports, adventure, traveling and activities one engages in, for amusement. Recreation can be done in two ways; one can recreate in a group or recreate alone. Group recreational activities include team games, group travel and sports. To recreate alone, one can engage in one's own hobby, turn to sources of entertainment (playing video games, web browsing, reading, watching movies) or travel solo.

Therapeutic Recreation is a profession concerned specifically with the goal of using recreation to help people adapt their physical, emotional, or social characteristics to take advantage of leisure time activities more independently in a community setting. It can also be said that the Therapeutic recreation uses recreation services for intervention in some physical, emotional, and/or social behavior to modify that behavior and to promote individual growth and development. The goal of therapeutic recreation, on the other hand, is to create adaptations so that people with disabilities have access to activities that they wouldn't otherwise have — and to reap the social, mental, emotional and physical benefits of those activities along the way.

Physical Recreation involves varied physical activities that can help individuals with disabilities lead more active and healthier lives. Many recreational activities require the movement of large muscle groups and can be aerobic, which improves cardiovascular health. Hiking, biking, swimming, gardening and dancing are good examples. Physically active pastimes such as these are most beneficial if they are done routinely, and the pleasure derived from them makes this more likely. Recreational and leisure involvement also promotes health by providing a buffer for stress and creating a sense of balance. For instance, recreation and leisure can give people a break from a stressful situation. Indeed, physically active recreational activities can be powerful proactive coping strategies, (i.e., efforts to prevent stressful events before they occur). Social support, sport/exercise and miscellaneous non-social activities, such as painting or writing, are examples. Social

recreation is another important factor in ameliorating the lives of special needs children. Socially active recreation is also important to one's health. In fact, friendships may be the hidden factor in greater longevity. Research supports the importance of social networks in maintaining health and reducing re-hospitalizations of persons with mental illnesses. Recreational activities have the potential to increase social involvement and friendships in many ways, for many recreational activities, such as playing cards or being on a sports team, need the involvement of others.

Suggested Readings:

To further enrich your knowledge please visit the following websites.

- [www.http://pediatrics.aappublications.org/content/121/5/1057.full.html](http://pediatrics.aappublications.org/content/121/5/1057.full.html)
- www.righttoplay.com/International/our.../Final_Report_Chapter_5.pdf Pp 169-196
- www1.umn.edu/humanrts/edumat/hreduseries/HR.../part-4_sect3-14.html

Exercise

1. What factors should be considered before providing vocational training to PWD?
2. Which model of 6 given in the text, of making disabled persons Self Reliant, is the most appropriate and why?
3. What is the difference between employment equity and diversity?
4. What are the challenges of employing persons with special needs?
5. What are the issues involved in organizing recreational activities for people with special needs in your community?
6. How would a disabled person cope with accessibility problems at the workplace?
7. What are the implications for developing and delivering community day opportunities and support?

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