

Training Manual

For a

Child with

Special Needs

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Prepared as part of a project titled " Integrated CBR for people affected with leprosy, filariasis and other locomotor disabilities in Udupi dist., Karnataka"

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Objectives of the manual

This manual is intended to provide information to teachers about Children with Special Needs. It gives information about the types of disabilities some children face. It talks about how to include disabled children in schools, what measures to be taken while teaching them, how to educate other students and their parents. The manual talks about the benefits that children with disabilities have in terms of relaxation of rules.

The manual is in addition to the actual training that will be provided to school teachers by qualified therapists. This manual must not be used just by interpretation without receiving actual training. Content of the manual is not meant to be used for academic purposes.

Pre awareness test

No.	Question	Yes	No	Don't know
1	Do you think children with special needs should be allowed to go to normal schools?			
2	Can you tell a child has special needs just by looking at the child?			
3	Do you think a child with special needs will have a bad influence on other children in class?			
4	Do you think children with special needs need to be taught in a different manner?			
5	Do you think a child with special needs should be allowed to participate in sports and physical education classes?			
6	Do you think it is necessary to discipline a child with special needs?			
7	Do you think unwanted behaviour in a child can be resolved by scolding or punishing the child?			
8	Do you think it is necessary to educate other students in the class when they have a classmate who has special needs?			
9	Do you think a special child can grow up to be independent and self-sufficient?			
10	Do you think it is a waste of time and energy trying to educate a child with special needs?			

Section 1

Who are Children with Special Needs?



A child is said to have Special Needs if he or she has greater chance of being less able to do things that are normally done by children of this age.

Special needs may mean conditions from mild difficulty in classroom to mental retardation, allergies, severe illness (cancer), difficulty writing etc.

Special needs are simply defined by what a child cannot do

- Delayed milestones
- Activities that cannot be done
- Food that cannot be eaten
- Daily tasks that they cannot do without help

When a child needs help, more than usual, they have different needs that have to be met and different goals to achieve than other children:

- Needs help or special assistance in doing things that other children do
- Has more instances of tantrums or emotional problems than other children
- Requires more doctors' visits than other children.

Section 2

Different Concerns:

Pick any two families of children with special needs, and they may seem to have little in common. A family dealing with developmental delays will have different concerns than one dealing with chronic illness, which will have different concerns than one dealing with mental illness or learning problems or behavioural challenges. The child with special needs may have one or more of the following concerns. Since the term special children means many things, their abilities and problems are very different. A family that has a child with polio and one which has a child with mental retardation have very different needs.

Medical Issues:

Medical issues for children with special needs include serious conditions. (like cancer and heart defects, muscular dystrophy and cystic fibrosis; chronic conditions like asthma and diabetes; congenital conditions like cerebral palsy and dwarfism; and food allergies and obesity)

Children with medical issues may require frequent tests, long hospital stays, expensive equipment, and accommodations for disabilities. Their families have to deal with frequent illnesses, hospitalisation, uncertainty, worry and financial concerns.

Behaviour Issues:

Children with behaviour issues don't respond to discipline like other children. They require special strategies. If those strategies are not developed and used, these children can cause severe family problems, social isolation, teasing and punishment in school.

Developmental Issues:

Children who have disabilities from birth are of great concern. Families have to learn to deal with the special needs of these children and also be able to make sure that society accepts them and they receive the same social benefits as other children.

Learning Issues:

Learning disabilities are mostly unrecognised and unknown both by parents and educators. Only recently has Learning Disability been considered as a disability that merits special consideration in the Indian school system. These children are otherwise bright and intelligent, but have specific defects in school work. They are regularly ridiculed, punished and labelled lazy. Parents must find strategies to help these children learn effectively and they must behave consistently in school and at home.

Mental Health Issues:

Children can be prone to stress, anxiety, abnormal attachment to people, low self-esteem, attention seeking behaviour etc. Early intervention is essential in these people and appropriate and timely care is crucial. Children may be labelled “difficult” and punished leading to more stress and emotional breakdown.

Common Concerns:

Although every special-needs child is different and every family is unique, there are some common concerns that link parents of challenged kids, including

- getting appropriate care and consideration in society
- promoting acceptance in the extended family, school and community
- planning for an uncertain future and
- adjusting routines and expectations.
- Getting the child to attain highest function possible.

Epilepsy:

Epilepsy is a brain disorder in which a person has repeated seizures (convulsions) over time. Seizures are episodes of disturbed brain activity that cause changes in attention or behaviour. Symptoms vary from person to person. Some children may have simple staring spells, while others have violent shaking and loss of alertness. The type of seizure depends on the part of the brain affected and cause of epilepsy.

Most of the time, the seizure is similar to the previous one. Some people with epilepsy have a strange sensation (such as tingling, smelling an odour that isn't actually there, or emotional changes) before each seizure.

Section 3

Early Childhood Development

During early childhood development, children develop and acquire within a certain period of time. This is called normal milestones. Children may attain these skills at different rate.

If the child is *not* doing things that other children are, at the same age, this might be a delay. It is necessary to take the warning signs seriously.

Developmental delays

As a child grows, they learn and develop **new skills within a certain time frame**, that is considered appropriate.

Developmental delays happen when your child has not reached certain milestones in the expected period of time. If your little on child has not started walking by 18 months, this is considered to be a developmental delay, and you should consult your paediatrician **immediately**.

Warning signs of developmental delay

The following points may be **warning signs** of early childhood developmental delay:

- No reaction to loud noises
- Has not discovered their hands, and they don't put their hands in their mouth.
- Don't follow objects with their eyes or turn their head towards a sound.
- Can't support their head by themselves at 3 months
- Can't reach for toys or grasp them
- Can't bear weight on their legs at about 4 months.
- Have either very stiff or very floppy limbs
- Prefers one side of their body more than the other.
- Can't pick up small objects
- Is clumsy, and falls often
- Continuous drooling
- Has unclear speech at about 1 year of age
- Is not interested in playing with other children
- Cannot follow simple instructions

- Suffers from separation anxiety, when taken away from mother
- Is scared of strangers
- Cannot throw a ball, run or jump
- Loses interest in an activity very quickly

If you are **concerned** that your child might be developmentally delayed, speak to your or Paediatrician.

Early intervention is **essential**, as this will help your child to achieve their milestones and develop better.

Normal development of a child is given in a separate section at the end of the booklet.

Section 4

Getting a Diagnosis

If the child has special needs then it is necessary to get an appropriate diagnosis.

Early diagnosis will help in

- Giving timely medical care
- Understanding the needs of the child
- Early intervention in the form of therapy

Talk to the parent and advice the parent the need to visit a Paediatrician.

Follow up with the parent to ensure that the parent visits the Paediatrician. If necessary advice the parent to get the report along.

Once the child has been diagnosed as having special needs, the parents might find it very difficult to cope with the diagnosis.

The diagnosis will be accompanied with a lot of denial, self-blame, blame on the spouse, fear of future etc.

It's important to make the parent understand about the strengths and abilities of the child.

Section 5

What are the types of disabilities?

➤ **Movement disability:**

Children may have difficulty in moving around, picking up or using (manipulating) objects, moving from one place to another or some other problem that makes it difficult to do things as other children do. These children are having movement disability.

➤ **Hearing disability:**

Children having difficulty in hearing, may hear only loud noises or hear incorrectly/may not hear at all. These children are having hearing disability.

➤ **Speech disability:**

When a child does not speak, or speaks unclearly or his/her speech is different from the children of that age, he/she may be having speech disability.

➤ **Visual disability:**

A child has difficulty in seeing, i.e. partially sighted (can see to some extent) or cannot see anything (totally blind) is having visual disability.

➤ **Mental retardation:**

A child with very low intelligence due to slowness of mental development and has limited capacity to think and carry out activities like other children is said to have mental retardation.

➤ **Learning Disability:**

Learning disability in children is one specific type of disability which occurs due to disorder in the (physiological) process involved in understanding or using spoken or written language despite having normal intelligence. Some children have difficulty with numbers.

What are the effects of disability?

Disability affects all the aspects of life of an individual whether -

- a) **Physical functioning**
- b) **Mental functioning**
- c) **Social activities**

On Physical functioning:

Any disability that occurs right from birth or develops in childhood, affects the physical development of the child. The disability is an obstacle in the normal development of the child which ultimately affects the performance of the activities of the child.

For example, a child having visual impairment may like to sit at one place. People may consider him/her lazy but the child may like to sit, because he/she may be afraid of the unknown hazards that may be present around. Similarly, other types of disability also affect the concerned physical domain of the child. The effects of each disability may vary from child to child.

On Mental functioning

Disability also affects the mental functioning of a child. A child having disability may be stressed because he/she is not able to perform the activities in the way other children can. The child may be frustrated due to his/ her condition and usually have low self-esteem. These children may develop psychological problems (like anxiety, depression, etc.). At times, these children may get angry at parents/caregivers. They may like to be lonely and may want to be isolated from other people around. They may be overly dependent on parents and do even activities that the others can do.

On Social activities

The social activities are affected to a large extent by disability. Children having disabilities are looked down upon by the society. Some people think that disabled children are unwanted members of the society and consider them as objects of pity.

The able-bodied children ignore these children and at times make fun of them. This affects the social development of the child.

With the result, the child may not learn the values of the society. Moreover, due to rejection or fear of rejection, the child prefers to be isolated from the society. The child may not be taken to any social function or family gatherings as the parents are afraid that others will not like their presence or might make fun of their child. The child may not like to participate in the events or functions and may want to be left alone.

The parents may be isolated and blame their children for their unhappiness. Disabled children may also be victims of abuse from parents, family, other children and society.

Locomotor Disability



What is locomotor disability?

When a child is unable to move from one place to other and use hands and feet like other children, then the child is said to have locomotor disability.

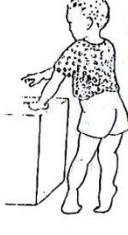
Locomotor disability occurs when movement in our body is affected due to disease, injury, and deformities in the joints, bones and muscles or an injury of the nerves/spinal cord/brain, or present by birth (congenital deficiencies).

What are the causes of locomotor disability?

Given below are the major conditions that cause locomotor disability among children:

1) Cerebral Palsy

Cerebral palsy is a disorder of movement and posture. It is caused by damage to the developing brain before, during or after birth.

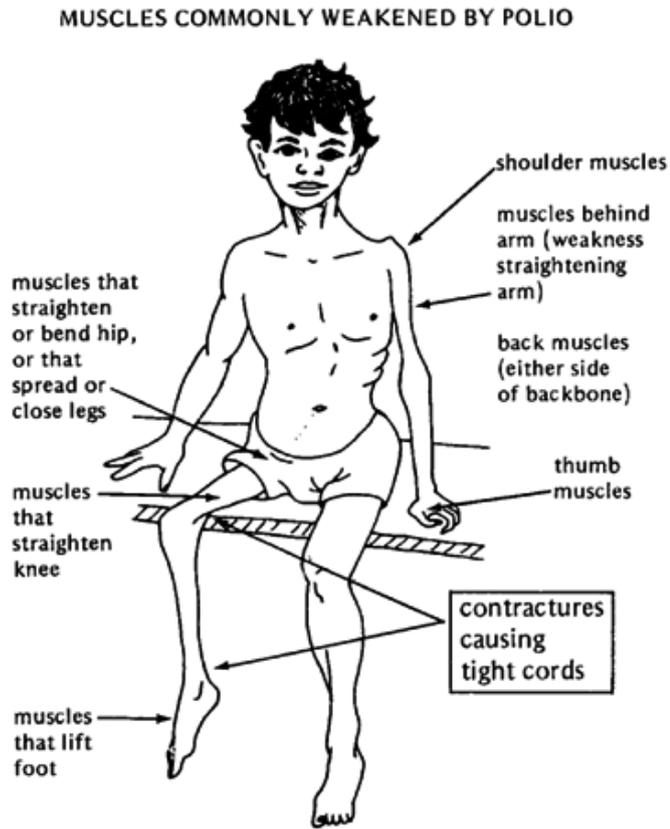
A Hemiplegia Arm, body, leg affected on one side	B Diplegia Legs affected more than arms	C Quadriplegia Whole body affected
 <p data-bbox="518 1608 719 1722">Arm turned in and bent Hand fisted, Leg turned in and bent, Tiptoe standing.</p>	 <p data-bbox="738 1608 940 1722">Arms slightly clumsy Legs pressed together and turned in Tiptoe standing</p>	 <p data-bbox="965 1608 1166 1722">Poor head control Arms turned in & bent Legs pressed together Tiptoe standing</p>

3) Infections of brain - meningitis, encephalitis

Infection of the brain is a major cause of death & disability in infants and young children. The infection can be due to bacteria or virus which causes damage to the brain. Common diseases due to brain infection in children are meningitis, encephalitis, etc. The children who are born pre maturely, or have low birth weight can be at high risk of having brain infections.

4) Poliomyelitis

Polio is a viral infection, which (spinal cord and the brain stem) results in partial or complete paralysis/weakness of muscles.



Follow pulse polio program up to 5 years of age.



DO THIS

and

PREVENT THIS

5) Spinal cord injury

Injuries to the spinal cord can result in locomotor disability. The causes of injury can be:

- Fall from height like roof, tree, and stairs.
- Road traffic accidents

These injuries result in paralysis of lower limbs or all four limbs depending on the level of damage.

6) Muscular Dystrophy

Myopathies/muscular dystrophy is a genetic disorder which damages the muscles permanently. It is a disease that becomes worse overtime. The most common and severe type of muscular dystrophy is 'Duchene Muscular Dystrophy'.

7) Congenital Anomalies

Some defects are present by birth. These are called congenital anomalies /defects (spina bifida, hydrocephalous, cleft lip, cleft palate, congenital amputations etc. and **congenital defects** are: clubfoot, flat foot, congenital dislocation of hip, etc). Some of these can be corrected with operation.

8) Spina bifida

Spina bifida is an early developmental defect in the spine at neck or lower back of the child. Due to this a portion of the cord may bulge as a swelling. It is one of the causes of lower limbs paralysis (paraplegia) with loss of sensation and bladder control in children.

9) Infections of bones and joints

Due to infection from virus and bacteria, the child suffers from fever, loss of appetite, pain and swelling in single or multiple joints. The affected joint has painful decreased movement.

Common diseases affecting bones & joints are tubercular arthritis, septic arthritis, and juvenile rheumatoid arthritis.

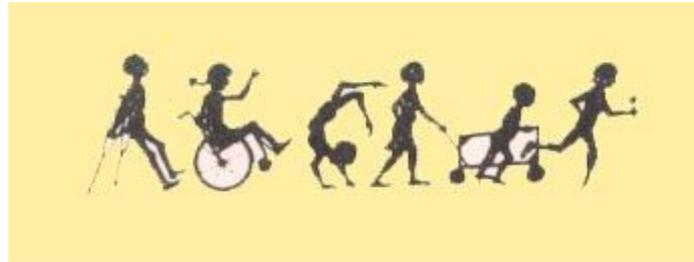
10) Amputations

Amputation is a loss of a part or whole limb. Amputation can be a result of a disease/some accident or injury. It can be present since birth. The left over part of the limb is called stump. An artificial limb can be fitted over most stumps. This has to be changed often as the child grows.

11) Malnutrition

Common causes for malnutrition in children are inadequate diet, frequent episodes of diarrhoea and vomiting and repeated chest infections to the child.

Malnutrition results in deficiency diseases like rickets (vitamin D deficiency), anemia, blindness (Vitamin A deficiency), etc.



How can you identify a child having locomotor disability?

Children who are not identified with disability can be screened by observing at least more than two of the following problems to suspect locomotor disability.

- The child walks in an abnormal manner.
- The child has frequent falls.
- The child has deformity in the limbs.
- The child has absence of a part or whole limb.
- The child has sudden jerky movements.
- There may be slow movement of the limbs.
- The child has uncoordinated movements.
- The child has problem in holding the objects.
- The child does not play/like to play with peers.

Hearing & Speech Disability



A. Hearing disability

What is hearing disability?

Any reduction in child's ability to understand sounds as a result of ear disease/trauma is known as hearing loss which leads to hearing disability.

There are various types of hearing loss:

- 1) Conductive hearing loss.
- 2) Sensorineural hearing loss
- 3) Mixed hearing loss

1) Conductive hearing loss:

It occurs when sound does not reach the inner ear. It reduces the ability to hear faint sounds. This type of hearing loss can be treated by medicine and through surgery.

2) Sensorineural hearing loss:

It is a permanent hearing loss. It occurs when there is damage to the inner ear or to the nerve. It reduces ability to hear faint sounds and also affects speech understanding or ability to hear clearly. Sensorineural hearing loss cannot be corrected by medicines. It can be corrected by use of hearing aids or surgically.

3) Mixed hearing loss:

It is a mixture of both conductive type and sensorineural type of hearing loss. It can be treated by both ways by medicine or by hearing aids. Hearing loss can also be classified on the basis of severity. The amount or the degree of hearing loss differs from person to person. The more severe the loss, the greater will be the difficulty in hearing and acquiring speech & language. Hearing levels are recorded in terms of decibels (dB).

How can you identify if the child is having hearing disability?

You can identify a child having hearing difficulties by observing the following features:

- The child does not respond when called by name.
- The child requires frequent repetitions of commands.
- The child has difficulty in understanding questions.
- The child responds inappropriately in conversation
- The child reads lip movements or watches speakers face when they speak.
- The child feels stressed and annoyed in gatherings.
- Child prefers to stay aloof from other children.

B. Speech disability

What is speech disability?

When a child is unable to produce words correctly, fluently or has problems with his/her voice, then he/she has a speech disability.

A person who is not able to speak or has different speech pattern from that of any individual of the same age, sex etc. is said to have speech problems.

10% of the total number of disabled population in India has speech disability [National Sample Survey Organization, 2002].

How can you identify a child having speech disability?

- The child does not respond to your commands.
- The child has difficulty in understanding simple commands.
- The child stutters, i.e. repetition of words or letters in words may be present.
- The child's voice is not clear.

Visual Disability



What is visual disability?

A child who has problem in seeing has visual disability. This includes total blindness and low vision.

The blind are those who suffer from either of the following conditions:

- Total absence of sight.
- Low vision

A child is said to be having low vision if the child finds it impossible to see without any visual aids.

How can you identify a child having visual impairment?

- The child has a problem in writing in between the lines.
- The child does frequent spelling mistakes while copying from the board.
- The child bumps or collides into objects.
- The child has squint.
- The child turns head abnormally while looking at the blackboard.
- The child places head close to the book or desk.
- The child has poor eye hand coordination (cannot aim at objects correctly to catch/pick up)

Mental Retardation



What is Mental Disability?

Disability is the lack of ability to do something, which is appropriate for an individual's age (Chronological age) and mental development (Mental age). Mental disability is defined as incomplete or stopped development of mental capabilities.

Mental retardation is a delay or slowness in a child's mental development. Children with this condition have less intelligence or mental ability. These children have difficulty in learning, understanding, communicating with others and in adjusting to various situations in everyday life.

Types of mental retardation:

Depending upon the IQ, mental retardation can be divided into following types:

➤ **Mild Mental Retardation**

The range of IQ for mild mental retardation is 50 to 69. About 85% of children with mental retardation are in this category. The child having mild mental retardation may have speech problems. The children with mild mental retardation can generally learn reading, writing and mathematics skills between the third and sixth grade levels. Children can attend normal school although special attention may be required. These children can be taught to live and work independently if early diagnosis, parental assistance and educational programs are provided.

➤ **Moderate Mental Retardation**

The IQ is in the range of 35 to 49. About 10% of children with mental retardation are in this category. These children are trainable. They can speak and understand simple language, but are unable to read and write. They can guard themselves against common dangers. With timely intervention, these children

can be trained to achieve some independence in self-care; social interaction and can assist in small jobs in the house or in sheltered work environment.

➤ **Severe Mental Retardation**

The IQ is in the range of 20 to 34. About 5% of children with mental retardation fall in this category. Children having severe mental retardation suffer from motor deficit and/or other deficits such as speech problems, hearing problems, etc.

➤ **Profound Mental Retardation**

Children with profound mental retardation have IQ less than 20. About 1% of children with mental retardation fall in this category. These children have difficulty in understanding requests or instructions. Most of these children are unable to walk or have severely restricted mobility. The communication is predominantly non-verbal type and they are totally dependent on the caregiver. They require institutionalisation.

How can you identify the child having mental retardation?

➤ **From Nursery to 4th class**

- Difficulty in connecting letters & sounds to understand words; difficulty reading familiar, well-practiced words; difficulty understanding or remembering what is read.
- Difficulty writing down thoughts, including problems with spelling, grammar, punctuation, capitalization, etc.
- Difficulty with handwriting.
- Unstable pencil grip.
- Difficulty in understanding what is said or in expressing thoughts.
- Slowness in remembering facts.
- Relying heavily on memorization.
- Slow to learn new skills.
- Difficulty in learning basic mathematics concepts.
- Poor coordination which may sometimes lead to accidents.
- Easily confused by changes in surroundings.
- Trouble in understanding concept of time.

➤ **From Class 5 – 8**

- Difficulty with age appropriate reading comprehension, written language or maths.
- Avoids reading, writing, math or other specific skills.
- Difficulty organizing space (bedroom, locker, etc.), material (loses or misplaces paper, assignments, etc.) or thoughts when writing or speaking.
- Difficulty planning time and developing strategies to complete assignments on time.
- Difficulty understanding discussions or expressing thoughts when speaking.
- Difficulty making friends.

Other Disabling Conditions

There are few conditions that (like Cerebral Palsy, Autism, Down syndrome, Deaf blindness, Leprosy and Learning Disability) can cause multiple disabilities.

Multiple Disabilities

Occurrence of two or more disabilities simultaneously is termed as multiple disabilities. The combination and severity of the disabilities may vary from child to child. Disability ultimately affects the child's communication, mobility, and performance of day-to-day activities.

The following are the likely combinations of disabilities seen in day today practice.

- Deaf-blind
- Cerebral Palsy with Autism.
- Low vision with Cerebral Palsy.
- Visual Impairment with Mental Retardation.
- Hearing impairment with Mental Retardation.
- Visual & hearing impairment with Cerebral Palsy.

Cerebral Palsy



What is cerebral palsy?

Cerebral palsy is the name given to a group of conditions in which there are disorders of movement and posture caused by damage to the developing brain. This may be caused by a developmental abnormality or an injury to the brain occurring during pregnancy, delivery or shortly after birth. It is a permanent condition.

Cerebral palsy affects each child differently. A mildly affected child will learn to walk with slight unsteady balance. Other children may have difficulty in using their hands. A severely affected child need help learning to sit and may not be independent.

Children with cerebral palsy experience different kinds of problems depending upon the area of the brain affected. There are various types of cerebral palsy. Out of these, spastic diplegia (both lower limbs are affected more than upper limbs) is the commonest. Usually the child has stiffness in the whole body specially the limbs, in which lower limbs are weaker than the upper limbs.

What are the identifying features of cerebral palsy?

- Difficulty in sucking and swallowing.
- Difficulty in closing mouth, so there is drooling of saliva.
- Stiffness in arms or legs.
- Abnormal posture.
- Abnormal movement of limbs and trunk.
- Walks in an abnormal manner.
- May have convulsions, deviation of one eye (squint), hearing deficit and mental retardation.

Autism



What is Autism?

Autism is a (neuro-developmental) disorder that affects the functioning of the brain. It is a lifelong disability that usually becomes evident in first three years of life.

'Autism' applies to a condition in which the child is self-absorbed and has severe social, communication and behavioural problems.

Autism can present in a wide variety of combinations ranging from mild to severe.

How can you identify the child having autism?

As the child grows older and starts going to school, certain additional features make him different from other children of the same age.

➤ Social Interaction

- The child avoids social interaction or may appear excessively shy.
- The child may display excessive familiarity with strangers.
- The child will not spontaneously share enjoyments, interests or achievements with friends.
- The child gives less eye contact. They communicate by manipulating and get the desired object by pulling parents towards the object of interest or putting their hand on the object.
- The child may avoid gaze of others by completely looking away.
- The child inappropriate in expression of emotion like laughing and crying.
- The child may seem to be deaf, even when his/her own name is called.
- The child either over or under reacts to situation of fear/anxiety.

➤ **Play**

- The child's play is repetitive with no variation.
- When playing with other children, child will play with children either much older or much younger than him.
- Imaginative play is absent.
- The child has abnormal play e.g. taking toys apart or playing with only one part of the toy, spinning things, etc.
- The child may play with unusual objects like shoes, or indulge in activities which are different from that of children of the same age.

➤ **Communication**

- Unable to converse properly
- Repetitive and monotonous speech, reversal of pronouns (substituting 'I' for "you' or vice-versa), excessive questioning, preoccupation with only some particular topics and talking out of context may be present.
- The child takes everything literally. He will have difficulty in understanding multiple meaning words, sarcasm or jokes.
- The child may repeat words or phrases back when spoken to.
- The child has problem in using & understanding of common gestures.
- The child lacks ability to initiate or sustain conversation.
- The child does not follow instructions.

➤ **Repetitive or Stereotypic behaviour**

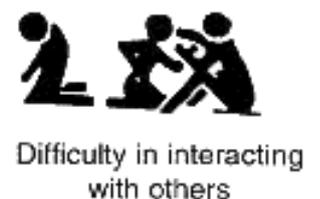
- The older child may simply appear clumsy, uncoordinated and have frequent falls.
- Sameness in behaviour; an inflexible adherence to specific, non-functional routines or rituals e.g. insistence on following a specific route to school, eating from a particular coloured plate, not urinating anywhere except in own bathroom.
- The child may show narrow, restricted interests (dates/calendar, numbers, weather, movies) to single topic.
- The child shows extreme distress for no apparent reason.
- The child may exhibit repetitive body movements like hand flapping, rocking and abnormal posture (toe walking).

Other difficulties

- Hypersensitivity and hyposensitivity to sensory stimuli is very common. For example, not crying even when hurt badly; excessive crying on the slightest discomfort to pain; ignoring sounds or clapping hands over own ears on hearing particular sounds.

- Eating difficulties:
The child may refuse to eat food with certain textures or tastes.
- Sleep difficulties:
The child sleeps at odd times or may have sleeplessness.
- The child may have difficulty in writing, buttoning, tying shoe laces etc.
- Self-injurious behaviours like head banging, hitting/biting self, etc.
- Dependent in activities like toileting, feeding, brushing, dressing, etc.

Identifying features of Autism are:



Down Syndrome



What is Down syndrome?

Down syndrome is a chromosomal disorder. Increased maternal age increases the risk of child having Down syndrome. Women above 30 years of age have increased chances of giving birth to a child having Down syndrome. The women who conceive at the age of 45 have the maximum chances of having Down syndrome child.

What are the features of Down syndrome?

- The following are the identifying features of a Down syndrome child:
- The child has typical (mongoloid) features.
- The nose is small and flat nose bridge.
- The tongue is protruding.
- Hands are short and broad.
- There is a single crease across the palm.
- There is a wide gap between the first and the second toe.
- There are increased chances of having cataract and squint in eye.
- The child can have heart defects.
- 40-60% of the children have hearing loss.
- The growth is retarded.
- The children are happy, social and are very friendly.
- The children have mild to moderate mental retardation.

Leprosy

What is leprosy?

Leprosy is not uncommon in children. It is less severe in children as compared to that in adults. Children primarily get affected due to prolonged contact with a family member having leprosy. The disease is curable if detected at an early stage.

Leprosy is a chronic infection caused by *Mycobacterium leprae*. It mainly affects the skin, the peripheral nerves, and occasionally, the lining of the respiratory passage.

Leprosy spreads from person to person through nasal droplet infection. It causes skin discoloration i.e. less dark or more white patch as compared to surrounding skin, sensory loss over the patch, nerve damage which leads to deformities in the eyes, hands or feet, if not treated.

How will you identify a child having leprosy?

- Pale or reddish patches on the skin.
- Loss or decreased feeling/sensation in the skin patch.
- Loss of hair on the skin patch.
- Numbness or tingling sensation in the hand or feet.
- Weakness of the hands, feet, or eyelids.
- Painful or tender nerves
- Deformity in hands or feet (less common)

Deformities are less common in children, so disability is rare. The duration of the disease is 2-5 years, so can be diagnosed early. If the case is diagnosed late and remains untreated, some of the following deformities can occur:

- Eye - loss of eyebrows, corneal ulceration
- Hand - wrist drop, claw hand (complete/partial)
- Feet - foot drop, claw toes, foot ulcers
- Partial claw hand Complete claw hand Wrist drop

Deafblindness



What is Deafblindness?

Deafblindness is a condition in which a child suffers from varying degree of visual and hearing impairment, which can cause severe communication, developmental and educational problems in children.

Deafblindness can be classified into the following:

- **Total deafness with partial vision**
In this type, the child can see but will not be able to hear anything. Vision will depend upon the condition and will vary from child to child.
- **Total blindness with partial hearing**
In this, the child will have no vision accompanied with hearing loss. The degree of hearing loss can be between mild to severe.
- **Partial hearing with partial vision**
The child will have varying degrees of visual and hearing loss but not total loss.
- **Total deafness with no vision**
This is the most severe type. In this the child will have no vision along with total hearing loss.

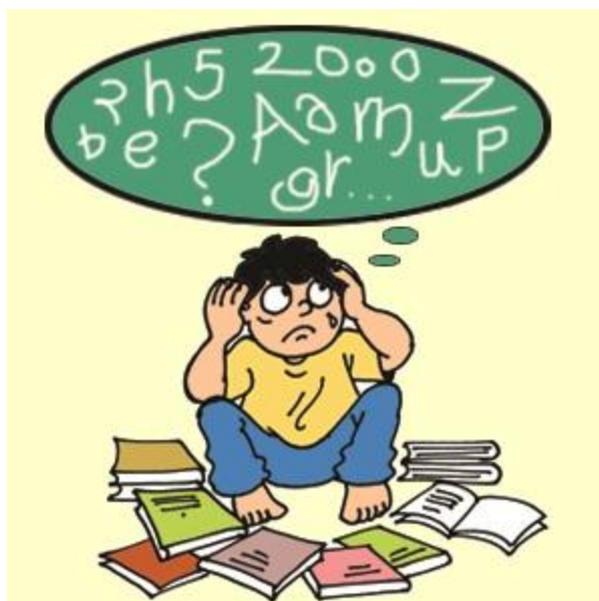
What are the problems faced by the child having Deafblindness?

During the initial years, a baby learns about the environment from his senses (visual, auditory, touch, smell & taste) and then uses this information in day-to-day life as he/ she grows up.

The majority of learning is through vision and the next contribution is by auditory sense. But in deafblindness, both these senses are affected. So the child faces a number of problems:

- Difficulty to interact with the objects and manipulating them.
- Difficulty in moving around.
- Child has a distorted perception of the world.
- Child has behavioural and emotional difficulties which occur due to the child and adult's inability to understand and communicate.
- Child cannot judge what comes next; he /she cannot anticipate the future events.
- May have over/under responsiveness to touch and textures.

Learning Disability



What is learning disability?

Learning disability is defined as a disorder in understanding or using spoken or written language which may manifest itself in an imperfect ability to listen, speak, read, write, spell, or to do mathematical calculations and focus attention despite having normal intelligence.

Children having learning disability have average or above average intelligence.

Terms have been used for specific conditions:

- Dyslexia ----- disorder of reading
- Dysgraphia ----- disorder of writing
- Dyscalculia ----- disorder in calculation

How can you identify a child having learning difficulty?

Till the age of 6 years, a child cannot be said to have learning difficulty. However, some clues can help to identify the child who may develop learning difficulties.

➤ Language

- Difficulty in learning alphabets and numerals.
- Difficulty in learning to associate sounds with letters, poor performance in naming of pictures with better performance on pointing to a picture

Difficulty in understanding the syllables which form a word and problems with the sound of words (getting confused with words that sound alike).

- While speaking, the child may have mispronunciations, hesitancy and difficulties in finding the suitable word.

➤ **Reading**

- The child will find it difficult in understanding the meaning of words.
- His oral reading will be inaccurate, slow, monotonous and laboured.
- He will often miss or re-read lines due to loss of orientation.

➤ **Writing**

- The child's writing will display some mistakes like mirror images and irregularly formed letters.
- The writing speed will be slow.
- Frequent spelling mistakes
- Reversal of order of letters within a word ('gose' for 'goes')
- Poor hand-writing with frequent use of an eraser.

➤ **Mathematics**

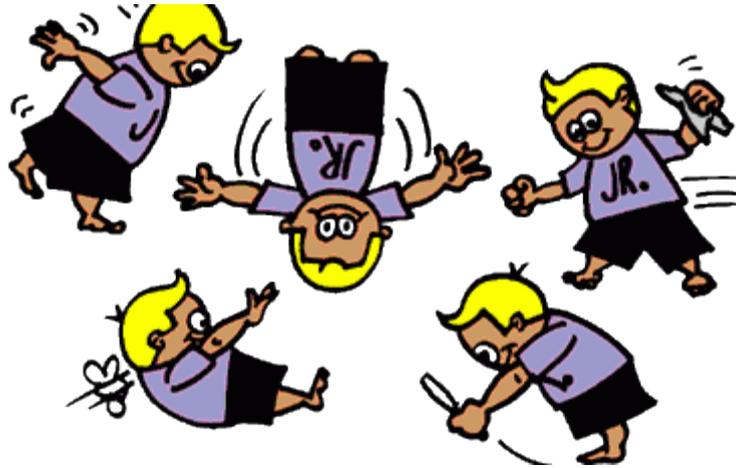
- Numbers will be substituted by other numbers, omitted or reversed.
- There will be difficulty in simple addition, subtraction and multiplication.
- Difficulty in remembering sequence of steps required in calculation.

➤ **Others**

In addition to the above the child will also have difficulty in:

- Understanding the concepts of time, space, speed and distance.
- He will have a problem in telling right from left.
- His motor coordination will be poor and he will appear clumsy.

Attention Deficit Hyperactivity Disorder



What is Attention Deficit Hyperactivity Disorder?

Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood disorders and can continue through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behaviour, and hyperactivity (over-activity).

ADHD has three subtypes:

- **Predominantly hyperactive-impulsive**
 - Most symptoms (six or more) are in the hyperactivity-impulsivity categories.
 - Fewer than six symptoms of inattention are present, although inattention may still be present to some degree.
- **Predominantly inattentive**
 - The majority of symptoms (six or more) are in the inattention category and fewer than six symptoms of hyperactivity-impulsivity are present, although hyperactivity-impulsivity may still be present to some degree.
 - Children with this subtype are less likely to have tantrums or have difficulties getting along with other children. They may sit quietly, but they are not paying attention to what they are doing. Therefore, the child may be overlooked, and parents and teachers may not notice that he or she has ADHD.
- **Combined hyperactive-impulsive and inattentive**
 - Six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity are present.
 - Most children have the combined type of ADHD.

How to identify a child having ADHD?



Inattention, hyperactivity, and impulsivity are the key behaviours of ADHD. It is normal for all children to be inattentive, hyperactive, or impulsive sometimes, but for children with ADHD, these behaviours are more severe and occur more often. To be diagnosed with the disorder, a child must have symptoms for 6 or more months and to a degree that is greater than other children of the same age.

Children who have symptoms of *inattention* may:

- Be easily distracted, miss details, forget things, and frequently switch from one activity to another
- Have difficulty focusing on one thing
- Become bored with a task after only a few minutes, unless they are doing something enjoyable
- Have difficulty focusing attention on organizing and completing a task or learning something new
- Have trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities
- Not seem to listen when spoken to
- Daydream, become easily confused, and move slowly
- Have difficulty processing information as quickly and accurately as others
- Struggle to follow instructions.

Children who have symptoms of *hyperactivity* may:

- Fidget and squirm in their seats
- Talk nonstop, talk out of turn
- Dash around, touching or playing with anything and everything in sight

- Have trouble sitting still during dinner and school
- Be constantly in motion
- Have difficulty doing quiet tasks or activities.
- Watch TV for long periods of time without blinking

Children who have symptoms of *impulsivity* may:

- Be very impatient
- Blur out inappropriate comments, show their emotions without restraint, and act without regard for consequences
- Have difficulty waiting for things they want or waiting their turns in games
- Often interrupt conversations or others' activities.

Developmental Coordination Disorder



What is Developmental Coordination Disorder?

Developmental coordination disorder is diagnosed when children do not develop normal motor coordination (coordination of movements involving the voluntary muscles).

Developmental coordination disorder is also known as clumsy child syndrome. Developmental coordination disorder is usually first recognized when a child fails to reach such normal developmental milestones as walking or beginning to dress him- or herself. The child is unable to perform activities according to age or IQ level. In some children these coordination deficiencies manifest as an inability to tie shoes or catch a ball, while in other children they appear as an inability to draw objects or properly form printed letters.

Children with developmental coordination disorder often have difficulty performing tasks that involve both large and small muscles, including forming letters when they write, throwing or catching balls, and buttoning buttons. Children who have developmental coordination disorder have often developed normally in all other ways. The disorder can, however, lead to social or academic problems for children. They may choose not to participate in activities on the playground. This avoidance can lead to being ignored by their classmates. Also, children who have problems forming letters when they write by hand, or drawing pictures, may become discouraged and stop trying at school or act even though they have normal intelligence.

How to identify a child having DCD?

Roughly 6% of school-age children have some degree of developmental coordination disorder. Children with this disorder may trip over while walking with other children or objects, **destroy** objects and have an unsteady gait.

Developmental coordination disorder may appear alone or in combination with other learning disorders, such as communication disorders or disorder of written expression.

Symptoms

Children with developmental coordination disorder have difficulties with motor coordination compared to other children the same age. Some common symptoms include:

- Clumsiness
- Delays in sitting up, crawling, and walking
- Problems with sucking and swallowing during first year of life
- Problems with activities like, jumping, hopping, or standing on one foot
- Problems with activities like, writing, using scissors, tying shoelaces, or tapping one finger to another

Possible Complications

- Learning problems
- Low self-esteem resulting from poor ability at sports and teasing by other children
- Repeated injuries
- Weight gain as a result of not wanting to participate in physical activities (such as sports)

Childhood Asthma



What is Asthma?

Asthma is the leading cause of chronic illness in children.

People with asthma have sensitive airways which become narrow as a result of some “trigger”. This makes breathing difficult. Things that cause asthma attacks are called triggers.

Some well-known triggers are:

- Mould,
- Dust mites,
- Smoke,
- Cockroaches,
- Cats and dogs fur,
- Air pollution like pollen,
- Certain foods,
- Cold drinks,
- Respiratory infections,
- Emotional upsets/ Stress(exams)
- Changes in weather
- Cob webs
- Exercise
- Perfumes/strong smell

What are the problems faced by children having Asthma?

Children with recurrent cough, wheezing, chest tightness or shortness of breath may have one or more forms of asthma. Left untreated, asthmatic children often have less

stamina than other children, or avoid physical activities to prevent coughing or wheezing. Sometimes they will complain that their "chest hurts" or that they cannot "catch their breath." They may cough when sick, particularly at night.

Asthma has multiple causes, and it is not uncommon for two or more different causes to be present in one child.

How does one recognize an acute attack?

The symptoms of an acute attack are breathlessness, wheezing, tightness of the chest and coughing

What should you do when your child has an acute attack?

Take the reliever medication as an inhaler as prescribed by your doctor. If this does not help, repeat the inhaler one more time after waiting for the number of minutes recommended by your doctor. If the second try doesn't work, check to see whether the inhaler is empty. It's empty if it floats in a bowl of water. If medicine fails to improve your breathing, you must take your child to the hospital.

What can you do to prevent my child getting acute attacks?

Always take your medicines as directed by your doctor. If you feel it is not helping, visit your doctor. Also note what is around your child when it occurs. This will help identify the triggers.

Try to avoid pollen, dust, animals, moulds, smoke, and anything else that could cause an attack.

Keep the amount of dust in your home at a minimum, by using vacuum or wet wiping.

Replace your child's pillows or mattress with materials that don't cause allergies. Look for bedding that is made of "urethane" or foam rubber. Cotton bedding may act as trigger Teach your child to relax since stress and emotional upsets can trigger

Should you restrict the physical activities of your child?

Absolutely not. It is good to exercise daily. It helps make the heart stronger and keeps the child healthy. If the exercise make the child breathless check with your doctor.

Does your child need a special diet?

If you notice that a certain type of food brings on an attack, avoid it. It is also a good idea to allow food from the refrigerator to warm up to room temperature before consumption. Otherwise there are no specific restrictions.

Points to remember

- Excess weight can make the heart and lungs work harder. Keep the child's weight in the normal range.
- Keep the medicines and spacers with you wherever you go.
- You may also need to avoid tartrazine (yellow food dye #5), which is found in a number of soft drinks, cake mixes and candies
- Your child is not contagious. That means no one can "catch" asthma from him.
- Asthma has nothing to do with being strong or weak.

Special Education

Children with disability study either in a special school or in a regular school. Special Education as a separate system of education for disabled children outside the mainstream education evolved in the 1880s in India. It was based on the assumption that children with disability had some special needs that could not be met in mainstream schools and therefore, they need to study in a separate school with other children having similar needs.

The special schools are generally organised according to different disability categories. We have schools for children with visual impairments, for the intellectually challenged and for those with hearing impairments. The major disadvantages of separate education in separate environment are that, the children staying away from families may find it hard to readjust to their families, peers and communities, and children usually have to leave their families and communities to stay in a residential setting because these schools are usually not available in their immediate environment. In some cases, especially in the case of girls with disability, many times they are left on their own without seeing their parents ever again.

The special schools however, have some advantages like they can play an active role in giving resource support for the mainstream schools by providing specialised services. Also since the children are taught by a specialist having expertise on specific impairments, their needs may sometimes be understood better. In special schools children grow up with their disability peers and develop a common culture. In spite of the benefits of inclusive education, if a child with disability is not getting the required resource support in the mainstream school and is not developing up to her/his potential a special school remains a viable option.

Integrated Education

Integrated education emphasises placement of children with disability in mainstream school. The major thrust is on attendance. The school system remains rigid and as a result very few children with disability are able to cope with the demands of such a rigid system. This is a system that does not accept many of our children with disability on the basis of not being prepared enough. In other words, in integrated education, the child is seen as a problem and not the system. S/he is considered to be different from others and if s/he cannot learn it is her/his problem. Integrated education can be a stepping stone for inclusive education.



A Special Kind of Class

Inclusive Education

Ten Reasons For Inclusion



Human Rights

1. All children have the right to learn together.
2. Children should not be devalued or discriminated against by being excluded or sent away because of their disability or learning difficulty.
3. Disabled adults, describing themselves as special school survivors, are demanding an end to segregation.
4. There are no legitimate reasons to separate children for their education. Children belong together - with advantages and benefits for everyone. They do not need to be protected from each other.

Good Education

5. Research shows children do better, academically and socially in integrated settings.
6. There is no teaching or care in a segregated school, which cannot take place in an ordinary school.

7. Given commitment and support, inclusive education is a more efficient use of educational resources.

Good Social Sense

8. Segregation teaches children to be fearful, ignorant and breeds prejudice.
9. All children need an education that will help them develop relationships and prepare them for life in the mainstream.
10. Only inclusion has the potential to reduce fear and build friendship, respect and understanding

Over the years, the term 'inclusive education' has come to replace the term 'integrated education'. Many people working in the field of education in our country consider these two terms to be meaning the same thing. They understand it as only a change in terminology and nothing else.

In their words inclusive education means "including children with disability in regular classrooms that have been designed for children without disability".

We must understand that the term inclusive education means much more than this. It refers to an education system that accommodates all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. The range of challenges confronting the school system while including children with diverse abilities and from diverse backgrounds have to be met by creating a child-centred pedagogy capable of successfully educating all children.

An inclusive class may have amongst others, children with disability or gifted children, street or working children, children from remote or nomadic populations, children belonging to ethnic, linguistic or cultural minorities or children from other disadvantaged or marginalised groups.

Inclusive Education is about restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in their locality. It has the following characteristics:

Inclusive Education

- acknowledges that all children can learn;
- acknowledges and respects differences in children: age, gender, ethnicity, language, disability, HIV and TB status etc.;
- enables education structures, systems and methodologies to meet the needs of all children;
- is part of a wider strategy to promote an inclusive society; and
- is a dynamic process that is constantly evolving.

Inclusion in Education

- Inclusion in education involves the process of increasing the participating of students in, and reducing their exclusion from, the cultures, curricula and communities of local schools.
- Inclusion involves restructuring the cultures, policies and practices in schools so that they respond to the diversity of students in their locality.
- Inclusion is concerned with the learning and participation of all students vulnerable to exclusionary pressures not only those with impairments or those who are categorised 'having special educational needs'.
- Inclusion is concerned with improving schools for staff as well as for students.
- A concern with overcoming barriers to the access and participation of particular students may reveal gaps in the attempts of a school to respond to diversity more generally.
- All students have a right to an education in their locality. Diversity is not viewed as a problem to be overcome, but as a rich resource to support the learning for all.
- Inclusion is concerned with fostering mutually sustaining relationships between schools and communities.
- Inclusion in education is one aspect of inclusion in society.

Inclusive education is about all children learning together even if they differ from each other in styles and pace of learning. It is a dynamic process because it addresses all aspects of child development – emotional, physical, intellectual, creative, social etc. It is about celebrating diversity and changing the rigid school system in order to meet the needs of all children. In an inclusive class all children are happy and participating.

Benefits of inclusive education are as following:

Inclusive Education:

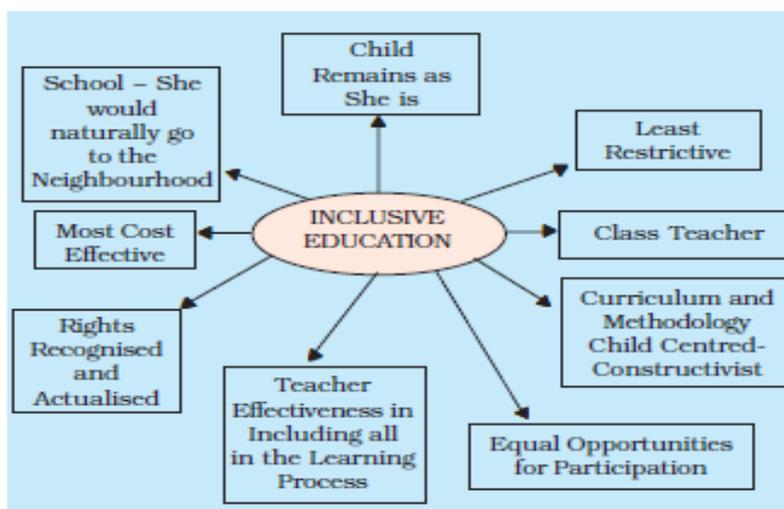
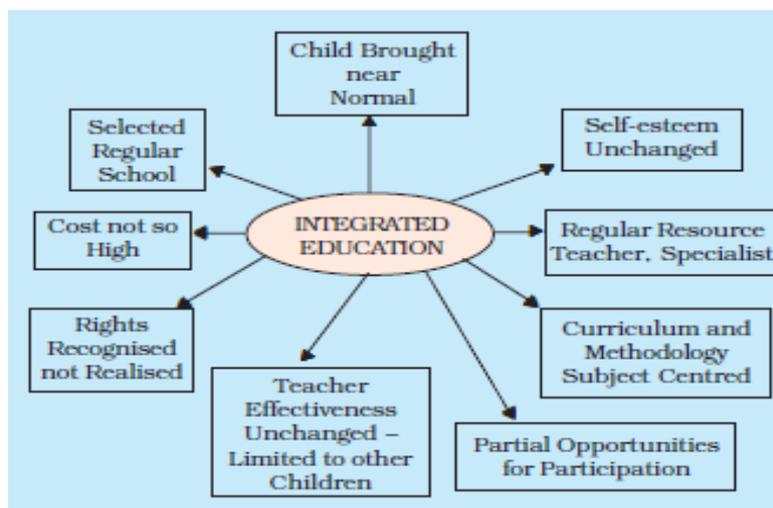
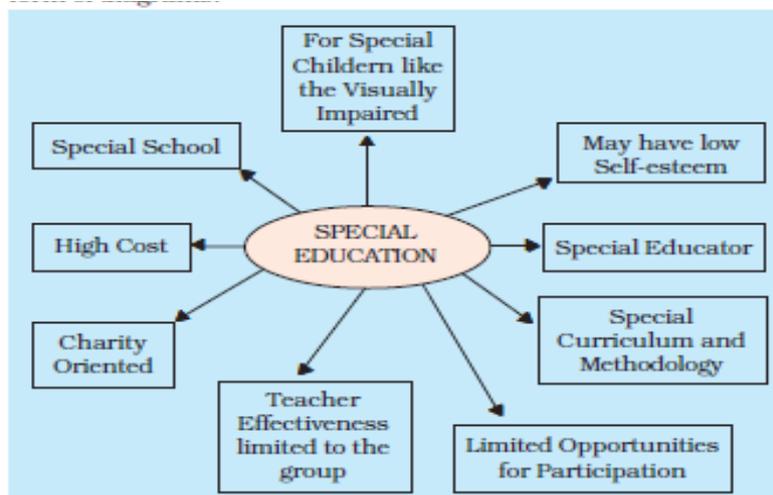
- can help break the cycle of poverty and exclusion;
- enables disabled children to stay with their families and communities;
- can improve the quality of education for all;
- can help overcome discrimination; and
- promotes wider inclusion.

Inclusive education, on the other hand, is all about effective learning by all children including children with disability.

It is based on the social model of disability and considers that if the child is not learning then the system needs to be blamed.

Inclusive education emphasises quality of education and not mere placement in education.

Differences between Special, Integrated and Inclusive Education



Guide for Parents

What can training do to Children with Special Needs?

Training can help children

- Playing



- Taking better care of themselves by eating, drinking, keeping clean, using the latrine, and dressing with as little help as possible.



- Moving with as little help as possible around the home, yard and village, and travelling by bus, train, boat or on an animal.
- Communicating with others.
- Joining in family and community activities.
- Going to school



Training can help adults

- Taking better care of themselves.
- Moving around with as little help as possible.
- Communicating with others.
- Joining in family and community activities.
- Having schooling if they have not had it.
- Doing household activities.
- Doing a job.



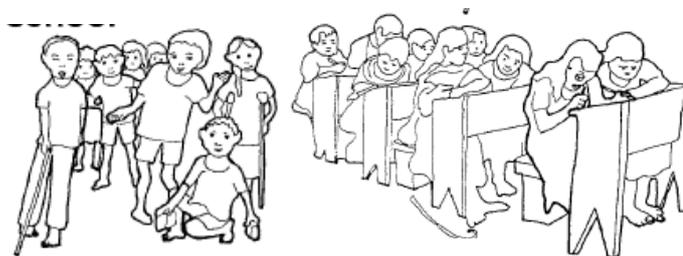
Teaching children with disabilities is very interesting and rewarding. Some teachers think they are not capable of such a job. They think that they have to be specially trained, or that the child has to be sent away to a special school. But experience has shown that 8 or 9 children with disabilities out of 10 can attend an ordinary school.

The ordinary schools that accept children with disabilities do not have many of these children. Each teacher may have only one or two students with a disability.

Why children with disabilities need to go to school?



Children with disabilities should go to school just like other children to have education. Schooling and education helps them to learn about the world around them and to become useful members of the community.



It is possible that some children with disabilities cannot learn to read, write, and count like other children. But it is important that these children go to school for the following reasons:

- Education helps children to become independent adults.
- Education prepares children to be able to work and earn an income.
- Education teaches children how to get along with others, how to behave, and how to work with others.
- Education develops abilities that the children have.
- Education teaches children to accept rules and to take responsibility.
- Education helps children to form friendships and gives them the feeling of belonging to a group.
- Education teaches children the activities that will help them to be useful members of a family and a community.

All this helps to make up for the disabilities that children have. Also, other children see how much children with disabilities can do in spite of their disabilities. When they see this, they gain from the experience of being with children with disabilities. They learn to accept children with disabilities.

For these reasons children with disabilities should have the opportunity of going to the same school as other children.

Some children with disabilities may be able to complete only a few years of schooling. But some of them are able to complete all their schooling and go on to higher education.

Find out each child's ability. Then help each child in your school to reach the highest level of education that he or she is able to reach.

General problems

Getting to school



- The school may be in, or not very far from, your village. If so, all the boys and girls of school age, whether they have disabilities or not, can get there easily.
- There may be children with disabilities who cannot find their way to school on their own. Other children may not be able to walk to school. Make arrangements for these children to be brought to school and taken home by a family member, other schoolchildren, or a neighbour.

Behaviour problems



- Behaviour is the way that a child does things. Behaviour is the way that a child talks or sits, the way a child touches or looks at someone, or the way a child puts on clothes, and so on.
- A child learns behaviour. Children often learn behaviour from their parents and from other adults. They also learn behaviour from other children, especially children of their own age. Each child learns wanted behaviour as well as unwanted behaviour. So children behave differently from each other.
- Children express themselves through behaviour. Watch and listen to find out what each child is expressing in his or her behaviour. Also try to respond to each child's behaviour in a way that the child understands.

- Some children show some of the following behaviour problems:
 - Not being able to give attention to the same activity for long.
 - Being very quiet or shy.
 - Being very talkative, boastful, or needing a lot of attention.
 - Being very jealous.
 - Losing his or her temper often.



- Having a habit of banging his or her head, or of hitting others.
- Making unusual faces, biting his or her hands or scratching himself or herself.
- Not knowing or understanding when something is dangerous.



- Rocking back and forth for a long time.



- Having a habit of running away.
- Crying.

- Behaviour problems sometimes harm a child. This happens when the child bites or scratches himself or herself or bangs his or her head. Behaviour problems can also harm other people.



- Behaviour problems often delay a child's development. They can prevent the child from using his or her abilities and doing what he or she can do. The child often does not learn as well as other children.
- Some children may behave badly towards other children. They may hit them, use bad language or try to ridicule them. This unwanted behaviour is often directed towards children with disabilities.
- Behaviour problems sometimes upset the family and community. The family and community often do not want to take responsibility for a child who shows unwanted behaviour.

How to change unwanted behaviour in a child?

- A child learns good behaviour by imitating other people's good behaviour. A child learns wanted behaviour by playing with other children who behave well and play well together. A child learns wanted behaviour from teachers and other adults. A child can learn wanted behaviour from you.
- When the child shows unwanted behaviour let the child know that you do not like such behaviour. If the child wants to please you, he or she will not repeat the unwanted behaviour.
- You will want to know about the child's unwanted behaviour so that you can correct it.
- Watch the child carefully and find out when the unwanted behaviour takes place.
- Find out where it takes place, with whom, and why.
- Do not give a child extra attention when he or she behaves in an unwanted way.

A child repeats unwanted behaviour because he or she gets rewarded for it. Find out what reward the child gets for his or her unwanted behaviour. The reward is often extra attention. Or the child has his or her own way, such as getting or doing something he or she wants.



- Unwanted behaviour should be ignored not rewarded.
- Ignore the child's unwanted behaviour unless it injures another person.
- Give rewards for wanted behaviour.

Give a reward immediately each time the child behaves well. Then he or she will want to behave well to get the reward again. Only reward behaviour that you want the child to repeat. Continue rewarding the child until he or she has learned to behave well. Then gradually stop the rewards.



- Whenever possible make sure the child repairs any damage he or she has caused through unwanted behaviour.



- Never punish the child in a way that will hurt the child.



Punishment does not teach the child what he or she should do. The best way to discourage the unwanted behaviour of a child is to ignore it.

General information about schooling

Preschool

It is important that parents stimulate their children at home. Explaining to children about what happens at home and in the community helps to stimulate them. Children should be encouraged to ask questions and parents to give answers. Parents should play with their children and encourage them to play with other children.

Children should participate in family life and in the activities of the community. Children should be encouraged to go with their families to religious ceremonies, community meetings and so on. These also stimulate children. It is important to start this stimulation as early as possible. One way to start stimulation and to develop the minds of children is to have a preschool group. A preschool group will also prepare children for primary school.

If there is a preschool in your area, advice parents of children with disabilities to send their children to the group before they start going to primary school. A preschool will not only prepare children for primary school but will also give the children the extra stimulation they need to develop their abilities.

Children with disabilities should start going to a preschool group at the same age as other children and should continue until they are ready to start primary school. For this reason they sometimes need to stay in the preschool longer than children with no disabilities.

At school

- After the child starts school, the parents should visit schools and from time to time to discuss the child's progress with the teachers.



- Ask if the child takes any medicines and if these should be taken while the child is in school

Daily activities

- Some children with disabilities cannot learn the skills necessary for daily life as easily as other children. Children need time to practise the skills they learn. With practice, they will do these skills more easily. Give children time to practise the skills you teach them.
- Teach the children hygiene and daily activities. Teach them how to clean their teeth, how to wash and bathe using soap, to wash clothes, to use the latrine and then clean themselves. Explain to them why they should do these things.



- Tell them to drink water that has been boiled first and then cooled. Boiling the water kills germs which can cause disease.
- Teach them about hand washing prior to every meal and after using toilet.

Children who have difficulty seeing

- Some children may have slight difficulty seeing. Others may have more serious problems, and some may not be able to see at all. Some children may not be able to see you or the classmates they meet at school.
- Next introduce the child to the class teacher and the classmates.
- Introduce the classmates to the child. If the child cannot see them, tell the child the names of some of the children. Let the child speak with each one of them until the child remembers their voices and names. Let the child touch them. Then tell the child the names of the other children so the child with difficulty seeing will know all the children in the class.



- Children who have difficulty seeing cannot know the people who are near them because they cannot see. They cannot see whom they have met. When you are with a child who cannot see, speak to him or her. Then the child will know that you are there.



- The child with difficulty seeing often tries to learn about things by touching, listening, and smelling. He or she also learns about certain things by licking them. Let children use the different ways to learn. Be careful so the child does not touch or lick something that might hurt or be dangerous to him or her.
- Describe the surroundings to the child. Whenever you take the child around and describe to him or her what you can see.

Children who have difficulty hearing or speaking

- Children who have difficulty hearing or speaking often do not communicate, or they communicate poorly.

Communication is how we understand what is being said to us and how we express to others our thoughts, needs, and feelings.

- We communicate our thoughts, needs, and feelings in different ways.
- We speak and we hear others when they speak.
- We use movements of the hands, face, and body when we communicate and others understand what the movements mean.



- We write and we read what others have written.



- We use all these ways to communicate, but we use hearing and speaking most often.
- So children with difficulty hearing and speaking have difficulty communicating with others.

Communication problems

- Some children who are born without hearing may not learn to speak. They should be taught other ways to express their thoughts, needs, and feelings.
- Children who have difficulty hearing, but can hear loud voices, are often slow in their development. They should be taught to listen carefully and to speak. They can also communicate in other ways.
- Some children can hear but do not speak well. Such children should be trained to speak better. If speaking is not possible, the child should be trained to use other ways to express his or her thoughts, needs, and feelings.
- Children who have difficulty hearing or speaking are sometimes irritable. They may not give their attention to one thing for a long time. Or they may not listen carefully to what is being said. Observe them carefully. If they do not pay enough attention, find ways to make them interested in what you are saying. Then they will want to listen to you.

Communicating with a child who has difficulty hearing

- If there is a child who cannot hear or speak, the parents should seek help. If the child needs a hearing aid encourage them to get one. Use different methods of communication with this child. Use speaking, or hand, face, and body movements, or writing.
- Before you speak to the child, get the child's attention. Then the child will know that you are speaking to him or her.
- Make sure that the child can see you and hear you when you speak. Stand in the light so that it falls on your face. Then the child can see you clearly. Some children may understand better if they can see your lips when you speak.

Therefore do not cover your mouth when you speak. Do not turn your face away from the child when you speak. Do not speak while you are writing on the blackboard.



Other ways of communicating with children

- Lip reading and sign language are the other ways that the child can communicate. A speech therapist will be able to help you.

Children who have difficulty moving

- Some children may have difficulty moving their legs, arms, trunk, or neck. Because of this, some children may not be able to sit up. Others may not be able to stand and walk.
Others may not be able to use their arms and hands like other children of the same age.
- These children may have other disabilities at the same time, such as difficulty hearing, speaking, or learning.
- Most children with difficulty moving can be trained to take care of themselves and to move around so that they can come to school. These children can be taught by you in the same way as other children.
- Some children who have difficulty moving may need to use sticks, crutches, or frames to walk.
- Some children find that being in a certain position makes it easier for them to do their work. Some may need to be supported on a chair or against the wall.

Children who have no feeling in the hands or feet

- You may have a child who cannot feel pain in his or her hands or feet.
- Children who cannot feel pain in their hands or feet can injure themselves very easily.
If the injuries are not allowed to heal, deep wounds can develop. If a child who cannot feel pain in the hands or feet has a wound which is not healing well, refer the child to the health worker.
- Make sure that these children protect their hands or feet from injury.

Children who have fits

- Children who have fits should be treated in the same way as other children of the same age.



They should start school at the same age as others. Then their minds and bodies will, in most cases, develop normally.

You should not let children or adults who have fits feel different from other people. They should go about their daily lives as if they had no illness.

- If a child has been given medicine for fits, make sure that the child takes the medicine. For most such children, medicines will prevent fits.



If the child appears very sleepy or irritable, this may be because of the medicine.

- If a child has a fit your work will be disturbed.

After the child has recovered, continue your work. If you were talking to the child or teaching the child prior to the fit, repeat the last part. The children will probably have forgotten this part.

Safety for a child who has fits

Make simple arrangements so that the child does not get severe injuries if he' or she has a fit. Use the following suggestions:

- The child must not go bathing in the river alone.



- The child must not climb trees or ladders.



- Fireplaces must have guards. The child must not sit or work too close to a fire.



- The child must not look for too long at a fire or flickering light. This can sometimes bring on a fit.
- The child must be able to cross roads safely.



Children who have difficulty learning

- Children who have difficulty learning do not develop in the same way as other children. They often develop more slowly, and their development can stop sooner than that of others.



Because of this, a child with difficulty learning can be at the same stage as a child who is younger than him or her. The child will not have the same abilities as other children of the same age. Therefore, it may be better for this child to go to a class for younger children.

- Children who have difficulty learning may have other disabilities as well. They may speak poorly or have difficulty moving. They may be clumsy at writing or making things with their hands.

Ways to teach a child



- A child can be taught in several ways.
- You can use the following ways to help a child to learn:
 - Talking and explaining to the child.
 - Doing activities together with the child and talking about them. Doing activities which the child can see or hear.
 - Talking to the child about what you see other people do. Encouraging the child to do as much as possible without your help.
- First find out how the child understands you. The child may understand you by listening to your words or by watching your face and the movements of your hands and body. Or the child may understand by touching you while you are doing something. The child may understand by doing an activity with you.

When you teach the child, speak and explain in the way that he or she understands best.



- Teach the child only a little at a time. When the child has learned that well, teach a little more.
- There may be times when the child cannot learn new things, even when you try teaching them. At this time, let the child continue with what he or she already knows.

Watch the child carefully to know when he or she is ready to learn more again. Then you can begin teaching the child new things again.

- Some children can give their attention to one thing only for a very short time. If a child is like this, first train the child to do activities or games that he or she likes.



- Do the activities the child likes for a longer time each day. In this way you train the child to keep his or her attention for a longer time. When the child can keep his or her attention to one thing for a longer time, start teaching the child other things that he or she should learn.
- But remember that if a child does the same activity for too long, he or she may get tired of it. Then the child may not want to do it anymore. For this reason, do not make him or her do the same activity for too long. Watch the child to see if he or she is becoming tired. Stop the activity before the child gets tired.



- Be patient when teaching a child. Speak to the child quietly and slowly. The child will not learn if you shout or frighten him or her. Also for this reason, do not hit the child. Hitting and shouting will not help a child learn.

How to use rewards to help a child learn

- Rewards can help children learn more quickly. When a child receives a reward for learning something correctly, the child will want to learn more. So let the child know that he or she is rewarded for learning.



Do this by giving a reward as soon as the child has learned something correctly. Give a reward each time he or she learns something correctly.

- Watch the child to find out what he or she likes. Then give the child what he or she likes as a reward.

- A reward may be any of the following things:

A smile, praise, attention or kind words. Something special, such as fruit or a toy. Some activity that he or she likes, such as playing or drawing.

- Rewards should be different for different kinds of learning. For example, give a small reward, such as a pat or a smile, when the child has only learned a little. Give a large reward, such as a toy, when the child has learned something very well.
- Do not reward an unwanted activity. If the child is rewarded for something that he or she should not do, the child may do it again to get the reward.
- Try to ignore the child when he or she does activities that you do not want him or her to repeat.



But if the child does an activity which can cause injury to himself or herself or to another child, you should not ignore the child. Stop the child and encourage him or her to do something else.

- When you teach, give the child a reward for doing an activity in the correct way, at the correct time, and at the correct place. By getting rewards the child can also learn to do activities differently, at different times, and in different places. For example, the child should learn to greet different people in different ways.

How making routines will help a Child with Special Needs?

Creating Stability

The most important thing about routines for special needs children is that it helps them to build confidence in themselves.

When a child has an established schedule to follow and knows what is expected from them, and how long they have to get the job done, it will help them to manage their time and behaviour better. Your child thrives on pleasing you, and will hard to do so.

You can break your Childs daily schedule into smaller, more manageable "mini-routines" such as - morning, after school, dinner, and before bed time. In between these times you can schedule family time, house work, sports events etc. Plan your week ahead of time and include appointments and other activities that don't interfere with your day. When you have a schedule that works, it not only benefits the child, but the family as a whole, for there is less stress and everyone is prepared.

DAILY ROUTINES AND THE BENEFITS

Here is a list of some daily routines and how your special needs child can benefit from them:

- **Morning Time**

Mornings can be very hectic for everyone, but if you are organised, it can be a lot easier on everyone, and you can get the day off to a good start.

How your morning starts off usually lays the foundation for the rest of your day. If you wake up and have to rush around finding things, or getting some breakfast before you are pushed out the door, you are going to feel unhappy, aggravated and totally stressed for the rest of the day. **NOT** a good way to start your day!

- **After school Time**

Let your child know what time you will arriving home from school. Include a snack time, time to relax, chores and homework time. After school schedules will help your child understand how to manage their time.

- **Dinner Time**

Dinner time is very important. This is the time of the day that families come together and discuss their day. Here you help your child to understand the importance of interacting with others and some table manners.

- **Bedtime Time**

The time before bed should be considered quiet time. Your child should be brushing their teeth, laying out their clothes and packing their school bag for the next day. You can then spend some time cuddling with your child and reading them a bed time story. Integrating a solid bedtime routine for your special needs child, will allow them to learn the importance of a good nights rest.

Every family is different and should build schedules that work for them. Although they may all be different, they will still teach your child the same thing - confidence and stability.

START SLOWLY...

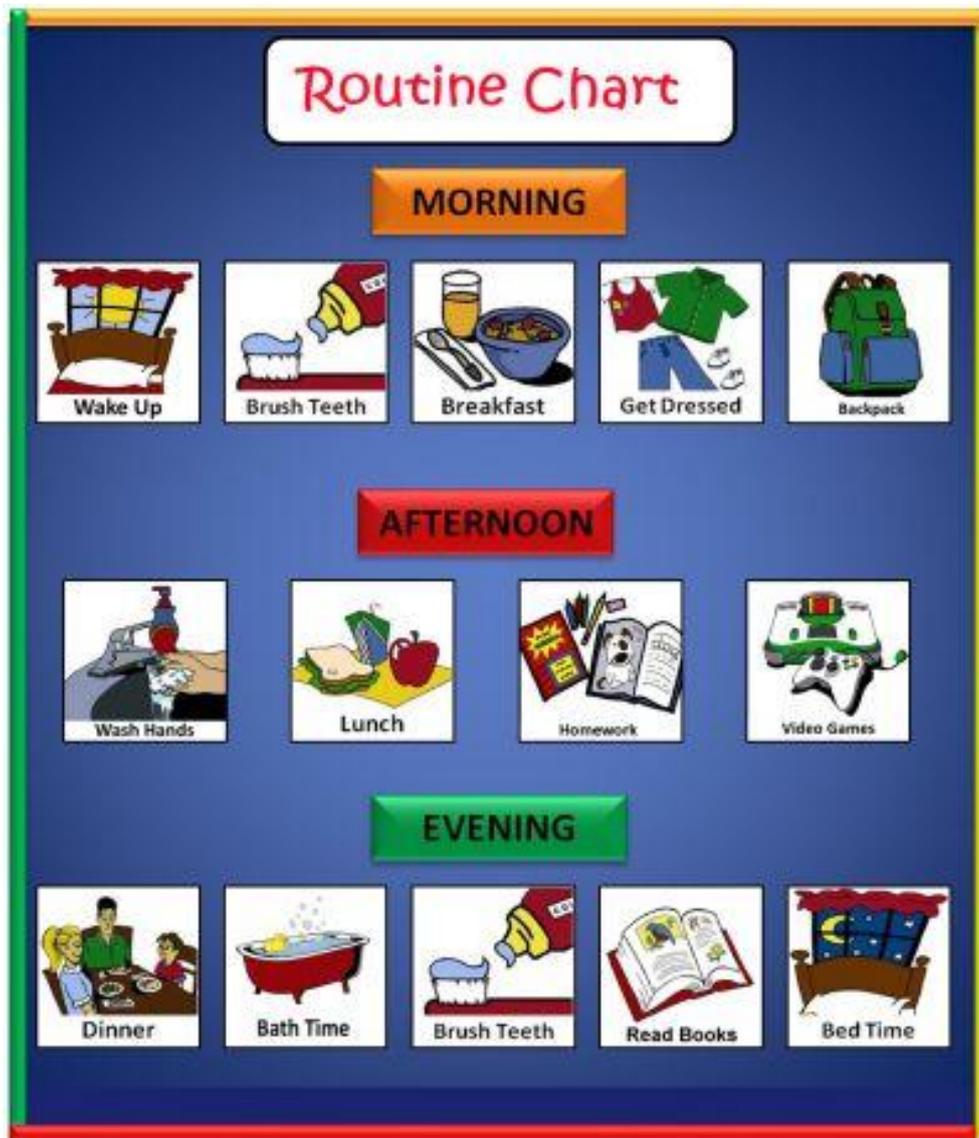
If you don't have a routine for your special needs child or have never tried one, start slowly...

Try one or two schedules, such as a morning and a bedtime, and stick to them for at least two weeks, and you will be surprised how different things are.

You will be less stressed, and more inclined to share quality time with your child.

You will also see a difference in your child, they will be more organised, rested and prepared and this alone will make them more confident in themselves.

Using a picture chart, is a good way for children to see what they have to do.



It is also extremely important for **children to do chores** around the house, even children with special needs depending on the child's skill level.

Behaviour Problems

How to help your special needs child?

The focus here, **concerning behaviour problems**, is on the preventative approach which is key to maintaining positive behaviour in your child. There are many things that can be done to assist and provide support for parents and teachers involved with behaviour problems and **issues that are causing concerns** both at home or at school for a special needs child.

- Be **consistent** when dealing with a child who has behavioural issues, as this will often lead to more productive and positive behaviours.
- **Plan strategies** that you can implement regularly when your child is acting out, involved in conflicts, bullying, or being verbally or physically aggressive.
- It is very important that you **interact positively** with your child, and never call the "bad"; it is the problematic behaviour that you are not happy with, and not the child as a person, so make sure that you explain this when your child is acting up. Acceptable and appropriate behaviour is developmental - it happens over time and can be moulded by parental support and guidance, previous experiences and intervention techniques by teachers and parents.
- Occasionally, despite all your efforts to correct and different behavioural techniques, some special needs children will continue to have ongoing behavioural problems.
- You cannot be **all things to your child at all times**, and you may need to look for help and assistance from a professional.

TAKING THE FIRST STEPS...

- If you see your child going something great, praise him! Promote your Childs self-esteem and confidence every chance you get.
- When your child takes responsibility well, them know, and keep on providing more opportunities for your child to become responsible.
- Be objective, yet understanding - never lose your patience even though you may be tempted to do so.
- Use your best judgement of the situation, stay objective and try to understand your child's point of view.
- Even though you may be frustrated - be patient!

THE NEXT STEPS...



- Make your expectations very clear, with a minimal number of rules and routines that have to be followed.
- Involve your child when you are setting the guidelines for new rules and routines, ask for their help. Make sure they repeat the new schedule, as this will help with the transition and getting them to remember.
- Emphasize your child's strengths and never their weaknesses.
- When the opportunity presents itself help your child to be successful in what they set out to do.
- Repetition - provide opportunities for your child to reiterate what is expected of him. For example: "What happens before and during bath time?"
- Take time to discuss what is appropriate and inappropriate behaviour. This should happen if there was an issue, but only after everyone has calmed down and had a time out.
- Routines - Children with behaviour problems benefit enormously from clearly established routines and schedules - This cannot be stressed enough!
- Teach your child the skills necessary for appropriate behaviour from a very early age, and this will reduce the chance of major behaviour problems as they get older!

THE FINAL STEPS...

So far we have discussed some **strategies** that you can use to start dealing with and changing your child's behaviour problems, now it's time for the implementation stage. You are now ready for the five step plan:

- Pinpoint the behaviour you want to change and be very specific.
- Gather your information - When does the unacceptable behaviour occur? How often and under which circumstances does it happen? What precedes the behaviour? Does it happen when your child is alone, supervised, with others or at a specific time? What is your child's opinion of his behaviour?
- Now you need to take the time to interpret and analyse the information that you have gathered.
- Now is the time to plan for the changes and set some goals - together with your child. What are the short and the long term goals? Who is involved and what will happen? The plan for change should be a collective effort between you and your child. Be specific about needs to be done and what is expected. In your plan for change, a reward system should be in place, and you can use a rewards chart. It is often easier for a child to visualise what needs to be done and what the end goal is, and far along the road they are.
- Evaluate how your plan is going, and if it is not working, discuss this with your child and make the necessary changes.

Once again, if after several consistent tries you find that your plan is not working, and there have been no noticeable or long term changes in the unacceptable behaviour, you may need to get your child referred to a specialist for some professional help.

Dealing with the behaviour problems now will pay off in the long run!

What are self-esteem activities?



Developing a healthy self-esteem in a special needs child.

It is not necessary to always do specific self-esteem activities with your child, but rather incorporate activities into your everyday life that will build your child's self-esteem without it having to seem like work.

Let's start off by learning exactly what self-esteem is...

What is Self-esteem?

- Self-esteem is liking yourself. Self-esteem is also about knowing who you are as a person, and knowing that there are things you can do well.
- Part of having a good self-image, is finding your place in the world where you belong - that you are part of a family where you matter. It is knowing that you have roots and having confidence in your future. This can be a problem for children who have been part of a family break-up, and are split from part of their family and its history.
- Self-esteem is about what is important to you. If you want to be good at art, but everyone tells you that you are good at sport, it will not help your self-esteem at all.

If you are encouraged and helped in something that you want to do, and you succeed, your self-image will grow considerably.

WHAT CAN PARENTS DO?

Most parents will, at some time, worry about their child's self-esteem. Here are some self-esteem activities you can do to help nurture and develop your child's self-image:

- Tell your children often that you love them and let them know that you are glad they are part of your family.
- Show your children that you love them by spending time with them. Listen to their point of view, and be willing to help them achieve their goals, like driving them to various activities and staying to support and watch them.
- Encourage friendships get to know your child's friends and make them feel welcome in your home.
- Give your children help with school work, but don't only focus on what they are not good at - children need to practise what they are good at to feel successful.
- Stay in touch with your child's teacher good relationship between home and school is very important.
- Get involved in your child's hobbies, and help them explore what they are interested in.
- Make sure your child knows that they are needed in the family. Let them do chores, such as feeding pets, setting the table or washing up, these are excellent self-esteem activities. Make sure the tasks let them contribute to the family and are not only about cleaning up their own messes.
- Let your child help you out with something - They probably are better than you at figuring out how to use the TV and DVD player!
- When playing games with your younger children, make sure they win occasionally. Children, who win, often find it easier to be good losers. This is the most important self-esteem activity you can teach your child.
- Involve them in your wider family; this will help them to get to know their relatives, your family and their history.
- Keep all mementos, such as certificates, trophies and prizes of their success and important milestones.
- Develop little family rituals, like story a story at bedtime, a special goodbye kiss or other special things that are unique to your family.
- Always celebrate all achievements and successes.
- Don't solve all your child's problems or fight all their battles for them. Teach them problem-solving skills and let them learn to manage situations for themselves. This will show your child that you have faith in him.
- If there have been a lot of changes in your child's life, such as moving house or parents separating keep a picture diary of where they've been and keep them in touch with people and places from the past. This will make the transition easier for them, and not damage their self-worth or their self-image.

- Self-esteem activities are essential for any special needs child.
- Helping them develop a good self-image from an early age, will also help them cope with their disabilities in a more positive and productive way.
- Incorporating these activities into your everyday life, will guarantee a higher level of success for raising a child with a good sense of self.
- Get involved in any self-esteem activities that will boost your child's self-confidence, and remember that your child learns from you.

If you have a healthy self-image, so will your child.

Special needs Discipline

Special needs children require *special needs discipline!* Even more than the average child, the special needs child requires appropriate discipline.

All parents feel frustrated when confronted with disciplining their child, **but when your child has special needs you truly learn the meaning of frustration** when it comes to discipline.

Added to this, you also have to deal with the daily ups and downs of parenting, and coping with *frustration* in a positive way can sometimes be very difficult.

How to discipline a Child with Special Needs?

- **Know your child's motivators**

What does your child like to do the most? What are his favourite books, TV games, movies? What are his interests? These things are all privileges that your child will earn with appropriate behaviour, and will lose with inappropriate behaviour.

- **Make simple rules**

Have a family meeting and together with your child, create a set of "family rules", which applies to everyone. This way your child won't feel singled out, as the rules apply to everyone.

Keep the rules simple and in relation to your child's level of understanding. For example, if your child yells and screams, even when he is inside, simplify the rule to having an "Indoor voice". Explain to him that a loud, shouting voice is appropriate for outdoor play, but when he is inside the house a quiet voice is what's needed.

Don't overwhelm your child with too many rules at first. Find five rules that cover the most problem behaviours, and build from there.

- **Positive reinforcement for good behaviour**

This is a step in special needs discipline that is often overlooked, but can be the most effective.

If your child does something good, like packing away their toys, without you initiating it, they should be praised. "Thank you for packing your toys away all by yourself, that makes me so happy! Good job!" All children thrive on positive reinforcement and this will help them to develop a healthy self-esteem.

Special needs children often do very well with behaviour charts.

- **The one rule reminder**

If your child misbehaves, give them one warning, but no more than that. Remind them what the rule is, "Do you remember what the rule is about shouting in the house?" If your child ignores the warning, you need to follow through, a very important step in special needs discipline, bad behaviour results in negative reinforcement.

- **Bad behaviour results in negative reinforcement**

Some professionals may not agree but the good old "timeout" or "naughty spot", still works wonders, especially with special needs discipline.

Find a term that works for you, and find a spot in your house where your child can go to think about what he has done wrong. He should not have access to any toys or the TV, so keep him isolated and away from the action in the house, but still close enough to keep an eye on him.

Once you have explained to your child why he is being punished, and for how long (Usually one minute for every year of his age), don't talk to him. If he leaves the spot, yells or misbehaves put him back on the timeout spot and start the timer again. Visual aids, like timers are important for children with special needs. He must sit quietly for the allotted time, be firm. Once the time is up, fetch your child, give him a hug and bring him back into the family situation.

- **Be consistent**

If you threaten without following through, your child will learn to disrespect and ignore you. You must follow through with negative reinforcement, quickly and *EVERY TIME* a rule is broken. In doing so, can child will soon learn how to predict consequences and will start making better behaviour choices. When consequences are inconsistent, changing and infrequent, don't expect anything other than chaos, and ineffective special needs discipline.

Your child need structure in his/her lives, and depend on you to provide it, but remember, **special needs discipline takes time and lots of patience.**

WHAT IS PUNISHMENT?

I think we are all familiar with **punishment.**

Any time you take something away, as a result of inappropriate behaviour, this is punishment.

Punishment is a negative response to behaviour.

Although severe punishments can sometimes work better, when dealing with special needs discipline, we as parents must be careful that our punishment is not too severe.



Be firm when you discipline your child, but don't let the punishment be so severe that it ends up not being effective.



When you punish make sure the child understands why he is being punished. Be focussed. Do not talk about anything not related to the misbehaviour. Level of punishment should be appropriate. Shouting/spanking may not work as the child is too frightened to understand. Rather make the child understand its mistake but in a calm manner.



Remember that by disciplining our special needs children, we are helping them become well behaved, well mannered, and functioning individuals. We will instil a **healthy self-esteem** level on our children without having them walk all over us.

Potty training

Parents often complain how difficult potty training a child can be, but for most this is a fairly easy experience, if the child is ready. Even when your child shows resistance initially, they will eventually learn. This is however not always the case for a child that has special needs, potty training may be allot more difficult, but achievable.

If you are considering starting toilet training your child, it is important to keep your child's developmental level in mind and not always his age. Most children usually show physical readiness to begin using the toilet between 18 months and 3 years, but not all children have the intellectual or psychological readiness to be potty trained at this age.

Children with physical disabilities may have other problems with potty training, like getting on or off the potty, getting undressed and cleaning up afterwards. A special potty chair or other adaptive equipment may be needed.

BEFORE YOU POTTY TRAIN

Before you start potty training your special needs child, there are a couple of factors that you may need to consider:

- **Medical**

Talk to your Paediatrician before undertaking the task of toilet training. Make sure your child has no physical problems with their bladder or bowels. If they are unable to control their bladder, training might not be an option.

- **Developmental**

If your child's development is delayed in any area, the chances are it is delayed here too. Again, rather look at your child's developmental age, and decide whether the time is right to train.

- **Sensory**

A child with sensory integration problems or low muscle tone may genuinely not sense the need to go. They may not realise that their nappy is wet and it may not even bother them. This may make it difficult for you figure out how to train your child and get them to the potty on time.

- **Emotional**

Don't push toilet training too hard on your child as some may find training intimidating. The intensity of your desire for them to reach this milestone can also be alarming for them.

- **Temperamental**

Children who find change and conflict to be stressful, might find potty training to be overwhelming. This can cause regressive behaviour other areas, such as tantruming and explosive behaviour. It may not be worth the added stress, to you or your child, if there are other, bigger issues you have to deal with. Try again later, when he is more ready.

- **Control**

For a child who likes to be in control, potty training is an ideal battleground. You may threaten or bribe, but you are not in control of their bodily functions. An area where the child has the upper hand is probably not one you want to take on when control is an issue.

- **Peer pressure**

Not on your child, but peer pressure on you! Everyone has an opinion on when a child should be toilet trained, but if you are pushing the potty and your child is resisting, you need to ask yourself if you're doing because he is ready or because everyone else is ready for him to be trained. You know what's best for you and your child...not everyone else!

READINESS CHECKLIST

Your child's readiness to toilet training is related to his growth and development.

The readiness checklist can help you decide if your child is ready to begin the toilet training process.

Some of the items on the list may not apply to your child, the more items that do apply; the more ready is to begin training.

MOTOR SKILLS

- your child can sit with or without support
- Your child can squat down without losing his balance
- Your child is walking alone
- Your child can dress and undress himself

COGNITIVE PERCEPTION

- Your child searches for his toys
- Your child copies your movements and sounds
- Your child plays make believe
- Your child can play quietly by himself for 5 to 10 minutes

LANGUAGE SKILLS

- Your child can understand simple questions
- Your child can show or verbalise his needs
- Your child has a name for urinating and bowel movements
- Your child can tell you if his nappy is wet or soiled

TOILETING SKILLS

- Your child can stay dry for more than an hour
- Your child knows what a potty or a toilet is used for
- Your child knows when he is wet
- Your child is not coping with stressful situations or changes in their routine

YOUR CHILD IS READY - NOW WHAT?

Finally you and your child are ready to start "potty training boot camp. The first thing to do is take your child with you, to go and buy a potty. Find one that he likes and is willing to sit, as this can help overcome Initial resistance. When you get home, let your child take the potty and put it in the bathroom, explain to him that this is where he needs to come to urinate.

Start off by letting your child sit on the potty with their clothes on, while you sit on the toilet. Remember, they learn from and copy, you. If they become restless, you can read a story to keep their mind off what they are doing, and this will start to establish a potty routine.

When your child has become comfortable with the potty, you can start taking off their nappy and letting them sit on the potty. For special needs children, this has to be done often throughout the day. You may also have to show them, by taking a bowel movement from their nappy and placing it in the potty, they will begin to realise that is where it belongs. Let them also take the potty and empty it into the toilet, if this is within their physical capabilities, this is the start of training from the potty to the toilet.

If you meet resistance to any of these steps, back up to where your child feels comfortable and don't move on for a couple days, until he is ready.

Once the above steps have been mastered, start reminding your child to go potty every hour. When they go, be very supportive and praise them for how well they are doing. It is very important to be encouraging and positive.

Accidents do occasionally happen, but it is important to know how to handle them. You can show your child that you are disappointed, but never shout, punish or make a big deal of it. Tell them that's it ok, but to remember to go to the potty quickly when they feel the urge to urinate.

Night time training should only begin when your child can stay dry during nap time, or for more than 6 hours during the day.

TIPS AND TECHNIQUES FOR POTTY TRAINING

"Role modelling" may help your child to learn from imitation. Here are a few other tips that may help you in the training process:

- Having an "open-door policy" in the bathroom, help your child to see other members of the family using the toilet and he will learn by imitation
- Place a non-absorbency cloth in their nappy and they will learn to become aware when they are wet.
- Make the toilet training process fun, reward your child every time he uses the potty successfully and stays dry. Keep a surprise bag, of inexpensive gifts that he can stick his hand into, shake it around and see what he gets. This is encouraging and rewarding.
- There are also many products available on the market, like potty training charts or potties that play a tune when your child urinates. You can also put some food colouring in the toilet water, and let your child guess what colour it will change to when he urinates in it.(Blue + urine = green) You can also buy underwear with his favourite cartoon character and explain to him that he must keep the character from getting wet, so when he wants to wee wee, he must quickly go to the potty.



OVERCOMING PHYSICAL DIFFICULTIES

If your child has difficulty with toilet training, and achieving control of his bodily functions, will depend on your child's special need, whether it is a physical or cognitive difficulty, and what degree your child is affected.

For many children it is difficult to actually reach the toilet in time, and then to get onto the toilet due to physical challenges. You may have to help your child onto the toilet, positioning onto the seat or even holding them in position whilst on the toilet.

Other children have difficulty in communicating that they need to go, or you as a parent may struggle to explain the ideas associated with potty training, in a way that your child can understand.

There are adaptations that can be made to the bathroom, to help a child with physical disabilities sit on a toilet. For older children there are raised seats, and safety rails to help with positioning and stability. For younger children there are many potty chairs available either free standing or those that fit over a toilet, and have back support for positioning. Either straddling or sitting sideways on the toilet seat, can provide more stability, and make your child feel more secure when using the toilet or potty.

When communication is a problem, it is much easier to actually show your child what needs to be done, and let him learn through watching other family members, using the toilet. If after a while you are still struggling and your child does not seem to grasp the concept, it may be best to seek the help of a professional nurse or a therapist. They will help you set goals, and find easy ways to make them obtainable, in a realistic period of time.

Guide for Teachers

What can training do to Children with Special Needs?

Training can help children

- Playing.



- Taking better care of themselves by eating, drinking, keeping clean, using the latrine, and dressing with as little help as possible.



- Moving with as little help as possible around the home, yard and village, and travelling by bus, train, boat or on an animal.
- Communicating with others.
- Joining in family and community activities.
- Going to school



Training can help adults

- Taking better care of themselves.
- Moving around with as little help as possible.
- Communicating with others.
- Joining in family and community activities.
- Having schooling if they have not had it.
- Doing household activities.
- Doing a job.



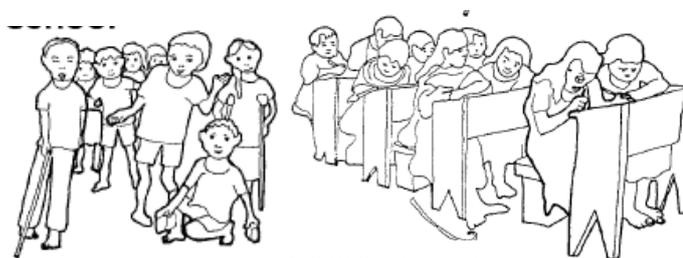
Teaching children with disabilities is very interesting and rewarding. Some teachers think they are not capable of such a job. They think that they have to be specially trained, or that the child has to be sent away to a special school. But experience has shown that 8 or 9 children with disabilities out of 10 can attend an ordinary school.

The ordinary schools that accept children with disabilities do not have many of these children. Each teacher may have only one or two students with a disability.

Why children with disabilities need to go to school?



Children with disabilities should go to school just like other children to have education. Schooling and education helps them to learn about the world around them and to become useful members of the community.



It is possible that some children with disabilities cannot learn to read, write, and count like other children. But it is important that these children go to school for the following reasons:

- Education helps children to become independent adults.
- Education prepares children to be able to work and earn an income.
- Education teaches children how to get along with others, how to behave, and how to work with others.
- Education develops abilities that the children have.
- Education teaches children to accept rules and to take responsibility.
- Education helps children to form friendships and gives them the feeling of belonging to a group.
- Education teaches children the activities that will help them to be useful members of a family and a community.

All this helps to make up for the disabilities that children have. Also, other children see how much children with disabilities can do in spite of their disabilities. When they see this, they gain from the experience of being with children with disabilities. They learn to accept children with disabilities.

For these reasons children with disabilities should have the opportunity of going to the same school as other children.

Some children with disabilities may be able to complete only a few years of schooling. But some of them are able to complete all their schooling and go on to higher education.

Find out each child's ability. Then help each child in your school to reach the highest level of education that he or she is able to reach.

General problems

Getting to school



- The school may be in, or not very far from, your village. If so, all the boys and girls of school age, whether they have disabilities or not, can get there easily.
- There may be children with disabilities who cannot find their way to school on their own. Other children may not be able to walk to school. Make arrangements for these children to be brought to school and taken home by a family member, other schoolchildren, or a neighbour.

Behaviour problems



- Behaviour is the way that a child does things. Behaviour is the way that a child talks or sits, the way a child touches or looks at someone, or the way a child puts on clothes, and so on.
- A child learns behaviour. Children often learn behaviour from their parents and from other adults. They also learn behaviour from other children, especially children of their own age. Each child learns wanted behaviour as well as unwanted behaviour. So children behave differently from each other.
- Children express themselves through behaviour. Watch and listen to find out what each child is expressing in his or her behaviour. Also try to respond to each child's behaviour in a way that the child understands.

- Some children show some of the following behaviour problems:
 - Not being able to give attention to the same activity for long.
 - Being very quiet or shy.
 - Being very talkative, boastful, or needing a lot of attention.
 - Being very jealous.
 - Losing his or her temper often.



- Having a habit of banging his or her head, or of hitting others.
- Making unusual faces, biting his or her hands or scratching himself or herself.
- Not knowing or understanding when something is dangerous.



- Rocking back and forth for a long time.



- Having a habit of running away.
- Crying.

- Behaviour problems sometimes harm a child. This happens when the child bites or scratches himself or herself or bangs his or her head. Behaviour problems can also harm other people.



- Behaviour problems often delay a child's development. They can prevent the child from using his or her abilities and doing what he or she can do. The child often does not learn as well as other children.
- Some children may behave badly towards other children. They may hit them, use bad language or try to ridicule them. This unwanted behaviour is often directed towards children with disabilities.
- Behaviour problems sometimes upset the family and community. The family and community often do not want to take responsibility for a child who shows unwanted behaviour.

How to change unwanted behaviour in a child?

- A child learns good behaviour by imitating other people's good behaviour. A child learns wanted behaviour by playing with other children who behave well and play well together. A child learns wanted behaviour from teachers and other adults. A child can learn wanted behaviour from you.
- When the child shows unwanted behaviour let the child know that you do not like such behaviour. If the child wants to please you, he or she will not repeat the unwanted behaviour.
- You will want to know about the child's unwanted behaviour so that you can correct it.
- Watch the child carefully and find out when the unwanted behaviour takes place.
- Find out where it takes place, with whom, and why.
- Do not give a child extra attention when he or she behaves in an unwanted way.

A child repeats unwanted behaviour because he or she gets rewarded for it. Find out what reward the child gets for his or her unwanted behaviour. The reward is often extra attention. Or the child has his or her own way, such as getting or doing something he or she wants.



- Unwanted behaviour should be ignored not rewarded.
- Ignore the child's unwanted behaviour unless it injures another person.
- Give rewards for wanted behaviour.

Give a reward immediately each time the child behaves well. Then he or she will want to behave well to get the reward again. Only reward behaviour that you want the child to repeat. Continue rewarding the child until he or she has learned to behave well. Then gradually stop the rewards.



- Whenever possible make sure the child repairs any damage he or she has caused through unwanted behaviour.



- Never punish the child in a way that will hurt the child.



Punishment does not teach the child what he or she should do. The best way to discourage the unwanted behaviour of a child is to ignore it.

General information about schooling

Preschool

It is important that parents stimulate their children at home. Explaining to children about what happens at home and in the community helps to stimulate them. Children should be encouraged to ask questions and parents to give answers. Parents should play with their children and encourage them to play with other children.

Children should participate in family life and in the activities of the community. Children should be encouraged to go with their families to religious ceremonies, community meetings and so on. These also stimulate children. It is important to start this stimulation as early as possible. One way to start stimulation and to develop the minds of children is to have a preschool group. A preschool group will also prepare children for primary school.

If there is a preschool in your area, advise parents of children with disabilities to send their children to the group before they start going to primary school. A preschool will not only prepare children for primary school but will also give the children the extra stimulation they need to develop their abilities.

Children with disabilities should start going to a preschool group at the same age as other children and should continue until they are ready to start primary school. For this reason they sometimes need to stay in the preschool longer than children with no disabilities.

STARTING SCHOOL

Preparing other children and their parents

- Tell the children in your school about different disabilities, especially about the disabilities that they may see in children at school or in the community. One way of doing this could be to ask an adult with a disability to come to the school and speak to the children.



- Explain to the children that disabilities are caused by diseases or accidents. For example, you can explain that an infection in the eye or ear can cause difficulty with seeing or hearing. You can explain how a person might fall from a roof or a tree and then have difficulty moving.

- To help children without a disability accept the children with disabilities, tell them stories describing what people with disabilities can do. Ask the children to make drawings based on the stories.



- Encourage the children to make up and act plays. Help them to choose subjects and stories for the plays which will develop in them a good attitude towards people with disabilities.

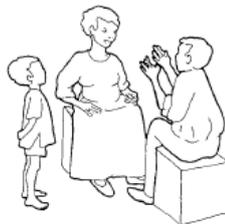


- Teach the children how to tell each other stories and to act plays without using words. Teach them how to use expressions on their faces and movements of their arms, legs and bodies to express themselves. Then children with communication problems can easily join in telling stories and in acting plays.
- Help the children with disabilities to make friends in school. Friendship will help them to feel secure and accepted. Ask them to show how they use their aids. For example, if a child uses crutches, let the other children try them.
- Children with disabilities should not be protected too much. Nor should they be treated as inferior because of their disabilities. They should be accepted as being children with certain difficulties who may need some extra attention. Explain this to the children in your class and in your school.
- At times you will inform the parents of the children in your class about what is happening at school. Tell them at such meetings about the children with disabilities. Explain to the parents why these children need to go to school just like the children who have no disabilities. Seek the cooperation of the parents to enable children with disabilities to be accepted by their classmates and to benefit from schooling. If possible, arrange a special meeting with parents to prepare them before a child with a disability starts in the class.



At school

- A child with a disability is in some ways different from another child. Some children have little disability and need very little extra attention. For example, a child with a little difficulty seeing or hearing may be able to follow the teaching well if he or she sits at the front of the class. A child with severe difficulty moving may not need any extra attention once he or she has become used to being in the class. Children who have severe difficulty seeing, hearing, and learning will require much more help.
- Find out as much as you can about each child with a disability, by talking with the child's parents.
- Find out if the child uses some other special services for rehabilitation, which may exist in your community or district.
- After the child starts school, visit the parents from time to time to discuss with them what they are doing to train the child. If the training is not finished, ask them to show you how much they have done. Ask about their plans for the child's future. Find out how you can best work together with the family.



- Ask if the child takes any medicines and if these should be taken while the child is in school
- Find out if the child and the parents have problems about schooling. Ask if the family thinks that other schoolchildren are helpful to the child and whether the child gets on well at school
- Sometimes a child with a disability can have problems with other schoolchildren. If this happens speak to the other schoolchildren and discuss the problem with them. If you feel that the parents of the children can help, organize a meeting with the parents of the children.
- At this meeting explain to the parents the problems between the children. Discuss with parents the problems and how they can be solved. Ask parents to help solve the problems.
They can help by explaining to their children about the special needs of a child who has a disability and how they can help the child.
- Encourage other children in the class to take responsibility for classmates with disabilities.

You could do this by pairing each child who has a disability with a child without disability. Ask the partner without disability to help the other child with schoolwork.



Ask the partner to help with practical things. For example, to get to where he or she wants to go, to get to the latrine, to eat, and so on. Ask the partner also to help the child with activities such as field trips or scouting. Explain to the partners that they might sometimes need to protect a child with a disability from physical or verbal harm. To avoid physical or verbal harm, prepare the parents and the other children well in the ways suggested in this Guide.

- If you have any problems with a child in school, meet the child's parents and tell them about the problems. Discuss the problems with the parents and try to solve them together.



- You may find that you do not have enough time to give the child with a disability all the attention he or she needs. If this is so, ask the community to find a voluntary helper for you. The volunteer can give the children with disabilities the extra help that they need during school hours.



- Many children with disabilities have as much, and sometimes more, intelligence and ability as children without disability. These children with disabilities can be very helpful to you and to others in school. Find out each child's abilities and help each child to use and develop these abilities as much as possible.
- Make sure that the children can see and hear you when you teach. To help them understand, write clearly on the blackboard so that they can read what you are saying. Also let a child with a disability sit in the front of the classroom. Then the child will see and hear better.



- When you talk make sure that the children can see your face.
- Use drawings, pictures, and models whenever possible to help children understand more clearly what you teach.
- Encourage the children to think about what you tell them and to ask you questions. Help them to sort out their thoughts and to learn by themselves.
- When a child learns something new, show that you are pleased by this. Praise the child. In this way, you encourage the child to want to learn.



- Some children will learn better in small groups than they do with the whole class. Working in small groups also helps the children to get to know each other and to accept each other.



- From time to time, get the children together in small groups. Give the children subjects to discuss or work to do in these small groups. Or ask the children to discuss what they have learned.



- Some children use their right hand for drawing and writing. Others use their left hand. Let children use whichever hand they choose.
- Include children with disabilities in all school activities such as field trips, scouting, school games, and sports.

- Some children cannot join in all school activities, such as sports. If so, include them in sports, modify the rules to suite them or provide suitable activities for them to do at the time when other children do those activities.

Physical activities and games



- Physical exercise helps all children to be healthy and keep fit. When you arrange exercise periods for your class, make sure that the children with disabilities join in as much as they can.



- Some children are not able to play very active games. Include games for them which can be played with less effort or which are played sitting down. Then those children can join in as well.



- To make it possible for children who cannot see to play ball games, put a bell inside the ball. Then the children can hear the ball as it moves.



- Most children enjoy music, even if they cannot move or sing with it because of their disability. Children with difficulty learning enjoy music. Even children with difficulty hearing may enjoy music, especially if it has rhythm. You can do many activities to music with children.



Daily activities

- Some children with disabilities cannot learn the skills necessary for daily life as easily as other children. Children need time to practise the skills they learn in the classroom. With practice, they will do these skills more easily. Give children time to practise the skills you teach them.
- Teach the children hygiene and daily activities. Teach them how to clean their teeth, how to wash and bathe using soap, to wash clothes, to use the latrine and then clean themselves. Explain to them why they should do these things.



- Teach them also how to keep the classroom and the school yard clean and tidy. Give the children this responsibility.



- Explain to the children about diseases that are common in your area and how they could result in disability. Tell them what causes disease and teach them different ways of preventing disease. For example, explain which kinds of food they should eat to get the proteins and vitamins they need. Explain to them that if they have correct nutrition they will fall ill less often.
- Explain how immunizations prevent certain diseases.
- Tell them to drink water that has been boiled first and then cooled. Boiling the water kills germs which can cause disease.

Children who have difficulty seeing

- Some children may have slight difficulty seeing. Others may have more serious problems, and some may not be able to see at all. Some children may not be able to see you or the classmates they meet at school.

- When such a child comes for the first time, meet the child and the parents alone. Let the child know who you are by talking with the child and explaining what you are doing. Let the child touch you.
- Next introduce the child to the classmates. Explain to all of them what is important to the child who has difficulty seeing. Explain that this child goes to school just like everybody else. Tell the children that the child will need some extra attention and ask them to give it when it is needed.
- Introduce the classmates to the child. If the child cannot see them, tell the child the names of some of the children. Let the child speak with each one of them until the child remembers their voices and names. Let the child touch them. Then tell the child the names of the other children so the child with difficulty seeing will know all the children in the class.



- Children who have difficulty seeing cannot know the people who are near them because they cannot see. They cannot see whom they have met. When you are with a child who cannot see, speak to him or her. Then the child will know that you are there. Tell the children in the school to do the same.



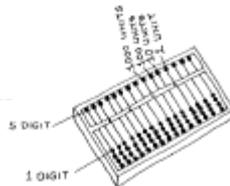
- The child with difficulty seeing often tries to learn about things by touching, listening, and smelling. He or she also learns about certain things by licking them. Let children use the different ways to learn. Be careful so the child does not touch or lick something that might hurt or be dangerous to him or her.
- Describe the classroom and the school. Take the child around the school and describe to him or her what you can see.
- Arrange for children with difficulty seeing to sit at the front of the class. If there is a child who can see a little, encourage this child to use the sight he or she has. Make sure that the child has enough light for the work.
- Write on the blackboard using big letters. Teach the other children also to write in this way.



- Each child with difficulty seeing needs a "reader" to help him or her. The reader will read and explain books to the child and help the child to learn. Find a reader for each child. The reader can be a classmate, an older child, or a friend.



- Use a counting frame to teach a child who has difficulty seeing to count. Make a counting frame with wood, pieces of wire or string and beads as shown in the picture. Teach the child to use this counting frame.



- A child who can see a little may be able to learn to read and write in the same ways that other children learn. Teach the child first to write letters and numbers. You can start to teach the child to write with chalk on a slate. Fix pieces of string across the slate so that the child can touch and use the string as guidelines while writing.



- When a child begins writing on paper, fix the strings in the same way on a piece of wood. Teach the child to place the paper under the strings.
- There is a special way in which children with difficulty seeing can learn to write and read. This is called Braille. Some communities may have a special teacher who knows about Braille. It takes about three to four months to learn how to use

Braille if the person studies for 1 or 2 hours a day.

If there is no Braille the child who cannot see at all can still learn. This child learns by listening. The child will need to repeat at home and remember what was taught. The child will also learn by doing activities with the children who can see.

Children who have difficulty hearing or speaking

- Children who have difficulty hearing or speaking often do not communicate, or they communicate poorly.

Communication is how we understand what is being said to us and how we express to others our thoughts, needs, and feelings.

- We communicate our thoughts, needs, and feelings in different ways.
- We speak and we hear others when they speak.
- We use movements of the hands, face, and body when we communicate and others understand what the movements mean.



- We write and we read what others have written.



- We use all these ways to communicate, but we use hearing and speaking most often.
- So children with difficulty hearing and speaking have difficulty communicating with others.

Communication problems

- Some children who are born without hearing may not learn to speak. They should be taught other ways to express their thoughts, needs, and feelings.
- Children who have difficulty hearing, but can hear loud voices, are often slow in their development. They should be taught to listen carefully and to speak. They can also communicate in other ways.
- Some children can hear but do not speak well. Such children should be trained to speak better. Ask your Local Supervisor for the appropriate package. If speaking is not possible, the child should be trained to use other ways to express his or her thoughts, needs, and feelings.
- Children who have difficulty hearing or speaking are sometimes irritable. They may not give their attention to one thing for a long time. Or they may not listen carefully to what is being said. Observe them carefully. If they do not pay enough attention, find ways to make them interested in what you are saying. Then they will want to listen to you.



Communicating with a child who has difficulty hearing

- If there is a child in your class who cannot hear or speak, tell the parents to seek help. If the child needs a hearing aid encourage them to get one. Use different methods of communication with this child. Use speaking, or hand, face, and body movements, or writing. Teach the volunteer and the other children to use the different methods to communicate with the child.
- Before you speak to the child, get the child's attention. Then the child will know that you are speaking to him or her.
- Make sure that the child can see you and hear you when you speak. Stand in the light so that it falls on your face. Then the child can see you clearly. Some children may understand better if they can see your lips when you speak.

Therefore do not cover your mouth when you speak. Do not turn your face away from the child when you speak. Do not speak while you are writing on the blackboard.



Other ways of communicating with children

- Lip reading and sign language are the other ways that the child can communicate. A speech therapist will be able to help you.

Children who have difficulty moving

- Some children may have difficulty moving their legs, arms, trunk, or neck. Because of this, some children may not be able to sit up. Others may not be able to stand and walk.

Others may not be able to use their arms and hands like other children of the same age.

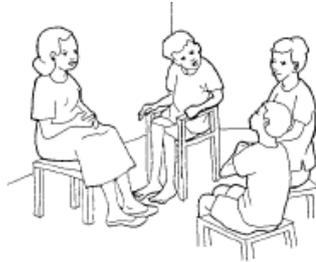
- These children may have other disabilities at the same time, such as difficulty hearing, speaking, or learning.
- Most children with difficulty moving can be trained to take care of themselves and to move around so that they can come to school. These children can be taught by you in the same way as other children.

- Some children who have difficulty moving may need to use sticks, crutches, or frames to walk.



Arrange for these children to be able to move around easily in school. Arrange for them to have the space they need in class to be able to do what they have to.

- Some children find that being in a certain position makes it easier for them to do their work at school. Some may need to be supported on a chair or in a box.



- These children should not stay in any one position for too long at a time. Arrange for them to change the position in which they sit from time to time.
- Some of these children who have difficulty using their hands can write more easily if their pencils and pens are made thicker. Do this by wrapping cloth round the pens and pencils or by using a piece of bamboo.



- Some children cannot use their hands at all and are unable to write.
At the same time that other children are doing written work, you or the volunteer can teach these children in a small group. You or the volunteer can ask them to do school tests and examinations by speaking instead of writing.

Children who have no feeling in the hands or feet

- You may have a child in your class who cannot feel pain in his or her hands or feet.

If so, ask the child or the child's family if he or she has seen a health worker. Also find out if the child has medicine to take.

- Children who cannot feel pain in their hands or feet can injure themselves very easily.

If the injuries are not allowed to heal, deep wounds can develop. If a child who cannot feel pain in the hands or feet has a wound which is not healing well, refer the child to the health worker.

- Make sure that these children protect their hands or feet from injury while at school.

Children who have fits

- Children who have fits should be treated in the same way as other children of the same age.



They should start school at the same age as others. Then their minds and bodies will, in most cases, develop normally.

You should not let children or adults who have fits feel different from other people. They should go about their daily lives as if they had no illness.

- If a child has been given medicine for fits, which he or she should take during school, make sure that the child takes the medicine. For most such children, medicines will prevent fits.



If the child appears very sleepy or irritable, this may be because of the medicine. Tell the child's family about it.

- If a child has a fit in class your lesson will be disturbed.

Explain to the other children what has happened. Tell them that after the fit the child will be completely healthy again.

Tell them that they should not be afraid of what they saw.



After the child has recovered, continue the lesson by teaching the part just before the child had the fit. The children will probably have forgotten this part.

Safety for a child who has fits

Make simple arrangements at school so that the child does not get severe injuries if he' or she has a fit. Use the following suggestions:

- The child must not go bathing in the river alone.



- The child must not climb trees or ladders.



- Fireplaces must have guards. The child must not sit or work too close to a fire.



- The child must not look for too long at a fire or flickering light. This can sometimes bring on a fit.
- The child must be able to cross roads safely.



Children who have difficulty learning

- Children who have difficulty learning do not develop in the same way as other children. They often develop more slowly, and their development can stop sooner than that of others.



Because of this, a child with difficulty learning can be at the same stage as a child who is younger than him or her. The child will not have the same abilities as other children of the same age. Therefore, it may be better for this child to go to a class for younger children.

- Children who have difficulty learning may have other disabilities as well. They may speak poorly or have difficulty moving. They may be clumsy at writing or making things with their hands.



- When the child is still young (up to about 9 years) you can change the work at school.

First assess what the child is able to do. You can use a list of what your school requires the children to do for each level. In this way you may find out, for example, if a child who is in the third class does not know what was taught in the first class.

- Then you may choose to let the child return to the first class. Or you may choose to let the child remain in the third class and give the child lessons at his or her level.
- If the child still does not learn well, he or she may benefit from spending two years in the same class. If this is allowed in your country, and if you think it will help the child to learn better, speak with the child's parents. If they are willing, arrange for the child to spend two years in the same class.
- You should help children like this to continue schooling. Schooling will help them to develop even if they are not able to do all of the lessons that the other children do. Changes should be made to allow these children to stay as long as possible in the school. Their time in school will help them to be more independent when they are adults.

- Use the school time also to teach these children some basic skills. The skills may include using money, recognizing simple labels on bags of seeds, and knowing buses by their numbers.
- Children who have difficulty learning need more attention to make them feel secure and to develop their abilities. A volunteer in the classroom can teach such children separately at certain times. Arrange for the volunteer to teach the children the special activities that they need to learn to do.

Ways to teach a child



- A child can be taught in several ways.
- You can use the following ways to help a child to learn:
 - Talking and explaining to the child.
 - Doing activities together with the child and talking about them. Doing activities which the child can see or hear.
 - Talking to the child about what you see other people do. Encouraging the child to do as much as possible without your help.
- First find out how the child understands you. The child may understand you by listening to your words or by watching your face and the movements of your hands and body. Or the child may understand by touching you while you are doing something. The child may understand by doing an activity with you.
 - When you teach the child, speak and explain in the way that he or she understands best.



- Teach the child only a little at a time. When the child has learned that well, teach a little more.
- There may be times when the child cannot learn new things, even when you try teaching them. At this time, let the child continue with what he or she already knows.

Watch the child carefully to know when he or she is ready to learn more again. Then you can begin teaching the child new things again.

- Some children can give their attention to one thing only for a very short time. If a child is like this, first train the child to do activities or games that he or she likes.



- Do the activities the child likes for a longer time each day. In this way you train the child to keep his or her attention for a longer time. When the child can keep his or her attention to one thing for a longer time, start teaching the child other things that he or she should learn.
- But remember that if a child does the same activity for too long, he or she may get tired of it. Then the child may not want to do it anymore. For this reason, do not make him or her do the same activity for too long. Watch the child to see if he or she is becoming tired. Stop the activity before the child gets tired.



- Be patient when teaching a child. Speak to the child quietly and slowly. The child will not learn if you shout or frighten him or her. Also for this reason, do not hit the child. Hitting and shouting will not help a child learn.

How to use rewards to help a child learn

- Rewards can help children learn more quickly. When a child receives a reward for learning something correctly, the child will want to learn more. So let the child know that he or she is rewarded for learning.



Do this by giving a reward as soon as the child has learned something correctly. Give a reward each time he or she learns something correctly.

- Watch the child to find out what he or she likes. Then give the child what he or she likes as a reward.
- A reward may be any of the following things:
 - A smile, praise, attention or kind words. Something special, such as fruit or a toy. Some activity that he or she likes, such as playing or drawing.
- Rewards should be different for different kinds of learning. For example, give a small reward, such as a pat or a smile, when the child has only learned a little. Give a large reward, such as a toy, when the child has learned something very well.
- Do not reward an unwanted activity. If the child is rewarded for something that he or she should not do, the child may do it again to get the reward.
- Try to ignore the child when he or she does activities that you do not want him or her to repeat.



But if the child does an activity which can cause injury to himself or herself or to another child, you should not ignore the child. Stop the child and encourage him or her to do something else.

- When you teach, give the child a reward for doing an activity in the correct way, at the correct time, and at the correct place. By getting rewards the child can also learn to do activities differently, at different times, and in different places. For example, the child should learn to greet different people in different ways.

Self-evaluation

- After you have used this guide for some time, you will want to know if all the children with disabilities in your community go to school. Then you will want to know if they are benefiting from it.

You have tried to help all the children with disabilities in your community to have schooling. Do you know of any who are still not going to school?

If your answer is "No", you have done well.

If your answer is "Yes", find out why some children are not in school and then find a way for these children to have schooling.

If after some time all your answers are "Yes", then you know that the child has benefited from schooling.

If any of the answers are "No", go through the following list to find a possible reason for each "No" answer. Then find out what you can do about it.

1. The child has not been to school for long enough. Assess the child again at the end of another six months.
2. You have not taught the child in the correct way. Read in your guide about the child's disability and continue teaching the child.
3. The child with a disability is not accepted by his or her classmates. Discuss this with them and try to change their attitudes. Meet with the parents of all the children in the class to decide what needs to be done.
4. The child's disability is severe. Continue teaching the child, trying to help as much as possible.

Assessment of children with disabilities

Progress Chart						
Name of the Child:						
				Date:		
Sr. No.	Questions	Yes/No	Yes/No	Yes/No	Yes/No	
1.	Come to school regularly?					
2.	Keep up with other children in the class?					
3.	Understand what you say?					
4.	Communicate with you?					
5.	Is accepted by the classmates?					
6.	Plays with other children?					
7.	Takes part in other school activities?					

- Keep a separate chart for each child with a disability.
- When each child starts school, do the following:
 - Enter the child's name at the top of the chart. Put the date of the child's first day at school at the top of the first column.
 - Watch the child carefully for a few days. Then answer the questions by marking "Yes" or "No" in the column under the first date entered.
- You can follow the progress of the child by repeating the assessment every six months.
 - Assess the child by answering the questions again.

Each time you reassess the child, write the date at the top of the column and answer the questions with "Yes" or "No". In this way you can see the child's progress.

- Under "Any other comments" add your observations of the child's development. Also add information about communication with the parents and with the Local Supervisor.
- If another teacher takes over after the end of the school year, give the chart to the new teacher. Also explain carefully your experiences with the child.

How making routines will help a Child with Special Needs?

Creating Stability

The most important thing about routines for special needs children is that it helps them to build confidence in themselves.

When a child has an established schedule to follow and knows what is expected from them, and how long they have to get the job done, it will help them to manage their time and behaviour better. Your child thrives on pleasing you, and will hard to do so.

You can break your Child's daily schedule into smaller, more manageable "mini-routines" such as - morning, after school, dinner, and before bed time. In between these times you can schedule family time, house work, sports events etc. Plan your week ahead of time and include appointments and other activities that don't interfere with your day. When you have a schedule that works, it not only benefits the child, but the family as a whole, for there is less stress and everyone is prepared.

DAILY ROUTINES AND THE BENEFITS

Here is a list of some daily routines and how your special needs child can benefit from them:

- **Morning Time**

Mornings can be very hectic for everyone, but if you are organised, it can be a lot easier on everyone, and you can get the day off to a good start.

How your morning starts off usually lays the foundation for the rest of your day. If you wake up and have to rush around finding things, or getting some breakfast before you are pushed out the door, you are going to feel unhappy, aggravated and totally stressed for the rest of the day. **NOT** a good way to start your day!

- **After school Time**

Let your child know what time you will arriving home from school. Include a snack time, time to relax, chores and homework time. After school schedules will help your child understand how to manage their time.

- **Dinner Time**

Dinner time is very important. This is the time of the day that families come together and discuss their day. Here you help your child to understand the importance of interacting with others and some table manners.

- **Bedtime Time**

The time before bed should be considered quiet time. Your child should be brushing their teeth, laying out their clothes and packing their school bag for the next day. You can then spend some time cuddling with your child and reading them a bed time story. Integrating a solid bedtime routine for your special needs child, will allow them to learn the importance of a good nights rest.

Every family is different and should build schedules that work for them. Although they may all be different, they will still teach your child the same thing - confidence and stability.

START SLOWLY.....

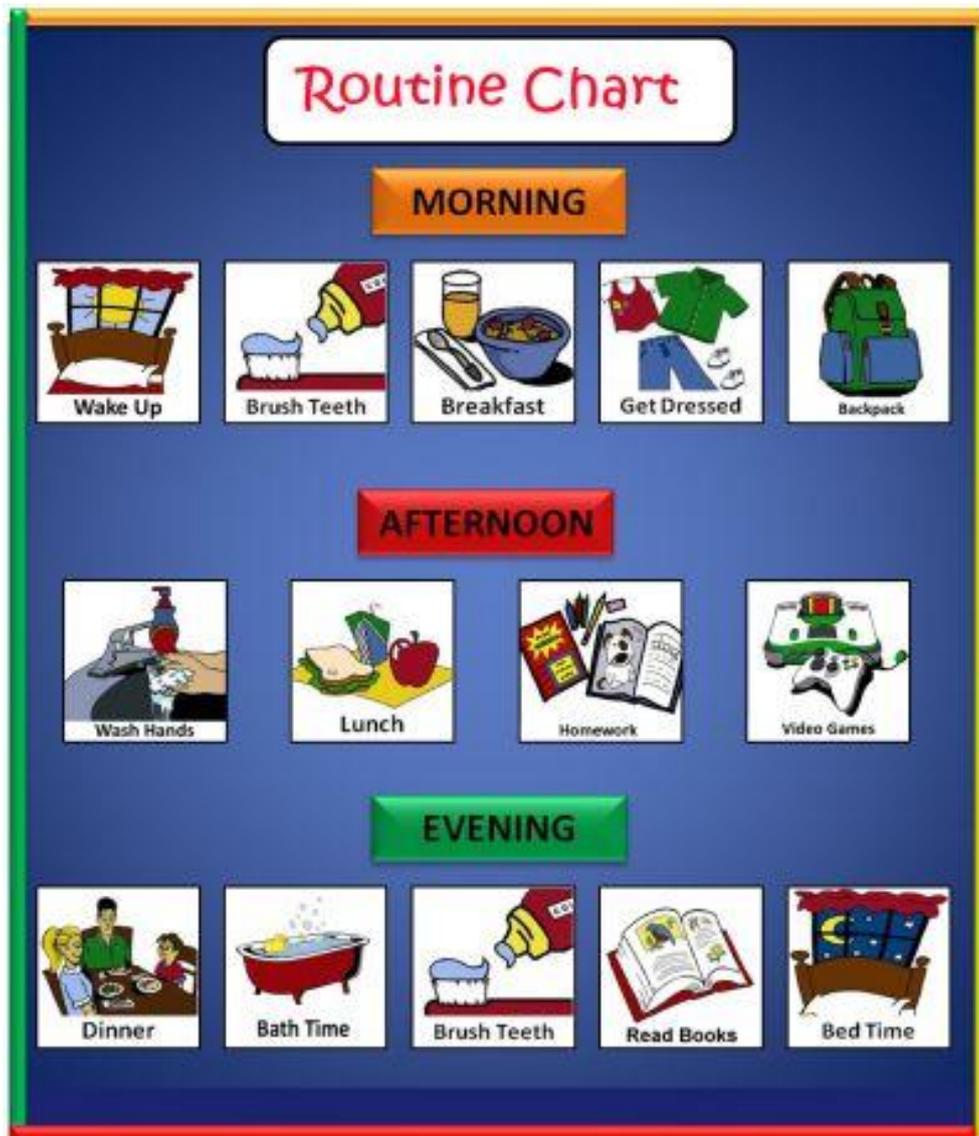
If you don't have a routine for your special needs child or have never tried one, start slowly...

Try one or two schedules, such as a morning and a bedtime, and stick to them for at least two weeks, and you will be surprised how different things are.

You will be less stressed, and more inclined to share quality time with your child.

You will also see a difference in your child, they will be more organised, rested and prepared and this alone will make them more confident in themselves.

Using a picture chart, is a good way for children to see what they have to do.



It is also extremely important for **children to do chores** around the house, even children with special needs depending on the child's skill level.

The parents must be advised to make a routine for the child and to share the routine with the teacher. This will ensure that it is followed.

How to help the special needs child?

The focus here, **concerning behaviour problems**, is on the preventative approach which is key to maintaining positive behaviour in your child. There are many things that can be done to assist and provide support for parents and teachers involved with behaviour problems and **issues that are causing concerns** both at home or at school for a special needs child.

- Be **consistent** when dealing with a child who has behavioural issues, as this will often lead to more productive and positive behaviours.
- **Plan strategies** that you can implement regularly when your child is acting out, involved in conflicts, bullying, or being verbally or physically aggressive.
- It is very important that you **interact positively** with your child, and never call the "bad"; it is the problematic behaviour that you are not happy with, and not the child as a person, so make sure that you explain this when your child is acting up. Acceptable and appropriate behaviour is developmental - it happens over time and can be moulded by parental support and guidance, previous experiences and intervention techniques by teachers and parents.
- Occasionally, despite all your efforts to correct and different behavioural techniques, some special needs children will continue to have on-going behavioural problems.
- You cannot be **all things to your child at all times**, and you may need to look for help and assistance from a professional.

TAKING THE FIRST STEPS...

- If you see your child going something great, praise him! Promote your Childs self-esteem and confidence every chance you get.
- When your child takes responsibility well, them know, and keep on providing more opportunities for your child to become responsible.
- Be objective, yet understanding - never lose your patience even though you may be tempted to do so.
- Use your best judgement of the situation, stay objective and try to understand your child's point of view.
- Even though you may be frustrated - be patient!

THE NEXT STEP...



- Make your expectations very clear, with a minimal number of rules and routines that have to be followed.
- Involve your child when you are setting the guidelines for new rules and routines, ask for their help. Make sure they repeat the new schedule, as this will help with the transition and getting them to remember.
- Emphasize your child's strengths and never their weaknesses.
- When the opportunity presents itself help your child to be successful in what they set out to do.
- Repetition - provide opportunities for your child to reiterate what is expected of him. For example: "What happens before and during bath time?"
- Take time to discuss what is appropriate and inappropriate behaviour. This should happen if there was an issue, but only after everyone has calmed down and had a time out.
- Routines - Children with behaviour problems benefit enormously from clearly established routines and schedules - This cannot be stressed enough!
- Teach your child the skills necessary for appropriate behaviour from a very early age, and this will reduce the chance of major behaviour problems as they get older!

THE FINAL STEP...

So far we have discussed some **strategies** that you can use to start dealing with and changing your child's behaviour problems, now it's time for the implementation stage. You are now ready for the five step plan:

- Pinpoint the behaviour you want to change and be very specific.
- Gather your information - When does the unacceptable behaviour occur? How often and under which circumstances does it happen? What precedes the behaviour? Does it happen when your child is alone, supervised, with others or at a specific time? What is your child's opinion of his behaviour?
- Now you need to take the time to interpret and analyse the information that you have gathered.
- Now is the time to plan for the changes and set some goals - together with your child. What are the short and the long term goals? Who is involved and what will happen? The plan for change should be a collective effort between you and your child. Be specific about needs to be done and what is expected. In your plan for change, a reward system should be in place, and you can use a rewards chart. It is often easier for a child to visualise what needs to be done and what the end goal is, and far along the road they are.
- Evaluate how your plan is going, and if it is not working, discuss this with your child and make the necessary changes.

Once again, if after several consistent tries you find that your plan is not working, and there have been no noticeable or long term changes in the unacceptable behaviour, you may need to get your child referred to a specialist for some professional help.

Dealing with the behaviour problems now will pay off in the long run!

What are self-esteem activities?



Developing a healthy self-esteem in a special needs child.

It is not necessary to always do specific self-esteem activities with your child, but rather incorporate activities into your everyday life that will build your child's self-esteem without it having to seem like work.

Let's start off by learning exactly what self-esteem is...

What is Self-esteem?

- Self-esteem is liking yourself. Self-esteem is also about knowing who you are as a person, and knowing that there are things you can do well.
- Part of having a good self-image, is finding your place in the world where you belong - that you are part of a family where you matter. It is knowing that you have roots and having confidence in your future. This can be a problem for children who have been part of a family break-up, and are split from part of their family and its history.
- Self-esteem is about what is important to you. If you want to be good at art, but everyone tells you that you are good at sport, it will not help your self-esteem at all.

If you are encouraged and helped in something that you want to do, and you succeed, your self-image will grow considerably.

Special needs Discipline

Special needs children require *special needs discipline!* Even more than the average child, the special needs child requires appropriate discipline.

All parents feel frustrated when confronted with disciplining their child, **but when your child has special needs you truly learn the meaning of frustration** when it comes to discipline.

Added to this, you also have to deal with the daily ups and downs of parenting, and coping with *frustration* in a positive way can sometimes be very difficult.

How to discipline a Child with Special Needs?

- **Know your child's motivators**

What does your child like to do the most? What are his favourite books, TV games, movies? What are his interests? These things are all privileges that your child will earn with appropriate behaviour, and will lose with inappropriate behaviour.

- **Make simple rules**

Have a family meeting and together with your child, create a set of "family rules", which applies to everyone. This way your child won't feel singled out, as the rules apply to everyone.

Keep the rules simple and in relation to your child's level of understanding. For example, if your child yells and screams, even when he is inside, simplify the rule to having an "Indoor voice". Explain to him that a loud, shouting voice is appropriate for outdoor play, but when he is inside the house a quiet voice is what's needed.

Don't overwhelm your child with too many rules at first. Find five rules that cover the most problem behaviours, and build from there.

- **Positive reinforcement for good behaviour**

This is a step in special needs discipline that is often overlooked, but can be the most effective.

If your child does something good, like packing away their toys, without you initiating it, they should be praised. "Thank you for packing your toys away

all by yourself, that makes me so happy! Good job!" All children thrive on positive reinforcement and this will help them to develop a healthy self-esteem.

Special needs children often do very well with behaviour charts.

- **The one rule reminder**

If your child misbehaves, give them one warning, but no more than that. Remind them what the rule is, "Do you remember what the rule is about shouting in the house?" If your child ignores the warning, you need to follow through, a very important step in special needs discipline, bad behaviour results in negative reinforcement.

- **Bad behaviour results in negative reinforcement**

Some professionals may not agree but the good old "timeout" or "naughty spot", still works wonders, especially with special needs discipline.

Find a term that works for you, and find a spot in your house where your child can go to think about what he has done wrong. He should not have access to any toys or the TV, so keep him isolated and away from the action in the house, but still close enough to keep an eye on him.

Once you have explained to your child why he is being punished, and for how long (Usually one minute for every year of his age), don't talk to him. If he leaves the spot, yells or misbehaves put him back on the timeout spot and start the timer again. Visual aids, like timers are important for children with special needs. He must sit quietly for the allotted time, be firm. Once the time is up, fetch your child, give him a hug and bring him back into the family situation.

- **Be consistent**

If you threaten without following through, your child will learn to disrespect and ignore you. You must follow through with negative reinforcement, quickly and *EVERY TIME* a rule is broken. In doing so, can child will soon learn how to predict consequences and will start making better behaviour choices. When consequences are inconsistent, changing and infrequent, don't expect anything other than chaos, and ineffective special needs discipline.

Your child need structure in his/her lives, and depend on you to provide it, but remember, **special needs discipline takes time and lots of patience.**

WHAT IS PUNISHMENT?

I think we are all familiar with **punishment**.

Any time you take something away, as a result of inappropriate behaviour, this is punishment.

Punishment is a negative response to behaviour.

Although severe punishments can sometimes work better, when dealing with special needs discipline, we as parents must be careful that our punishment is not too severe.



Be firm when you discipline your child, but don't let the punishment be so severe that it ends up not being effective.



Remember that by disciplining our special needs children, we are helping them become well behaved, well mannered, and functioning individuals. We will instil a **healthy self-esteem** level on our children without having them walk all over us.

Potty training

Parents often complain how difficult potty training a child can be, but for most this is a fairly easy experience, if the child is ready. Even when your child shows resistance initially, they will eventually learn. This is however not always the case for a child that has special needs, potty training may be allot more difficult, but achievable.

If you are considering starting toilet training your child, it is important to keep your child's developmental level in mind and not always his age. Most children usually show physical readiness to begin using the toilet between 18 months and 3 years, but not all children have the intellectual or psychological readiness to be potty trained at this age.

Children with physical disabilities may have other problems with potty training, like getting on or off the potty, getting undressed and cleaning up afterwards. A special potty chair or other adaptive equipment may be needed.

BEFORE YOU POTTY TRAIN

Before you start potty training your special needs child, there are a couple of factors that you may need to consider:

- **Medical**

Talk to your Paediatrician before undertaking the task of toilet training. Make sure your child has no physical problems with their bladder or bowels. If they are unable to control their bladder, training might not be an option.

- **Developmental**

If your child's development is delayed in any area, the chances are it is delayed here too. Again, rather look at your child's developmental age, and decide whether the time is right to train.

- **Sensory**

A child with sensory integration problems or low muscle tone may genuinely not sense the need to go. They may not realise that there nappy is wet and it may not even bother them. This may make it difficult for you figure out how to train your child and get them to the potty on time.

- **Emotional**

Don't push toilet training too hard on your child as some may find training intimidating. The intensity of your desire for them to reach this milestone can also be alarming for them.

- **Temperamental**

Children who find change and conflict to be stressful, might find potty training to be overwhelming. This can cause regressive behaviour in other areas, such as tantruming and explosive behaviour. It may not be worth the added stress, to you or your child, if there are other, bigger issues you have to deal with. Try again later, when he is more ready.

- **Control**

For a child who likes to be in control, potty training is an ideal battleground. You may threaten or bribe, but you are not in control of their bodily functions. An area where the child has the upper hand is probably not one you want to take on when control is an issue.

- **Peer pressure**

Not on your child, but peer pressure on you! Everyone has an opinion on when a child should be toilet trained, but if you are pushing the potty and your child is resisting, you need to ask yourself if you're doing because he is ready or because everyone else is ready for him to be trained. You know what's best for you and your child...not everyone else!

READINESS CHECKLIST

Your child's readiness to toilet training is related to his growth and development.

The readiness checklist can help you decide if your child is ready to begin the toilet training process.

Some of the items on the list may not apply to your child, the more items that do apply; the more ready is to begin training.

MOTOR SKILLS

- your child can sit with or without support
- Your child can squat down without losing his balance
- Your child is walking alone
- Your child can dress and undress himself

COGNITIVE PERCEPTION

- Your child searches for his toys
- Your child copies your movements and sounds
- Your child plays make believe
- Your child can play quietly by himself for 5 to 10 minutes

LANGUAGE SKILLS

- Your child can understand simple questions
- Your child can show or verbalise his needs
- Your child has a name for urinating and bowel movements
- Your child can tell you if his nappy is wet or soiled

TOILETING SKILLS

- Your child can stay dry for more than an hour
- Your child knows what a potty or a toilet is used for
- Your child knows when he is wet
- Your child is not coping with stressful situations or changes in their routine

YOUR CHILD IS READY - NOW WHAT?

Finally you and your child are ready to start "potty training boot camp. The first thing to do is take your child with you, to go and buy a potty. Find one that he likes and is willing to sit, as this can help overcome Initial resistance. When you get home, let your child take the potty and put it in the bathroom, explain to him that this is where he needs to come to urinate.

Start off by letting your child sit on the potty with their clothes on, while you sit on the toilet. Remember, they learn from and copy, you. If they become restless, you can read a story to keep their mind off what they are doing, and this will start to establish a potty routine.

When your child has become comfortable with the potty, you can start taking off their nappy and letting them sit on the potty. For special needs children, this has

to be done often throughout the day. You may also have to show them, by taking a bowel movement from their nappy and placing it in the potty, they will begin to realise that is where it belongs. Let them also take the potty and empty it into the toilet, if this is within their physical capabilities, this is the start of training from the potty to the toilet.

If you meet resistance to any of these steps, back up to where your child feels comfortable and don't move on for a couple days, until he is ready.

Once the above steps have been mastered, start reminding your child to go potty every hour. When they go, be very supportive and praise them for how well they are doing. It is very important to be encouraging and positive.

Accidents do occasionally happen, but it is important to know how to handle them. You can show your child that you are disappointed, but never shout, punish or make a big deal of it. Tell them that's it ok, but to remember to go to the potty quickly when they feel the urge to urinate.

Night time training should only begin when your child can stay dry during nap time, or for more than 6 hours during the day.

TIPS AND TECHNIQUES FOR POTTY TRAINING

"Role modelling" may help your child to learn from imitation. Here are a few other tips that may help you in the training process:

- Having an "open-door policy" in the bathroom, help your child to see other members of the family using the toilet and he will learn by imitation
- Place a non-absorbency cloth in their nappy and they will learn to become aware when they are wet.
- Make the toilet training process fun, reward your child every time he uses the potty successfully and stays dry. Keep a surprise bag, of inexpensive gifts that he can stick his hand into, shake it around and see what he gets. This is encouraging and rewarding.
- There are also many products available on the market, like potty training charts or potties that play a tune when your child urinates. You can also put some food colouring in the toilet water, and let your child guess what colour



it will change to when he urinates in it.(Blue + urine = green) You can also buy underwear with his favourite cartoon character and explain to him that he must keep the character from getting wet, so when he wants to wee wee, he must quickly go to the potty.

OVERCOMING PHYSICAL DIFFICULTIES

If your child has difficulty with toilet training, and achieving control of his bodily functions, will depend on your child's special need, whether it is a physical or cognitive difficulty, and what degree your child is affected.

For many children it is difficult to actually reach the toilet in time, and then to get onto the toilet due to physical challenges. You may have to help your child onto the toilet, positioning onto the seat or even holding them in position whilst on the toilet.

Other children have difficulty in communicating that they need to go, or you as a parent may struggle to explain the ideas associated with potty training, in a way that your child can understand.

There are adaptations that can be made to the bathroom, to help a child with physical disabilities sit on a toilet. For older children there are raised seats, and safety rails to help with positioning and stability. For younger children there are many potty chairs available either free standing or those that fit over a toilet, and have back support for positioning. Either straddling or sitting sideways on the toilet seat, can provide more stability, and make your child feel more secure when using the toilet or potty.

When communication is a problem, it is much easier to actually show your child what needs to be done, and let him learn through watching other family members, using the toilet. If after a while you are still struggling and your child does not seem to grasp the concept, it may be best to seek the help of a professional nurse or a therapist. They will help you set goals, and find easy ways to make them obtainable, in a realistic period of time.

Teaching in Inclusive Classrooms



In any rural setting there may be just one or two teachers in a primary school. These teachers may find their work extremely challenging.

To be a good teacher means reacting to the interests of different children and building teaching on what the children already know, which may sometimes prove to be difficult.

This chapter will give you some ideas about how to plan teaching and learning in inclusive classrooms that comprise of children with diverse abilities and from varied backgrounds.

As mentioned earlier, inclusion basically is an attitude of acceptance of diversities. For teaching in an inclusive classroom, a teacher needs to possess competencies that help her/him to plan and implement strategies that provide students wider access to regular curriculum.

Research says that the teachers in an inclusive classroom should have the:

- ability to problem-solve, to be able to informally assess the skills a student needs (rather than relying solely on standardised curriculum);
- ability to take advantage of children's individual interests and use their internal motivation for developing required skills;
- ability to set high but alternative expectations that are suitable for the students. This means developing alternative assessments; ability to make appropriate expectations for each student, regardless of the student's capabilities. If teachers can do this, it allows all students to be included in a class and school; and
- ability to learn how to value all kinds of skills that students bring to a class, not just the academic skills. In doing this, teachers will make it clear that in their classrooms they value all skills

Also the teachers must be able to:

- recognise and respond to the differences of students in their classrooms;
- accommodate to students' different learning styles and rates of learning by employing a range of teaching methods,
- locate appropriate material, equipment or specialists; and
- Identify and overcome barriers to learn.
- consult with and develop partnerships with parents/caregivers and colleagues;
- use appropriate forms of assessment;
- adapt their instruction to the prior knowledge and beliefs of students;
- create an inclusive community that extends beyond the walls of the school; and
- Seek to enhance the self-esteem of all students.

Teaching Strategies

The last section described some of the teaching competencies required to teach in an inclusive classroom. On one hand, the teacher in an inclusive classroom has to accommodate the different learning styles and rates of learning. On the other hand, s/he has to ensure that equitable educational opportunities are provided to all students. Therefore, the first step is to ensure that effective and inclusive teaching practices are in place.

The following are the two major strategies that are commonly used in inclusive classrooms:

- Cooperative Learning
- Peer Tutoring
- **Cooperative Learning**

While using cooperative learning methods, the class has to be divided into mixed ability groups to achieve a goal. To use this you will require a large room or an open space where you can form groups. The following factors may have to be taken into consideration while using this strategy.

- Students in a group may have same or different goals to achieve.
- Students may be assigned different roles.
- Students accept ideas from others.
- Students help each other to learn.
- Students interact with each other to solve problems.



Techniques of Cooperative Learning

You can plan the technique you are going to use for grouping from your own experiences. However, some examples are given below:

- Students may be assigned to groups. The aim of each group is to study what the teacher has taught and help each group member to achieve the highest level possible.
- Students may start with a partner and end in a group. The students convey their knowledge about a topic to a partner and both may reach an agreement finally sharing this information with other group members or with the whole class.
- Students may form groups.
- The teacher may provide each group member a piece of information related to a topic. The group members can put their pieces of together to present to the class.
- Students may form groups to research on various topics and bring together the facts learned to present to the class.

This clarifies the topic in detail and all students participate in the teaching learning process.

Examples of Teaching Strategies

- Observe carefully and plan interventions for students at risk
- Let the light fall on your face and not behind you. This would be helpful in lip reading
- Audio visual presentations are helpful for all students
- Signing helps in communicating with children who cannot understand the language of instruction well
- Adapt curriculum materials when required to suit the needs of different students
- Expose students to real objects and meaningful experiences in natural environments at naturally occurring times of the day
- Let all students experience success

- Collaborate with experts to teach learning strategies and study skills to students
- Provide extra time if required to complete assignments
- Provide small group tutoring or individual tutoring in or outside the class
- Maintain high expectations for all
- Provide leadership opportunities
- Teach appropriate social skills
- Use a pleasant tone of voice
- Never make fun of any child
- Provide opportunities to use language
- Promote positive interdependence in the class
- Teach life skills
- Keep directions brief and clear
- Give examples
- Have interclass and within class groupings
- Provide reinforcements
- Ensure success for all

Classroom Design Modifications

- Students who are able to lip read or not able to see should be placed in front rows
- Classroom should be well lit without shadows and glares
- Make children with disabilities sit with a competent peer
- Remove sources of excessive noise from the classroom
- Speak and write on the blackboard simultaneously
- Put posters and displays in the classroom at eye level of students
- Provide adequate furniture for meeting the special needs of children
- Eliminate sharp objects from the wall
- Assist the visually impaired with good colour schemes
- Provide flexible group learning areas
- Have flexible time schedules
- Personally meet the needs of all students

What a teacher can do for children with disabilities to increase their access to school and learning potential:

1. When a child with a disability first comes to your school, talk with the family member who is with the child. Find out what the child's disabilities are and what she or he can do despite the disability. Ask about any problems and difficulties that the child may have.

2. When the child starts school, ask the parents to visit from time to time to discuss with them what they are doing to facilitate the child's learning. Ask about plans for the child's future. Find out how you can best work with the family.

CBSE Relaxation for Disabled Children

The facilities extended by the Board to the disabled candidates (Dyslexic, Blind, Spastic and candidate with Visual Impairment) are as under:

1. The persons with disabilities (Dyslexic, Blind, Spastic and Candidate with Visual Impairment) have the option of studying one compulsory language as against two. The language opted by them should be in consonance with the overall spirit of the Three Language Formula prescribed by the Board. Besides one language they can offer any four of the following subjects –Mathematics, Science and Technology, Social Science, Another Language, Music, Painting, Home Science and Introductory Information Technology.
2. From the 2002 Examination, alternate questions in lieu of questions requiring special skills based on visual inputs have been provided in Mathematics and Science for Secondary School Examination (Class X).
3. Blind, Physically Handicapped and Dyslexic students are permitted to use and amanuensis. The amanuensis must be a student of a class lower than the one for which the candidate is taking the examination.
4. The visually handicapped students appearing from Delhi were provided questions papers with enlarged print for 2003 Examination;
5. Disabled candidates are allowed additional one hour (60 minutes) for each paper of external examination.
6. Board does not give relaxation in minimum marks prescribed by it.
7. Exemption from Examination in the Third Language.
8. The Board considers the Physiotherapeutic exercises as equivalent to Physical and Health Education course of the Board.
9. Centre Superintendents have been instructed to make arrangements for the conduct of the examination of such candidates on the ground floor as far as possible.

10. Physically challenged children will specifically indicate their category and also state whether they have been provided with a Writer in the columns provided in the main answer book.

11. Answer books of such candidates are evaluated by the Regional Officers at one Nodal Centre.

12. The Centre Superintendents have been requested to send the answer books of such candidates in a separate envelope to the Regional Officer concerned.

13. Separate question papers in Science and Mathematics at Secondary (Class X) level have been provided for blind students w.e.f. 2003 Examinations.

14. Assistant Superintendents for the blinds are teachers from the schools where the blinds are studying. As far as possible, teachers of the same subject are not allowed to be appointed on the day of examination. One invigilator is from outside the school.

15. Assistant Superintendents supervising the physically challenged children who have been granted 60 minutes extra time are paid remuneration @ Rs. 50 + 20. Amanuensis are paid @ Rs 100/- per day/paper daily by the Centre. Superintendent from the centre charges the amount.

Children studying in mainstream schools are first the responsibility of general education teachers. Collaboration with specialists may be sort only if the teachers are unable to meet some special needs of these children.

A form needs to be filled out when the child enters class 10th/12th.

Similar relaxations are allowed under ICSE and State boards also.

Normal Development

0-1 Month

Motor Milestone	<p>Gross Motor</p> <ul style="list-style-type: none"> • Lying on the stomach -lifts head and holds. <p>Fine Motor</p> <ul style="list-style-type: none"> • Fisted hands rest near face. • Clench small objects on contact. • Regards colourful object momentarily. • Follows with eyes moving person while lying facing the ceiling.
Cognitive Milestone	<ul style="list-style-type: none"> • Responds to sound of bell or rattle. • Becomes quiet when picked up. • Shows pleasure when touched and handled.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Regards face, smiles reflexively. • Establishes eye contact. • Stops crying when picked up. • Eyes follow moving objects

1-2 Month

Motor Milestone	<p>Gross Motor</p> <ul style="list-style-type: none"> • Lying on the stomach-makes crawling movements, sometimes lifts chin off the bed. • Lying facing the ceiling-turns head side to side, legs sometimes straightened. • Held in sitting - head forward, back rounded, head lifted briefly. • Straightens leg when bottom of foot is pressed. • Lifts head when held at shoulder. • Pushes (Thrusts) arms and legs in play. <p>Fine Motor</p> <ul style="list-style-type: none"> • Holds hand together, holds rattle and drops within 10 sec.
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	<ul style="list-style-type: none"> • Moves arms together. • Stares and gazes. • Moves arms on sight of toys.
Cognitive Milestone	<ul style="list-style-type: none"> • Inspects surroundings. • Listens to voice sometime. • Shows active interest in person/objects for some time.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Vocalizes, smiles at others, besides mother. • Responds differently to people. • Moulds and relaxes body when held; cuddled. • Draws attention to self in distress.

2-3 Month

Motor Milestone	<p>Gross Motor</p> <ul style="list-style-type: none"> • Turns from side to back. • Held sitting or standing- head usually sags • Lying on the stomach - holds head up well off mat. • Legs kick in sequence. • Held standing- lifts foot. <p>Fine Motor</p> <ul style="list-style-type: none"> • Reaches for objects, explores. • Blinks at sudden visual stimulus. • Follows things past midline, and downwards. • Thumb in palm no longer present. • Looks from one object to another • Keeps hands open 50%of time. • Grasps toys actively.
Cognitive Milestone	<ul style="list-style-type: none"> • Inspects own hands. • Watches eyes and mouth. • Searches with eyes towards sound. • Babbles, coos when talked to. • Chuckles. • Looks more at surrounding in a new place

Social- Emotional Milestone	<ul style="list-style-type: none"> • Looks at face and eyes of person talking to him/her. • Crying decreases dramatically. • Responds with smile when socially approached
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3-6 Month

Motor Milestone	<p>Gross Motor</p> <ul style="list-style-type: none"> • Lying on the stomach -rests on forearms, raising head and chest. • Lying facing the ceiling- head facing forward not turned. • Sits- supports self, head steady, back curved only slightly. • Holds head and chest up on forearm for long period. • No head wobble when body is swayed. • Sits supported with back straight. • Rolls from Lying on the stomach to Lying facing the ceiling and back to Lying on the stomach. <p>Fine Motor</p> <ul style="list-style-type: none"> • Watches movements of own hands. • Puts hand in mouth. • Retains dangling ring. • Picks up cube, spoon, and holds first cube regards second cube. • Rakes up raisins with fingers against palm. • Lifts cup by handle.
Cognitive Milestone	<ul style="list-style-type: none"> • Looks at and reaches for toys • Anticipates food preparation. • Recovers rattle dropped on chest. • Laughs aloud when slightly tickled and talked to. • Holds arms out to be picked up. • Mouths toys. • Looks at objects while handling them. • Turns eyes, head to sound of hidden voice. • Continues a familiar activity by initiating

	<p>movements involved.</p> <ul style="list-style-type: none"> • Brings feet to mouth.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Stops unexplained crying. • Vocalizes in response to adult talk and smile. • Discriminates strangers. • Socializes with strangers/anyone. • Becomes aware of strange situations. • Enjoys social play. • Makes approach movements to mirror. • Enjoys frolic play. • Repeats enjoyable activities. • Explores adult features.
Speech and Language Milestones	<ul style="list-style-type: none"> • Turns head toward voices • Searches for speaker • Cries at an angry voice • Stops crying when spoken to • Recognizes own name • Responds to sounds other than voices • Laughs • Babbles • Stops babbling when another person vocalizes • Vocalizes in response to singing • Attempts to interact with an adult • Initiates 'talking'

6-9 Months

Motor Milestone	<p>Gross Motor</p> <ul style="list-style-type: none"> • Sits supported in high chair. • Bears almost all weight while standing supported. • Lying on the stomach - bears weight on one hand. • Sits without support on floor. • Bounces when held standing. • Crawls on belly. • Pulls self to stand. • Stands holding onto furniture's for 5 minutes.
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	<ul style="list-style-type: none"> • Makes stepping movements. <p>Fine Motor</p> <ul style="list-style-type: none"> • Reaches for objects in each hand. • Takes tiny objects. • Uses inferior pincer grasp. • Removes pegs from pegboard. • Takes objects out of container. • Holds bites and chews cracker or cookies. • Grasps with thumb and fore finger. • Plays with paper when it is offered.
Cognitive Milestone	<ul style="list-style-type: none"> • Plays peek-a-boo. • Slides toy or object on surface. • Responds to facial expressions. • Projects on fast moving objects. • Pats mirror image. • Repeats action that produces a noise. • Shakes head no-no. • Imitates sounds.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Distinguishes self as separate from mother. • Shows anxiety over separation from mother. • Responds playfully to mirror. • Discriminates strangers. • Smiles, pats, vocalize to mirror image. • Responds to name with head turn, eye contact, smile. • First separation anxiety begins.
Speech and Language milestones	<ul style="list-style-type: none"> • Responds with gestures to 'come' or 'sit down' • Recognizes family member's name • Attends to music • Maintains attention to a speaker • Stops when name is called • Attends to pictures • Vocalizes two-syllable combinations e.g. /baba/, /mama/ • Vocalizes while playing • Shouts or vocalizes to gain attention

9-12 Months

<p>Motor Milestone</p>	<p>Gross Motor</p> <ul style="list-style-type: none"> • Stands with one hand held. • Sits down from standing. • Stands alone. • Creeping rapidly on hands and knees. • Walks along five steps without falling. <p>Fine Motor</p> <ul style="list-style-type: none"> • Uncovers toy seen hidden. • Hits cup with spoon. • Holds crayons, makes marks. • Builds tower of 2-3 cubes after demonstration. • Marks with pencil. • Puts objects into container.
<p>Cognitive Milestone</p>	<ul style="list-style-type: none"> • Responds to verbal request. • Lines up cubes in one hand with one in other hand. • Stirs, points, pokes, pries, touches with index finger. • Looks at pictures in book. • Repeats laughed at performance. • Pulls string to obtain ring. • Vocalizes to music. • Pats whistle doll. • Gives toy to adult on request. • Removes lid of box to find hidden toys. • Follow simple instructions.
<p>Social- Emotional Milestone</p>	<ul style="list-style-type: none"> • Responds to a verbal request, usually in regard to nursery games. • Begins to establish the meaning of 'NO'. • Gives a toy to adult upon request. • Increased resistance to bedtime. • Tests parental reactions during feeding. • Engages in simple imitative play. • Explores environment enthusiastically.

Speech and Language milestone	<ul style="list-style-type: none"> • Looks at the person calling out name • Attends to new words • Gives objects on verbal request • Attends to objects mentioned in conversation • Participates in speech routines games e.g. ring-a-ring-a-roses • Says 'mama', 'tata', 'papa' meaningfully • Imitates non-speech sounds e.g. 'bow-bow', 'kaka' • Says one or two words spontaneously • Vocalizes desire for change in activities • Imitates the name of familiar objects
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Between 1 to 2 years

Motor Milestone	<p>Gross motor</p> <ul style="list-style-type: none"> • Walks alone. • Walks backwards. • Picks up toys from floor without falling. • Throws ball overhead without falling. • Carries large teddy bear or doll while walking. • Pulls toys, pushes toys. • Seats self in child size chair. • Walks up and down stairs with hand held. • Jumps in one place • Moves to music. <p>Fine motor</p> <ul style="list-style-type: none"> • Builds tower of three small blocks. • Puts four rings on stick. • Places five pegs in pegboard. • Turns pages two or three at a time. • Scribbles spontaneously. • Turns knobs. • Throws small ball. • Paints with whole arm movement, shifts hands, and makes strokes. • Attempts to fold paper • Imitates circular stroke.
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	<ul style="list-style-type: none"> • Uses both hands in midline - one to hold and the other to manipulate.
Cognitive Milestone	<ul style="list-style-type: none"> • Imitates actions and words of adults. • Unwraps toys • Can hold 3 blocks in one hand • Follows 2 directions • Understands and follows simple, familiar directions. • Overcomes simple obstacles • Responds to words or commands with appropriate action. • Is able to match two similar objects. • Looks at storybook pictures with an adult • Names or points to familiar objects on request. • Recognizes difference between you and me. • Has very limited attention span. • Can complete 3-piece inset puzzles • Builds tower of 6-7 blocks. • Accomplishes primary learning through own exploration.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Recognizes self in mirror or picture. • Refers to self by name. • Plays by self; initiates own play. • Imitates adult behaviours in play e.g. doing housework. • Helps put things away. • Gives toys to familiar people upon request. • Hugs and kisses parents. • Desires control of others - orders, fights, resists • Shows wide variety of emotions: fear, anger, sympathy, guilt, anxiety, joy. • Interacts with peers using gestures. • Likes rough-and-tumble play. • Attempts to comfort others in distress.
Speech and Language Milestone	<ul style="list-style-type: none"> • Understands "no". • Uses 20 to 40 words, including names. • Uses new words regularly. • Refers to self by name. • Combines two words such as "daddy bye-bye". • Waves good-bye and plays pat-a-cake.

	<ul style="list-style-type: none"> • Makes the "sounds" of familiar animals. • Uses words such as "more" to make wants known. • Brings object from another room when asked.
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Between 2 or 3 years

Motor Milestone	<p>Gross motor</p> <ul style="list-style-type: none"> • Runs forward well. • Makes sharp turns around corners when running. • Walks downstairs alternating feet. • Stands on one foot (with aid). • Uses pedals on tricycle alternately. • Jumps in place with two feet together. • Walks and even runs on tiptoe. • Kicks a ball forward. • Catches eight inch ball. • Climbs ladders. <p>Fine motor</p> <ul style="list-style-type: none"> • Strings four large beads. • Turns single pages. • Snips with scissors. • Holds crayon with thumb and fingers. • Uses one hand consistently in most activities. • Imitates circular, vertical, horizontal strokes. • Paints with some wrist action; makes dots, lines, circular strokes. • Rolls, pounds, squeeze, and pull clay.
Cognitive Milestone	<ul style="list-style-type: none"> • Responds to simple directions. • Points to 3-4 body parts. • Plays with water and sand • Identifies rooms in own house • Identifies clothing items for different occasions • Selects and looks at picture books, names pictured objects • Identifies several objects within one picture.

	<ul style="list-style-type: none"> • Matches and uses associated objects meaningfully. • Stacks rings on peg in order of size. • Recognized self in mirror, saying baby, or own name. • Can talk briefly about what he/she is doing; imitates adult actions. • Has limited attention span; learning is through exploration and adult direction. • Is beginning to understand functional concepts of familiar objects and part/whole concepts. • Matches 3-4 colours, knows big and little.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Holds parents hands outdoors. • Strongly possessive of loved ones. • Displays shyness with strangers. • Plays near other children, watches them. • Throws frustration tantrums. • Takes pride in clothing. • Defends own possessions. • Begins to play house or with cars, dolls. • Symbolically uses objects, self in play. • Participates in simple group activity. • Knows gender identity. • Begins to obey rules.
Speech and Language milestones	<ul style="list-style-type: none"> • Identifies body parts. • Gives full name. • Holds up fingers to tell age. • Carries on 'conversation' with self and dolls. • Asks "what's that?" And "where's my?" • Uses 2-word negative phrases such as "no want". • Forms some plurals by adding "s"; book, books. • Has a 450 word vocabulary. • Combines nouns and verbs "mummy come". • Understands simple time concepts: "last night", "tomorrow". • Refers to self as "me" rather than by name. • Tries to get adult attention: "watch me". • Likes to hear same story repeated. • May say "no" when means "yes". • Talks to other children as well as adults. • Solves problems by talking instead of hitting or

	<p>crying.</p> <ul style="list-style-type: none"> • Answers "where" questions. • Names common pictures and things. • Uses short sentences like "me want more" or "me want biscuit".
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Between 3 and 4 years

Motor Milestone	<p>Gross motor</p> <ul style="list-style-type: none"> • Runs around obstacles. • Walks on a line. • Balances on one foot for five to ten seconds. • Hops on one foot in one place. • Pushes, pulls, steers wheeled toys. • Rides tricycle. • Uses slide independently. • Jumps over six inch high object and lands on both feet together. • Throws ball overhead. • Catches a bouncing ball. <p>Fine motor</p> <ul style="list-style-type: none"> • Builds tower of nine small blocks. • Drives nails and pegs. • Copies circle. • Imitates cross. • Manipulates clay material (rolls balls, snakes, cookies).
Cognitive Milestone	<ul style="list-style-type: none"> • Recognizes and matches six colours. • Copies circle. • Understands common prepositions • Intentionally stacks blocks or rings in order of size. • Builds tower of more than 10 blocks • Draws somewhat recognizable picture that is meaningful to child if not to adult; names and briefly explains picture. • Asks questions for information: why and how

	<p>questions requiring simple answers.</p> <ul style="list-style-type: none"> • Knows own age. • Knows own name. • Has short attention span; learns through observing and imitating adults and by adult instruction and explanation; is very easily distracted. • Has increased understanding of concepts of the functions and grouping of objects and part/whole. • Begins to be aware of past and present.
<p>Social- Emotional Milestone</p>	<ul style="list-style-type: none"> • Takes pride in own achievements; resists help. • Likes to be independent; runs ahead of parents while outdoors. • Separates easily from mother in familiar setting. • Tends to be demanding and dictatorial. • Talks with a loud urgent voice. • Enjoys meeting more people. • Verbally scolds when annoyed or angry. • Joins in play with other children; begins to interact. • Sings along and makes sequential moves to music. • Shares toys; takes turns with assistance. • Begins dramatic play, acting out whole scenes.
<p>Speech and Language</p>	<ul style="list-style-type: none"> • Uses verb forms. • Uses 'I', 'you'. • Consistent use of 's' to express plural. • Uses 'this', 'that'. • Names at least one colour. • Counts to five. • Verbalizes recent experiences. • Can tell a story. • Understands 'what', 'where' • Uses 'what', 'where' and occasionally 'when', 'who'. • Has a sentence length of 4-5 words. • Has a vocabulary of nearly 1000 words. • Understands "yesterday," "summer", "lunchtime", "tonight", "little-big". • Begins to obey requests like "put the block under

	<p>the chair".</p> <ul style="list-style-type: none"> • Knows his or her last name, name of street on which he/she lives and several nursery rhymes.
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Between 4 and 5 years

Motor Milestone	<p>Gross motor</p> <ul style="list-style-type: none"> • Hops on one foot (4-6 steps). • Runs more controlled with feet closed. • Walks backward toe-heel. • Jumps forward 10 times without falling. • Walks up and down stair independently, alternating feet. • Turns somersault. <p>Fine motor</p> <ul style="list-style-type: none"> • Shows hand preference. • Cuts on line continuously. • Solves 12-16 piece puzzle. • Copies cross. • Copies square. • Prints some capital letters. • Threads 1/4inch beads.
Cognitive Milestone	<ul style="list-style-type: none"> • Plays with words: creates own rhyming words says or makes up words having similar sounds. • Points and names four to six colours. • Matches pictures of familiar objects. • Draws a person with two to six recognizable parts, such as head, arms, and legs; can name or match drawn parts to own body. • Draws, names, and describes recognizable pictures. • Rote counts to five, imitating adult. • Knows own street and town. • Has more extended attention span; learns through observing and listening to adults, as well as through exploration; is easily distracted. • Has increased understanding of concepts of

	<p>function, time, part/whole relationships; function or use of objects may be stated in addition to names of objects.</p> <ul style="list-style-type: none"> • Time concepts are expanding; can talk about yesterday or last week, about today, and about what will happen tomorrow.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Plays and interacts with other children. • Dramatic play is closer to reality, with attention paid to detail, time, and space. • Plays dress-up. • Shows interest in exploring sex differences
Speech and Language	<ul style="list-style-type: none"> • Has sentence length of 4-5 words. • Uses past tense correctly. • Comprehends the concept of 'better than'. • Consistent use of 'a', 'the'. • Uses size and colour adjectives in sentence form. • Has a vocabulary of nearly 1500 words. • Points to colours red, blue, yellow and green. • Identifies triangles, circles and squares. • Understands "In the morning", "next", "noontime". • Can speak of imaginary conditions such as "I hope". • Asks many questions, asks "who?" and "why?"

Between 5 and 6 years

Motor Milestone	Gross motor
	<ul style="list-style-type: none"> • Runs lightly on toes. • Walks on balance beam. • Can cover 2 meters hopping. • Skips on alternate feet. • Jumps rope. • Skates.
	Fine motor

	<ul style="list-style-type: none"> • Cuts out simple shapes. • Copies triangle. • Traces diamond. • Copies first name. • Prints numerals 1 to 5. • Colours within lines. • Has adult grasp of pencil. • Had handedness well established. • Pastes and glues appropriately.
Cognitive Milestone	<ul style="list-style-type: none"> • Retells story from picture book with reasonable accuracy. • Names some letters and numerals. • Rote counts to ten. • Sorts objects by single characteristics. • Is beginning to use accurately time concepts of tomorrow and yesterday. • Uses classroom tools meaningfully and purposefully. • Begins to relate clock time to daily schedule. • Attention span increases noticeably; learns through adult instruction; when interested, can ignore distractions. • Concepts of function increase as well as understanding of why things happen; time concepts are expanding into an understanding of the future in terms of major events.
Social- Emotional Milestone	<ul style="list-style-type: none"> • Chooses own friends. • Plays simple table games. • Plays competitive games. • Engages in cooperative play with other children involving group decisions, role assignments, and fair play.
Speech and language	<ul style="list-style-type: none"> • Has a sentence length of 5-6 words. • Has a vocabulary of around 2000 words. • Defines objects by their use (you eat with a fork) and can tell what objects are made of. • Knows spatial relations like "on top", "behind", "far" and "near".

	<ul style="list-style-type: none">• Knows her address.• Identifies a penny, nickel and dime.• Knows common opposites like "big/little".• Understands "same" and "different".• Counts ten objects.• Asks questions for information.• Distinguished left and right hand in herself.• Uses all types of sentences, for example "let's go to the store after we eat".
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