
UNIT 8 MINIMISING THE IMPACT OF IMPAIRMENT

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8.1 INTRODUCTION

Physical and sensory impairments include a variety of different physical and sensory defects, which produce a loss of function of the limbs or senses. These defects may be acquired as a result of injury or disease. An **impairment** may be a missing or defective body part or sense organ. A **disability** resulting from the impairment may involve difficulties in performing an activity in a normal manner. A **handicap** is a disadvantage resulting from the impairment or disability that limits or prevents the fulfillment of a role that is normal for the individual.

Given below are some examples:

Impairment

Paralysis after Polio, Near sightedness, Impaired Speech; impaired hearing

Disability

difficulty in walking; cannot see; cannot speak; cannot hear;

Handicap

cannot go to school on one's own; cannot watch movies without spectacles; cannot communicate with friends.

As teachers and parents, as far as possible, we should prevent an impairment from taking place. We must try to prevent an impairment from resulting in severe disability. Most important is that we prevent a disability from becoming a total handicap.

Laxman is an eight-year-old deaf boy living in a remote village. He did not attend the school which was far away from the village. However, he regularly helped his mother to make baskets as part of earning for the family livelihood. He is intelligent and quick to learn.

Let us try the given activity

After reading the above case of Laxman, complete the following:

- i) Laxman's impairment is
- ii) His disability is
- iii) His handicap is

8.2 OBJECTIVES

After going through this Unit, you will be able to:

- recognize cases of physical and sensory impairments;
- identify the general symptoms of various physical and sensory impairments;
- identify the observable characteristics of the various physical and sensory impairments;
- analyze the emotional and social problems of children with physical and sensory impairments and suggest ways of dealing with them;
- analyze the role of parents and teachers in minimizing the impact of the impairment, and in preventing it from becoming a severe disability and handicap to normal living; and
- prepare an educational plan for special needs of the children with physical and sensory impairments.

8.3 THE HEARING HANDICAPPED CHILD

Case 1

Tina is deaf from birth and unable to speak. She is timid, lacks confidence and finds it difficult to communicate with other children in her class. However, she is friendly and cheerful in the company of other hearing-impaired children with whom she communicates in sign language. She has been slow in learning verbal skills but in most other activities, she is normal.

8.3.1 Symptoms of Hearing Loss

If you have ever come in contact with infants who suffer from partial or complete hearing loss, you will find that they look to be normal. In many cases, the auditory defect may not be found out till the child normally begins to speak (example, around the end of second year).

The general symptoms of auditory deficits are:

- Apparent continuous inattention;
- Frequent failure to respond when spoken to;
- Marked delay in starting age for speaking;
- Spelling faulty articulation; and
- Apparent backwardness in school, despite adequate tested intelligence.

Check Your Progress

Notes: a) Write your answer in the space given below.

b) Compare your answer with those given at the end of the block.

1. From Tina's case, identify some of the observable symptoms, which could give a clue to her impairment? Write your answer in the space given below.

- i)
- ii)
- iii)

8.3.2 Functional Definition of Auditory Impairment

Aural or auditory impairment include those who are hard of hearing and those who are deaf.

The hard of hearing are those in whom the sense of hearing, although defective, is functional with or without a hearing aid. They have in most cases acquired useful speech and the ability to understand speech prior to their hearing loss, and who have continued to use these skills. The **deaf** are those in whom the sense of hearing is non-functional for the ordinary purposes of life. The deaf are then sub-divided into: the **congenitally deaf** - those whose hearing is non-functional from birth, and the **adventitiously deaf** - those who were born with normal hearing, but whose hearing became non-functional through accident or disease.

8.3.3 Causes of Auditory Defects

It is not always easy to identify the causes of auditory defects. Any suspected case, should be sent for audio-matic testing. The causes should be determined only through medical check-up.

Auditory defects may be:

- inherited;
- congenital (present at birth) due to reason like infections during early pregnancy;

- caused by absence or malformation of any part of ear;
- acquired from childhood diseases, such as mumps, measles, whooping cough;
- caused by injury to the hearing mechanism of the ear due to disease or accident.

8.3.4 Special Needs of the Hearing Impaired Child

Let us now see how we can educate children with hearing impairment.

The hearing of a large number of hearing-impaired children can be improved through the use of hearing aids. The hard of hearing child needs auditory training along with his/her visual speech reading to increase the use of his/her residual hearing.

The deaf child, however, must depend entirely on vision and other senses for his/her education. He/she learns to speak via visual (signs), cutaneous (touch) and kinesthetic (pressure) senses.

The deficiencies of the hearing impaired are mainly in the verbal area. The acquiring of adequate language and communication skills appears to be their major problem. With extra attention and training, the problem can be minimized. They can easily participate in all the activities of the school. Maximum opportunities should be provided for them to mix with children with normal hearing. It has been found that more than other types of handicapped people, they tend to favour social groups of their own kind. Therefore, children with normal hearing should be encouraged to communicate with hearing impaired children even if needed by learning to use sign language.

Also, hearing handicapped children may be seated with the normal children for co-curricular activities, should be allowed to interact during free play sessions, games should be required to facilitate further interaction.

In all respects the hearing impaired are normal. They are handicapped only because our academic learning is based mostly on verbal learning through aural mode. All efforts should be made to prevent intellectual, emotional and social difficulties arising and handicapping their development.

Check Your Progress

- Notes: a) Write your answer in the space given below.
b) Compare your answer with those given at the end of the block.
2. Suggest two possible remedial techniques as a class teacher for Tina?
- i) Training in lip reading.
 - ii)
 - iii)

8.3.5 Role of the Parents / Teachers

As a parent of a child with auditory impairment, it is necessary that all effort is made to provide loving support at home. As soon as any problem is suspected, the child should be taken for a thorough medical examination and suggested medical treatment provided, preferably by an ENT specialist and an audiologist. The training with hearing aid, if required, should be started at the earliest. In majority

of the cases, children with residual hearing , through good home training programme, can be taught to talk. For children who are along deaf parents can not only learn the sign language themselves, but also even teach it to friends of the child. In a study on deaf children, it was found that under the expert guidance, parents could teach their children to begin to speak and to comprehend speech through lip reading from before the age of two years. Children thus taught will later come to school markedly advanced in their intellectual, social and language development as compared to other children.

Talking carefully, distinctly and slowly to the child when he/she is watching your face and when the face is in full light, will encourage him/her to combine looking and listening as sources of cues to meanings. The parents should emphasize the relationship to sounds and visual cues to their meanings by pointing to the concerned objects, persons, activities and situations.

In our country there are a number of institutions providing services in these areas. One of them is Ali Yavar Institute or National Institute for the Hearing Handicapped, Mumbai. You can list the institutions or centres in your state and districts associated with this area in the space given below:

- i)
- ii)
- iii)

Some of the suggestions given by specialists are:

- Talk to your child constantly. Do not use only signs with him/her. When a child uses a sign, supply the proper word.
- Start with simple phrases or meaningful words in relation to particular situation, or with reference to concrete objects and activities.
- Work constantly to increase his/her vocabulary. Gradually, introduce new words for the same thing.
- Do not try to speak for the child to others or clarify what he/she is speaking.
- Treat him/her as a normal child , giving him/her the same responsibilities as you would to your other children.
- Praise the child for his/her efforts. Whereas in the beginning, speech training may require special effort and time; later on it should become part of the daily routine conversation and not a dull, repetitious drill.
- Do not draw comparisons among children. It is important to keep the self-esteem of the child high.

Check Your Progress

- Notes: a) Write your answer in the space given below.
- b) Compare your answer with those given at the end of the block.

3. Imagine yourself to be Tina's parent. Describe in detail how you would deal with her at home.

Some suggested activities are:

- i) Talk to her slowly and distinctly as you would normally do.
- ii)

iii)

iv)

v)

4. List the steps that a parent must take in order to seek diagnosis for a child who is suspected to be hearing handicapped.

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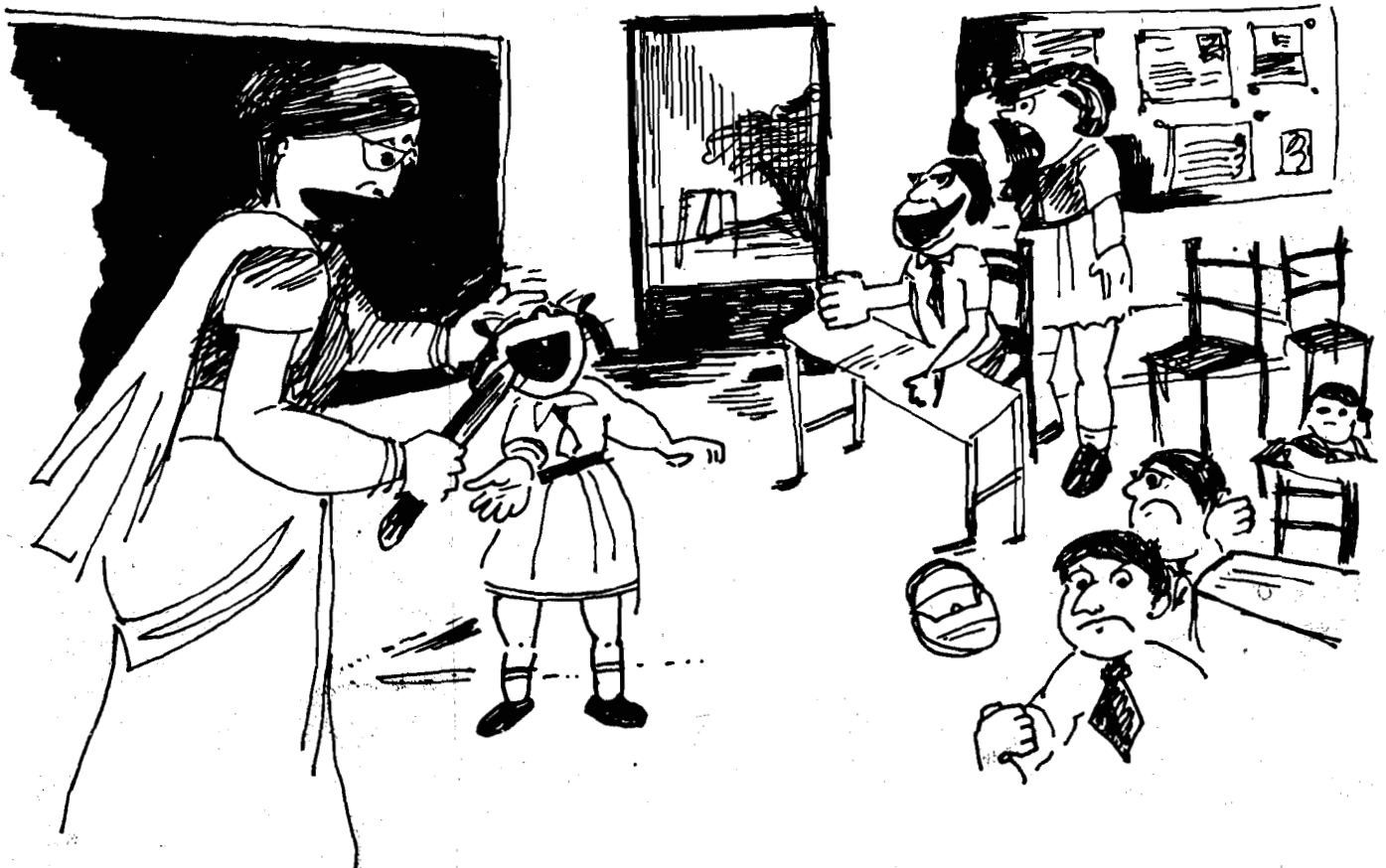
8.4 THE CHILD WITH SPEECH IMPAIRMENT

Case 2

Shyam is a pleasant boy. Though shy, he is good at his written work but has problems while speaking. He stutters badly and becomes more and more conscious and nervous till he finds it difficult to continue. In addition other children tease him, making fun of his speech. He has gradually withdrawn and often gets and throws temper tantrums.

Case profile of a child with speech impairment

Rahul is an eleven-year-old child studying in Class VI. He is among the toppers in his class and is a very well behaved boy. In fact he is so quiet that his teacher has to make extra efforts to make him speak in the class. Rahul has articulation problems, particularly related to a few sounds. Because of this, he avoids talking as he is often made fun of by classmates. Rahul is also a very lovely child. He has few friends and he tries to stay away from all classroom activities that require interaction among peers.



8.4.1 Characteristics of Children with Speech Impairment

Most children with defective speech are physically normal. However, some of them may be mentally retarded, brain damaged, or have developmental anomalies like cleft and cleft lip. They have severe articulation defects. The deaf and hard of hearing also may develop speech defects. Emotional problems lead to speech defects in normal children: lisp, stuttering, mutism.

Check Your Progress

- Notes: a) Write your answer in the space given below.
 b) Compare your answer with those given at the end of the block.

5. As Shyam's teacher lists out the difficulties faced by him as a result of his speech defects.

- i) Conscious and nervous while speaking.
- ii)
- iii)
- iv)
- v)

8.4.2 Special Needs of Children with Speech Defects

Depending on the severity of the defects, speech correction should be done by speech specialists and therapists. Classroom teachers can assist the children with less serious speech defects, although they should not attempt formal therapy. As teachers what can we do ?

Some suggestions for the classroom handling of the child with speech defects as given by experts are:

- Complete acceptance of the child as a completely worthy individual is most important.
- Accept the child's speech problem in a relaxed manner and help the child do the same.
- Do not look away from the child when he/she is speaking, or take over and speak for him/her.
- Encourage, but do not force, the child with serious speech defects to speak before the class.
- Give the child non-verbal assignments and responsibilities.
- Highlight the child's capabilities and accomplishments in other areas.
- Provide opportunities for him/her to participate in-group work
- Educate other children about the child's problem to sensitize them and prevent them from being ridiculed.

Check Your Progress

- Notes: a) Write your answer in the space given below.
b) Compare your answer with those given at the end of the block.
6. As Shyam's teacher what steps will you take to make him feel a productive and accepted group member of his class.
- i) Accepting Shyam as an intelligent and good student.
 - ii)
 - iii)
 - iv)
 - v)
 - vi)
 - vii)

8.4.3 Role of Parents / Teachers

The suggestions given for the teacher for dealing with children with speech impairment, apply to parents also. In addition, opportunities should be provided for the child to speak, and he/she should be praised for his/her efforts.

When the child begins to speak, he/she would be stuttering, lisping, repeating, hesitating, etc. While parents and teachers should provide good speech models themselves, they should not expect, at this stage that the child will speak correctly. If the child is criticized or made fun of, he/she may become worried about his/her speech. He/she will also become afraid to speak and aggravate his/her problem of fluency.

Further, too much should not be made out of the child's speech problems, though appropriate diagnostic and remedial steps should be taken. He/she should not be made to feel different or the impression given that you are anxious about it.

Check Your Progress

- Notes: a) Write your answer in the space given below.
b) Compare your answer with those given at the end of the block.
7. As Shyam's parents, what steps will you take to help him cope with his speech defect?
- i) Provide good speech model.
 - ii)
 - iii)
 - iv)
 - v)
 - vi)
 - vii)
8. Plan a programme for your class to sensitize them (the students) about their speech defects. You can create situations which may be enacted out in the form of role-play.

8.5 THE VISUALLY HANDICAPPED CHILD

Case 3

Meena sits on the front bench of the class, yet rubs her eyes when copying from the blackboard. At the end of the day, she has watery eyes and swollen eyelids. She does not pay attention, is restless and distracts others. She dislikes reading, is not interested in sports, and has been failing for the last test. Yet, she is not a dull child as can be seen from her answers in the class, and also from her last year's performance in the examination. She is also slow in her work and often copies the homework completely.

8.5.1 Symptoms of Visual Impairment

Initial identification of suspected cases for more complete examinations, can be based on observable behavioural symptoms. The more common symptoms are:

- Chronic eye irritations, as indicated by watery or red-rimmed eyes or swollen eyelids.
- Nausea, double vision or vision blurring during or following reading.
- Rubbing eyes, frowning or screwing up the face when looking at distant objects.
- The child is very careful while walking, does not run often and keeps tripping or falling for no obvious reason(s).
- The child does not pay attention to the blackboard or charts or maps.
- Restless, irritable or nervous behaviour after doing close visual work.
- Blinking while reading.
- Inability to read for long periods.

Check Your Progress

- Notes: a) Write your answer in the space given below.
b) Compare your answer with those given at the end of the block.

9. As Meena's teacher/parent, list out the observable behaviours that are of concern to you. Some of these are:

- Restless
-
-

8.5.2 Functional Definition of Visual Impairment

Visual impairment includes the blind and partially sighted. Those people are considered blind whose vision is so defective, that they cannot learn by seeing. They have to be taught primarily through the auditory, cutaneous and kinesthetic senses. (For example, they have to use Braille language which is based on touch sensation.)

8.5.3 Causes of Impaired Vision

Some of the common causes are:

- infection and injuries;
- pre-natal causes;

- environmental pollution;
- poor nutrition;
- vitamin A deficiency; and
- excessive oxygen used during pre-mature births.

As can be observe, blindness due to infectious diseases, accidents, environmental pollution, poor nutrition and excessive oxygen can be prevented to a great extent if appropriate preventive measures are taken.

8.5.4 Special Needs of the Visually Handicapped Child

The major problem for the blind is restricted mobility. The most obvious reason is the limited capacity to see objects. A blind child has to wait for sound, contact or smell to make him/her surroundings. However, he/she can be trained to pay attention to small **auditory and tactual cues**.

The blind child can acquire speech in the ordinary way and use language as any normal child, if provided with appropriate opportunities to learn. This can be done by providing him/her more concrete experiences such as handling an object, and also by teaching Braille reading and writing, using auditory aids such as tape-recorders, embossed or relief maps and graphs.

For the partially sighted child, specially one with border line vision, minor changes such as making him/her sit near the blackboard, placing his/her desk in good light, making it possible for him/her to freely move about, etc., may be all that is necessary. For the more severely handicapped partially sighted child, books in large print and special magnifying devices may be required.

Congenially blind children may be somewhat slow in learning to speak and using language. This is because these children cannot see the lip and mouth movements or bodily movements of the speaker.

Some of the common speech characteristics of the blind children are:

- speak at a slower rate
- speak loudly
- use few body movements, facial expressions and gestures
- use less lip movement in articulation

However, with appropriate training, these problems can be overcome. When both vision and hearing are impaired, the education of such children can be done in **one-to-one or small group** situation. Teaching has to be done making the maximum use of senses of touch, smell and taste.

Check Your Progress

- Notes: a) Write your answer in the space given below.
b) Compare your answer with those given at the end of the block.
10. As a teacher, what adjustments will you make to impart education to a partially sighted child along with children with normal vision?
- a) For the partially sighted child:
- i) A partially sighted child would have to be seated in the front row
- ii)

ii)

iii)

iv)

8.5.5 Role of Parents/Teachers

As parents, we tend to be over-protective with **sighted** children. This over-protection becomes all the more pronounced when the child with limited vision stumbles, falls and bruises him/herself, in spite of the possible dangers, as the ability to move about freely and independently is very important for the blind. Whereas normally sighted children develop this ability naturally and gradually, special training has to be provided at home, for free mobility, to children with visual impairment. Plenty of sounds, odours, objects should be made available within his/her easy reach to encourage him/her to move/explore. Allowing the blind child to follow family members about the house, encouraging him/her to use furniture, utensils, etc., and to taste and smell vegetables and fruits, are a necessary part of such training. However, sharp objects should be kept away at a safe place. Similarly, open spaces should be left for him/her to move about freely.

Normal play activities, requiring some modifications but with proper supervision, should be encouraged. So also normal habits of eating, dressing, etc., can be taught. They should be given responsibilities and work around the house, just as in case of other children. All efforts should be made by family members to treat him/her as normally as possible with sympathy, but not pity.

The visually impaired children have feelings and emotions like any other children. Their inability to see the emotions experienced by other people through non-verbal cues may create misunderstandings. Auditory and tactual messages communicating their feelings, should be used extensively by parents to give the blind children support.

Check Your Progress

- Notes: (a) Write your answer in the space given below.
(ii) Compare your answer with those given at the end of the block.

11. As parent, what steps will you take to make a blind child learn to behave as normally as possible?

Some of the steps that can be taken are:

- (i) Allow him/her to move freely in the house
- ii)
- iii)
- iv)

8.6 THE ORTHOPAEDICALLY HANDICAPPED CHILD

8.6.1 Functional Definition of Orthopedic Impairment

This includes impairments caused by:

- i) congenital anomalies such: club foot (which is deformation of foot) or absence of a body part:

- ii) disease such as polio or tuberculosis;
- iii) damage to central nervous system, such as cerebral palsy or spina bifida; and
- iv) accidents resulting in amputations, fractures or burns.

The impairment results in varieties and degrees of difficulties in movement, coordination and speech. Those with physical and sensory impairments can lead a normal life, if compensated for the depriving effects of disability as discussed earlier. We will discuss, in further detail, two common instances of damage to central nervous system resulting in motor, cognitive and sensory impairment.

8.6.2 Cerebral Palsy

Cerebral palsy results from damage to the motor area of the brain at birth or soon after birth. This results in motor functions being affected to a lesser or greater degree, difficulties in speech, visual and hearing disorders and decreased intellectual functioning.

The child with cerebral palsy is typically a child with multiple handicaps. Some of the causes are:

- Intra-uterine degenerative and toxic factors like incompatibility due to RH factor, or insufficient oxygen in the mother's blood,
- Natural cerebral hemorrhage due to birth injury.
- Asphyxia.
- Post-natal causes due to injury to the skull through severe accident or high temperature for a long period.

Under favourable conditions, children with cerebral palsy can be educated to average level. Using physiotherapy, speech therapy and other forms of physical treatment, a great deal can be done for children. Special Day Schools could help in providing physical, educational and psychological needs as well as home environment.

8.6.3 Spina Bifida

Spina bifida is a congenital condition, which if untreated in immediate post natal period, results in hydrocephalus (abnormal head enlargement) and consequent brain damage. It is caused by malformation of spine and may result in paralysis of lower limbs, abnormalities of bladder function, poorer than average eye hand coordination and weaknesses in perception and discrimination.

Children with such conditions can be educated in schools with the help of aids like calipers and using individualized, concrete approaches.

Check Your Progress

- Notes: a) Write your answer in the space given below.
b) Compare your answer with those given at the end of the block.

12. A child with cerebral palsy is a child with multiple handicap. He/she may have difficulties in
- i)
 - ii)
 - iii)
 - iv)

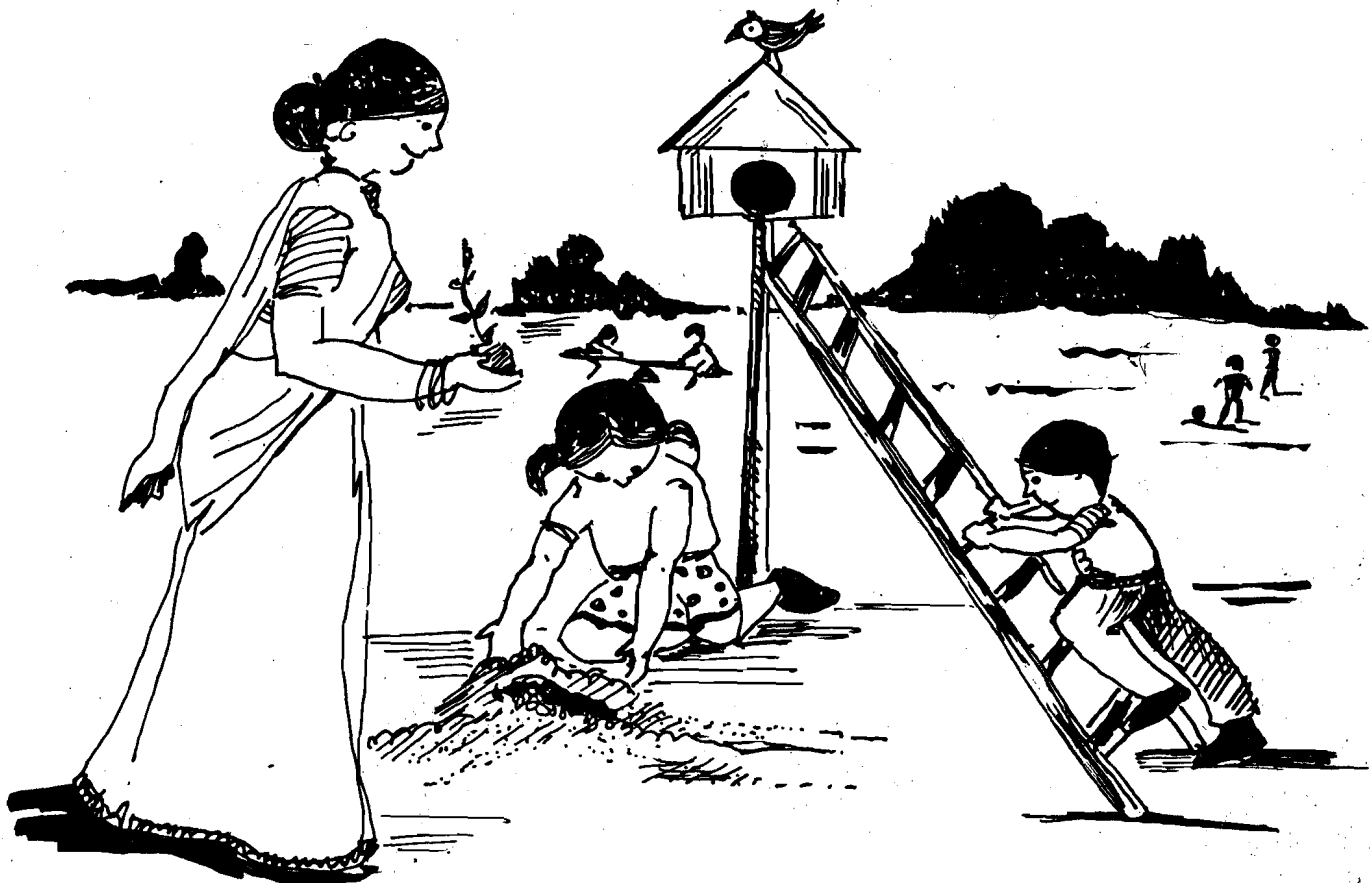
13. Spina bifida may result in

- i) Paralysis of lower limbs.
- ii)
- iii)
- iv)
- v)

8.6.4 Role of Parents/Teachers

The orthopaedically-impaired children, without any neurological damage, need to be trained to be independent. As with other physically impaired children, they should be treated as normal children and realistic goals, within their capability, should be set and all encouragement given.

Parents must realize that their children are special and that they require individualized care and attention. At the same time, they must try and develop their abilities and explore hidden habits and potentials.



Children with cerebral palsy and spina bifida, may need hospital treatment at intervals and physiotherapy. But apart from that, they can be taught self-management skills, as for other physical and sensory impairments, compensation has to be made for their impairments and all possible efforts should be made to see that their disability and resulting handicap are minimized.

8.7 SOCIAL AND EMOTIONAL PROBLEMS OF CHILDREN WITH PHYSICAL AND SENSORY IMPAIRMENTS

Most children with physical and sensory impairments are able to learn as other non-handicapped children, when adjustments are made for their particular deficits, by providing them with special facilities, equipment materials. The teacher may have to make adjustments in some activities like in sports. We now have even Olympics for Disabled. There are, however, other emotional and social problems that result from their disabilities.

Case 4

Rina is a partially sighted, bright child but not particularly active. She is generally ignored by staff and students and excluded from sports and other activities. She is timid, does not seek help or mix well with others.

8.7.1 Problems of Adjustment

It has been found that some of the characteristics contributing to successful adjustment of children with physical and sensory impairment are :

- confidence;
- independence;
- sociability;
- acceptance by peers and staff; and
- ability to come to terms with the handicapping conditions.

The positive acceptance of the child by both parents and teachers is a basic condition for healthy growth and adjustment, as well as for development of self-esteem. Under these conditions, the child is in the best position to come to terms with her handicap and to ensure that s/he is minimally disadvantaged by the problem. Research has indicated that self-confidence and self-esteem are more important to school success than scholastic ability or intelligence as measured by the present day examination system in school. Under undesirable conditions, children with impairments withdraw socially, resulting in emotional and behavioural problems. Social withdrawal affects cognitive and linguistic development and play patterns also.

Sometimes, a child with physical and sensory impairments exhibits aggressive behaviour and tends to be disruptive in class. This is due to frustration resulting from emotional problems. In order to reduce aggressive behaviour, some of the suggested strategies are:

- Be accepting, encouraging and treat the child normally;
- Avoid too much unstructured time or too much unsupervised movement with in the room;
- Establish routines and rules in the class; and
- Teach children to express their anger verbally, especially those who have speech and language difficulties.

8.7.2 Creating Opportunities for Integration

Education of child with special needs in general education classrooms along with their 'normal' peers is called integration. If the children with physical

impairment are to be socially integrated and accepted in group work situations, cooperative learning should be used frequently. While utilizing group work, it is important to consider the following points:

- Students should be guided to cooperate with each other by sharing ideas, accepting and praising one another, offering help to each other;
- The ways in which individual tasks are allotted should be planned carefully. The teacher should take care to set realistic goals;
- The group should be carefully selected to avoid obvious incompatibility or segregation; and
- Other children should be educated about the disabilities to make them empathize with their disabled peers.

Check Your Progress

- Notes: a) Write your answer in the space given below.
b) Compare your answer with those given at the end of the block.

14. Given below are some instances that do not lead to cooperative group work. Why? Give reasons for your answer.

- i) Teacher A always selects two smart bright students as leaders, and asks them to select their teams. Guess who got left out or are selected last because they have poor coordination.
- ii) Teacher B has Mia always sitting near her table so that she can provide help when needed. This isolates her from the entire class.
- iii) Teacher C spares time and effort in preparing individual work assignments for a child who cannot cope with the general level of class work. This reduces her social interaction with her peers.

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15. Now, suggest two hypothetical situations which would encourage cooperation among handicapped and non-handicapped peers in the class.

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8.7.3 Developing Self-esteem

Children with physical and sensory impairment often suffer low self-esteem. Research studies have identified a number of teacher behaviours which appear to be crucial in helping low self-esteem children. Some of these are as follows:

The teacher has:

- warm positive attitude to children;
- acceptance in children;
- is consistent and compassionate;
- listens carefully;
- shows respects for children as persons;
- encourages diversity;
- uses praise effectively;
- trains children to feel good about themselves;
- plans and ensures that individual children achieve success; and
- provides effective counselling when required

Check Your Progress

- Notes:** a) Write your answer in the space given below
b) Compare your answer with those given at the end of the block.

16. List the problems faced by Rina (case-4). What could be the possible causes? What steps will you take, as a teacher, to make Rina socially acceptable to her group?

- i) Problems faced by Rina a) Partial sight
b)
c)
- ii) Causes of the problem a) lack of acceptance by peers and staff.
b)
c)
d)
- iii) Steps taken by the teacher a) group work to encourage cooperative interaction, acceptance
b)
c)

8.7.4 Influencing Attitudes of Non-handicapped Children

Often when we meet individuals with impairment, we do not know how to deal with them. Lack of previous experience with handicapped children and a lack of knowledge about conditions that cause handicaps, can make students and teachers feel uncomfortable in the presence of individuals with impairments. This results in avoiding each other. Whereas sympathizing with an individual with impairments is acceptable, pity should be discouraged at all costs. Often, ignorance concerning causes of handicaps results in prejudice, hostility and rejection. Experience has shown that understanding the nature of disability and its limitations results in better acceptance of children with impairments. Therefore, awareness programmes with stress “how would we treat someone like that in our class” can help improve attitudes towards handicapped children. Some suggestions:

- viewing films depicting children with physical impairments coping well and doing everyday things;
- factual lessons and discussions about impairments and the resulting disabilities;
- having persons with physical impairments as guest speakers or visitors;
- reading and discussing stories about disabled individuals and their achievements; and
- enacting role plays so that children can take on each other's role and in turn become empathetic.

8.8 INTEGRATION OF CHILDREN WITH PHYSICAL AND SENSORY IMPAIRMENTS

There is a controversy as to whether children with impairments should be educated in special schools or regular schools. Apart from the financial aspects, special schools for children with physical and sensory impairments, isolate them from the community, creating problems regarding their acceptance later on. With skilled and trained teachers, these children can be integrated in regular schools. A study of disabled children of 5-11 years age-group showed that:

- parents favoured placement in ordinary schools;
- children although less physically and socially independent than their non-handicapped peers, were as independent as their handicaps allowed. Regular schools seem to help them in their urge for independence;
- physically and sensory handicapped children without neurological damage were well adjusted in ordinary schools; and
- physically and sensorily handicapped children without neurological abnormalities were similar to their normal peers in intelligence.

The study concluded that most children even those with very marked handicaps, are with some extra help, able to cope with and benefit from the curriculum of an ordinary school, provided there is no neurological damage. However, for the neurologically impaired children, extra help seems critical if their development and education are not to suffer.

Role of teachers

- Training in special education,
- Motivation to provide extra care and individual attention,
- Co-ordination with parents and involving them in the teaching process,
- Counselling parents for social-emotional problems of children.

Where careful efforts are made to prevent intellectual, emotional and social difficulties from arising and all possible means undertaken to compensate for the handicap, it becomes possible to educate such children in ordinary schools. The emphasis then is not on impairments, but how human beings learn and on the ways in which education can make use of what a child can do and compensate for what the impairment has deprived him/her of.

8.9 LET US SUM UP

In this Unit, we have dealt with the following physical and sensory impairments:

- auditory impairment;
- speech impairment;
- visual impairment; and
- orthopaedic impairment.

In addition, emotional and social problems related to the above impairments, role of the teacher and parents in helping these children to lead a normal life have also been discussed.

It has been found that children with physical and sensory impairments can be trained to lead a normal life, they can be educated in ordinary schools. Our role as teachers and parents is to prevent the impairment from taking place, and, still more important, and for parents, it is to prevent the impairments so that these do not result in severe disability and handicapping conditions. What children with physical and sensory impairments need, is not pity nor charity, but the right to be different and to be accepted as such by the society.

8.10 UNIT-END EXERCISES

1. Do you know any children with any of the following disabilities? Also, find out about them from your friends:
 - a blind child
 - a partially sighted child
 - a deaf child
 - a hard of hearing child
 - a child with severe difficulties in speaking
 - a child with health problems like asthma, epilepsy, etc.
 - a child who cannot walk
 - a child who cannot use his hands
 - a cerebral palsy child
 - a child with spina bifida.
 - i) List the observable characteristics which may enable you to identify the impairments.
 - ii) Note down the difficulties they face due to their impairments.
 - iii) As a teacher, what possible steps can you take to provide for their special needs, and enable them to lead a normal life to the extent possible?
 - iv) As a parent, what possible steps can you take to provide for their special needs, and enable them to lead a normal life to the extent possible?
 - v) What steps can be taken by society to prevent such impairments and to minimize the impact of these impairments on their physical, emotional, intellectual and social development?

2. Consider yourself to be a teacher in an integrated school, which has four children with physical and sensory impairments.
 - i) What special activities will you conduct for these children?
 - ii) What modifications will you make in your teaching to enable these children to learn like other normal children?
 - iii) What arrangements will you make in your classroom furniture, seating arrangement, etc.
 - iv) What steps will you take to see that they are accepted by other children?

ANSWERS TO CHECK YOUR PROGRESS AND UNIT-END EXERCISE

UNIT 5

Unit-end Exercises

1. Formulating strategies for letter reversals:
 - i) Present students with a stimulus word and four choices from which to choose the matching word.
For example: Pot: otp dto top pot
War: row mar war raw
 - ii) Have the student make an association for letters that are reversed. For example, a student with a watch on the left hand could remember that 'd' points in that direction. Likewise, a student who wears a ring on one of the fingers on the right hand could associate the ring with the direction of the letter 'b'. Such associations could be taught to the child.
 - iii) Instruct the child to trace specific letters on sand paper or in sand tray and the child has to say the name of that letter loud as he/she traces.
 - iv) Write on his/her back the specific letters and ask him/her to identify the letter.
 - v) If the letter reversals are with 'b' and 'd' cut out many letters of 'b' and 'd' and put them in a box. Ask the child to divide the 'b' and 'd'.
 - vi) A newspaper can be given to the child. He/she can be asked to colour the 'b' in red and 'd' in black.
2. Case Study: Initial plan of management for Ankit:
 - i) There is a serious motivational problem in reading due to his being deficit in reading skills.
 1. Reading task has to be kept well within his capacity and assignments have to be short. Praise for correct performance has to be given immediately and a favourite activity (e.g., a game of chess) can be scheduled immediately following reading.
 2. Ankit can be asked to read everyday at least for 5 minutes. A record of the errors he makes while reading must be systematically maintained under heads such as mispronunciation, omission, articulation, etc.
 3. Instruction needs to be given in phonetic word analysis skills, e.g., 'c' and 's' sounds are drill exercise and should be provided on common sight words.

4. To improve his speed of writing a time-chart (as described in the remedial strategies) has to be maintained. He has to be rewarded on progress.
 5. Ankit's father can be requested to pay attention to his reading and writing every day and praise him.
 6. Ankit's father can also be requested to teach him some of the skills required to play games such as throwing and catching the ball, batting, jogging, etc. This will improve his motor skills.
 7. Teacher can be asked to provide small group activities in which Ankit can interact with his peers and these activities should be such that he can be successful and praised in front of his peers.
3. Formulating strategies to strengthen comprehension skills:
- i) The child can read untitled stories according to his/her reading level and write appropriate titles.
 - ii) The child can be requested to read a story and list the main ideas.
 - iii) After reading a story, the child can be asked some appropriate questions from that story, TV programmes also can be used for this purpose.
 - iv) Ask the child to read a story and periodically stop him/her, and ask him/her to predict the outcome.
 - v) Distribute a worksheet with three or four sentences reflecting a sequence of events and ask the child to arrange the events in order.
 - vi) Encourage children to tell you why they liked or disliked a particular character in a story.
 - vii) Give the child a series of written true/false statements to answer.
e.g., a) Cats have three legs T/F
b) Square has four sides T/F
c) Triangles have five sides T/F
 - viii) Give the child a series of an absurd statements/ stories and indicate what is absurd about it.
e.g., The engine driver says that more the compartments he adds to the train faster it goes.

UNIT 6

1. **Situation 1:** Your answer could be on the following lines, but need not be the same. Line it with your own experiences. Pramod tries hard to listen to the teacher's dictation and he/she misses a few words. He/she tries hard to listen from the backbench and feels happy about having caught a few words. Vinod, his benchmate, suddenly presses his foot. Pramod feels very uncomfortable. He curls his legs and tries to write again, but drops his pencil. Pramod misses a few more words spoken by the teacher thus causing inattention.

Situation 2: Bina does her calculations, stops for seconds and listens to the conversation about how handsome is the bridegroom. She suddenly recalls Mrs. Sharma's stern look and hurriedly starts her calculation. Again, her task is interrupted by the laughter aroused by a joke. She wants to know what it is, and spends a few moments talking. She realizes that she has finished only two sums.

2. i), ii), v)
3. i) Socio-emotional, ii) Teaching-learning, iii) Health, iv) Health, v) Physical, vi) Teaching-Learning, vii) Socio-emotional.

UNIT 7

1. Motivation is usually defined as a force that energizes and directs behaviour.
2. The different view on Motivation can be grouped as behaviourist view includes initiation, direction and persistence; cognitive view enumerates expectancies, intentions, anticipations and self-evaluation.
3. Motivation is important in learning because it energizes, directs, selects behaviour and helps student to acquire knowledge. Moreover, motivation helps students to develop interest, to capture attention to form character and to develop social qualities.
4. Two types of motivation are intrinsic and extrinsic. The motivation which originates from within the individual is intrinsic motivation. Example, Mamta comes forward to participate in music competition.

The motivation which is induced by advancing incentives by others is extrinsic motivation.

Example: Teacher announcing in the class that a person who gets first position will be given a prize. This may motivate students to work hard.

5. Maslow's 'Hierarchy' of needs includes physiological needs like hunger, thirst and sex. Safety and security needs, example, exchange of sweets in a group. Self-esteem such as sense of prestige in social situation and self-actualization such as to realize one's own potential.
6. Students' interest can be found out by asking students to fill a questionnaire or by talking to them. Teacher's observation of students' activities also help to find out students' likes and dislikes.
7. Excessive motivation is harmful. Example, Meena was eager to complete the needle work before Friday. Her teacher had asked to her to submit it on Monday.

In a hurry to get praised by the teacher for having completed it before time, Meena did not realize that she had made wrong stitches.

UNIT 8

1. i) His impairment is limitation in hearing capacity.
ii) His disability is his inability to learn without training in communicating by voice and sound.
iii) His handicap is that he is being denied education and socialization opportunities available in the school.
2. i) Cannot understand when spoken to
ii) Slow in learning verbal and non-verbal skills.
iii) Does not mix with other children in her class.
3. i) Training in sign language.
ii) Communicating through visual, kinesthetic and tactile senses.
iii) Modifications in teaching style- use of visual material and tactile sensory approach.

- iv) Use of concrete aids— specimens and models.
 - v) Any other.
- 4.
- i) Praise her for her efforts.
 - ii) Give her responsibilities within his capacity.
 - iii) Learn sign language yourself and teach to her friends.
 - iv) Provide her with opportunities to communicate with others.
- 5.
- i) Stutters badly
 - ii) Other children tease and bully him
 - iii) Withdrawn
 - iv) Gets angry and throws temper tantrums due to frustration (giving him assurance such that he is not).
- 6.
- i) Not getting embarrassed when he speaks.
 - ii) Encouraging other children not to pay too much attention to his speech difficulties. Educating other children about his difficulties.
 - iii) Treating him as you would any normal child.
 - iv) Praising him and highlighting his capabilities in his written work.
 - v) Helping him to express his emotions in an appropriate manner.
 - vi) Discouraging other children from teasing him.
- 7.
- i) Accept him as a special child.
 - ii) Encourage him in his efforts.
 - iii) Do not speak for him to others.
 - iv) Do not be embarrassed or anxious when he speaks.
 - v) Help him to express his emotions verbally and in an appropriate manner.
 - vi) Praise him for his capabilities in other areas.
- 8.
- i) Watery eyes and swollen eyelids.
 - ii) Inattentive and distractive.
 - iii) Dislikes reading.
- 9.
- i) For the blind child:
 - b) Using auditory aid like tape recorder
 - c) Using tactual aids like embossed relief maps, models
 - d) Arranging furniture to facilitate free movement.
 - ii) For the partially sighted child:
 - b) Placing him in good light
 - c) Using books with large print

- d) Using auditory aids
 - e) Allowing for free movement
10. i) Make available plenty of sounds, odours, objects within easy reach.
- ii) Encourage him to experience things as any normal child.
 - iii) Provide emotional support through auditory and tactual senses.
11. i) Speech
- ii) Vision
 - iii) Hearing
 - iv) Cognition
12. i) Abnormalities of bladder function
- ii) Poor eye-hand coordination
 - iii) Difficulties in perception
 - iv) Difficulties in discrimination
13. i) Isolates the child
- ii) Reduces peer interaction
 - iii) Focusses undue attention on him, elaborate your answer further.
14. i) Problems:
- b) Emotional
 - c) Social
- ii) Causes:
- b) Lack of acceptance
 - c) Lack of participation in all activities resulting in lack of confidence.
 - d) Lack of interaction with other children resulting in lack of sociability.
- iii) Remedies:
- b) Praise her for her capabilities.
 - c) Provide for the required adjustments so that she can participate in activities.
 - d) Show respect and restraint.
 - e) Plan activities in a manner that she achieves success.

NOTES