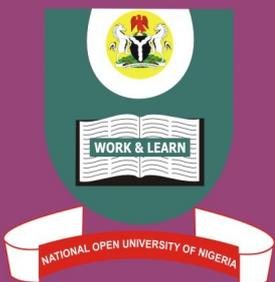


ECE 207:

# MEETING SPECIAL EDUCATIONAL NEEDS IN EARLY CHILDHOOD



**NATIONAL OPEN UNIVERSITY OF NIGERIA**

**COURSE  
GUIDE****ECE 207  
MEETING SPECIAL EDUCATIONAL NEEDS IN EARLY  
CHILDHOOD**

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### **Introduction**

The status of Early Childhood Education in Nigeria since the late '70s when a blueprint for its operation was published by the Federal Ministry of Education has taken a new positive turn. The collaboration between the Federal Government and UNICEF added greater dimension to the care of children in early childhood years. In the same vein, the inclusion of children with special education need followed naturally. The major consequence of this marriage of convenience is such that across the Federation, within every community, both local and urban demand for early childhood education went up. The need for qualified teachers and caregivers became obvious. This is the justification for a well integrated content seeking to marry special education challenges into early childhood initiative.

This course is a 3 credit unit course divided into five modules:

- Society, Education and Early childhood years
- Identification of Special Needs in Early Childhood
- Meeting intellectual and Sensory challenges in Early Childhood
- Meeting Communication, Behavioral, Physical and Health Related challenges of Children in Early Childhood.
- Contemporary Issues of Special Education Needs in Early Childhood.

Each of these modules contains 3 – 5 units. You will be expected to study through each of the units carefully attending to all built in activities. You will be expected to submit a Tutor-Marked Assignments after each unit. The assignments are such that you will be compelled to identify the relevance of the discourse in day-to-day activities, visit the library, be involved in focus-group discussion and also report from observation made in your environment. The course is not to be treated abstractly. At the end of the assignments you would have practically internalize the content of this course before the examination.

## **Course Guide**

The course guide tells you briefly what the course is about, what course materials you will be using and how you can work your way through these materials. It suggests some general guidelines for the amount of time you are likely to spend on each unit of the course in order to complete it successfully. It also gives you some guidance on your tutor-marked assignments. Detailed information on tutor-marked assignments is found in the separate Assignment File, which will be available to you. There should be some tutorial classes arranged for this course where you can present your research reports. The locations and time for these seminars will be communicated to you.

## **What You Will Learn in This Course**

You have shown interest in working with children in early childhood or you come in contact with them as a facilitator, teaching, counseling parents of children across the board as the case may be. This course is intended to equip you with relevant information with regards to every child in your custody. Usually, a special education need of children is in a continuum. Some are mild and temporal, just a step to full attainment. The content is to assist you in assisting them to full attain and be exempted from frustration experienced when learning needs are not met.

## **Course Aim**

The aim of this course is to provide you with adequate overview into societal issues related to educational needs of children in early childhood.

- Sensitize you into what causes differences in learning capacity of children
- Provide you with information that will assist you in reducing your suspicion on the identity of the child.
- Enable you identify alternative programme of learning support.

- Counsel according to learning needs and
- Appreciate challenges for which solutions can be continuously explored.

## Course Objectives

There are five modules in this course material. Specific objectives are stated before the units which make up the modules. It will be a good idea for you to digest the objectives as you embark on your study.

On successful completion of the course, you should be able to

- a) Draw connection between society, education and early childhood
- b) Relate special educational needs with early childhood
- c) Identify causes of special educational needs in early childhood.
- d) List types of special educational needs in general
- e) Identify children who are gifted and talented
- f) List and identify general learning challenges in early childhood.
- g) Identify specific learning disabilities
- h) Differentiate between speech, language and hearing
- i) Identify and make provision for learning challenges associated with vision
- j) Identify and meet challenges due to behavioral and emotional status of the child
- k) Identify and meet challenges resulting from physical and health related needs of the child
- l) Propose ante-natal education package against disability in early childhood
- m) Develop sustainable solution for institutionalizing special needs education service delivery in Nigeria.
- n) Interact with a special education web site
- o) Initiate a study into one aspect of special needs education in early childhood.

## Course Materials

Major components of the course are:

- Course Guide
- Study Units
- Journals and Textbooks
- Assignment file
- Presentation schedule

- Newspaper publications on Health,
- Education and contemporary issues.

## Study Units

There are twenty-one units in this course as follows:

### Module 1

- Unit 1 The Concept of Education in Early Childhood
- Unit 2 Early Childhood and Special Education Needs
- Unit 3 Causes of Special Education Needs in Early Childhood.
- Unit 4 Types of Special Educational Needs in Early Childhood

### Module 2

- Unit 1 Identification of Intellectual Abilities and the Talented in Early Childhood
- Unit 2 Identification of Speech, Language and Hearing in Early Childhood
- Unit 3 Identification of Visual Needs in Early Childhood
- Unit 4 Identification of Physical and Health-Related Needs in Early Childhood
- Unit 5 Identification of Behavioral and Emotional Needs in Early Childhood

### Module 3

- Unit 1 Meeting Special Educational Needs of Gifted and Talented Children in Early Childhood
- Unit 2 Meeting Special Educational Needs of Children with General Mental Challenges.
- Unit 3 Meeting Special Educational Needs of Children with Specific Learning Challenges in Early Childhood.
- Unit 4 Meeting Special Educational Needs of Children with Hearing Challenges in Early Childhood.
- Unit 5 Meeting Special Educational Needs of Children with Visual Challenges in Early Childhood

### Module 4

- Unit 1 Meeting Special Educational Needs of Children with Speech and Language Challenges in Early Childhood.
- Unit 2 Meeting Special Educational Needs of Children with Behavioral and Emotional Challenges in Early Childhood.

Unit 3 Meeting Special Educational Needs of Children with Physical and Health-Related Challenges in Early Childhood

### **Module 5**

Unit 1 Prenatal Development, Intervention and/Habilitation  
 Unit 2 Institutionalising Special Education Service Delivery in Nigeria  
 Unit 3 Information and Communication Technology (ICT) and Special Education in Early Childhood  
 Unit 4 Special Education Research and Development in Perspective

Units 1 – 4	-	Module I
Units 5 – 9	-	Module II
Units 10 – 14	-	Module III
Units 15 – 17	-	Module IV
Units 18 – 21	-	Module V

Each of these units is designed to take you a minimum double period of two hours. In some cases you will spend more than two hours because of the content involved. The time you will spend is without prejudice to your Tutor-Marked Assignment in your file. Map out your schedule and avoid procrastination. Do not allow the work to accumulate over time. The Tutor-marked Assignment to your reading periods/schedule, textbook, journals and Newspaper cuttings, references are indicated at the end of every unit. However, any textbook on special education, child development can be used along with the prescribed texts. Copies of Teachers/Parents Quarterly (TPQ) Published by Abby Printing Press on Isaac John Street, Ikeja, can be a support use material for you.

### **Assignment File**

There are twenty one assignments in this course. That is, one assignment per unit. This is to be sure you really understood the unit. In this file, you will find all the details of the works you must submit to you tutor for marking. Remember your assignments are as important as the examinations as they carry 30% of the total marks

### **Presentation Schedule**

The presentation schedule included in your course materials gives you the important dates in the year for the completion of tutor-marked assignments and attending tutorials. Remember that you are required to

submit all your assignments by the due date. You should guard against falling behind in your work.

### **Assessment**

There are two aspects to the assessment of the course. First, are the tutor-marked assignments; second, is the written examination

In tackling the assignments, you are expected to apply information, knowledge and techniques gathered during this course. The assignments must be submitted to your tutor for formal assessment in accordance with deadlines stated in the Presentation Schedule and the Assignment file. The work you submit to your tutor for assessment will count for 30% of your total course mark.

At the end of the course, you will need to sit for a final written examination of not more than three hours' duration. This examination will also count for 70% of your total course mark.

## **Final Examination and Grading**

The final examination for meeting special education needs in early childhood will not be more than three hours duration. The examination will consist of questions which reflect the types of self-testing, practice exercises and tutor-marked problems you have previously encountered. All areas of the course will be assessed.

Use the time between finishing the last unit and sitting for the examination to revise the entire course. You might find it useful to review yourself, tutor-marked assignments and comments on them before the examination.

## **Tutor-Marked Assignments (TMAs)**

Assignment questions for the units in this course are contained in the Assignment File. You will be able to complete your assignments from the information and materials contained in your set books, reading, studying units and the Internet. However, it is desirable in all degree level education to demonstrate that you have read and researched more widely than the required minimum. Using other references will give you a broader viewpoint and may provide a deeper understanding of the subject.

When you have completed each assignment, send it, together with a TMA (tutor-marked Assignment) form, to your tutor. Make sure that each assignment reached your tutor on or before the deadline given in the Presentation Schedule and Assignment File. If, for any reasons, you cannot complete your work on time, contact your tutor before the assignment is due to discuss the possibility of an extension. Extensions will not be granted after the due date unless there are exceptional circumstances.

There are twenty-one (21) tutor-marked assignments on this course. You only need to submit 15. This carries 5 marks each. Your score will be converted to 30% as continuous assessment.

The final examination course information form all parts of the course.

## Course Marking Scheme

Assessment	Marks
Assignment 1 – 21	21 Assignment, best of 15
Final examination	70% of overall course marks
Total	100% of course marks

Table 1: Course Marking Scheme.

## Course Overview

This table brings together the units, the number of weeks you should take to complete them and the assignments that follows them.

Unit	Title of Work	Weeks	
	Assessment	Activity	(end of Unit)
ECE 207	MEETING SPECIAL EDUCATIONAL NEEDS IN EARLY CHILDHOOD		
1	The Concept of Education and Society	1	1
2	Early Childhood and Special Educational Needs	1	2
3	Causes of Special Education Needs in Early Childhood	2	3
4	Types of Special Educations	2	4
5	Identification of Intellectual Ability and the Talented in Early Childhood	3	5
6	Identification of Speech and Hearing Needs in Early Childhood	3	6
7	Identification of Visual Needs in Early Childhood	1	7
8	Identification of Physical and Health- Related Needs	2	8
9	Identification of Behavioral and Emotional Needs.	2	9
10	Meeting Special Educational Needs of Gifted and Talented Children in Early Childhood	3	10
11	Meeting Special Education Needs of Children with General Mental Challenges	3	11
12	Meeting Special Education Needs of Children with Specific Learning Challenges in Early Childhood.	3	12
13	Meeting Special Education Needs of Children with Hearing Challenges in Early Childhood.	3	13
14	Meeting Special Education Needs of Visual Challenges in Early Childhood.	3	14
15.	Meeting Special Education Needs in Speech and Language Challenges in Early Childhood.	3	15
16.	Meeting Special Educational Needs of Children with Behavioral and Emotional Challenges.	2	16
17.	Meeting Special Education Needs of Children with Physical and Health-Related Needs in Early Childhood.	2	17
18.	Prenatal Development, Intervention and Habilitation	2	18
19.	Institutionalising Special Education Service Delivery in Nigeria.	2	19
20.	Information and Communication Technology (ICT) and Special Education Needs in Early Childhood	2	20
21		2	21
xii			

## **How to Get the Most from this Course**

In distance learning the study units replace the University lecture. This is one of the great advantages of distance learning; you can read and work through specially designed study materials at your own pace and at a time and place that suit you best. Think of it as reading the lecture instead of listening to a lecture. In the same way that a lecturer might set you some reading to do, the study units tells you when to read your set books or other materials, and when to undertake computing practical work. Just as a lecturer might give you an in-class exercise, your study units provide exercises for you to do at appropriate points.

Each of the study units follows a common format. The first item is an introduction to the subject matter of the unit and how a particular unit is integrated with the other units and the course as a whole. Next is a set of learning objectives. These objectives allow you to know what you should be able to do by the time you have completed the unit. You should use these objectives to your study. When you have finished the unit, you must go back and check whether you have achieved the objectives. If you make a habit of doing this you will significantly improve your chance of passing the course.

The main body of the unit guides you through the required reading from other sources. This will usually be either from your set books or from a reading section. Some units require you to undertake some work in the library. You will also be directed when you need to use a computer and guide through the tasks you must do. The purpose of the computing work is two-fold. First, it will enhance your understanding of the material unit. Second, it will give you practical experience of using programs, which you could well encounter in your work outside your studies. In any event, most of the techniques you will study are applicable on computers in normal working practice, so it is important that you encounter them during your studies.

Activities in form of Self-tests are interspersed throughout the units, working through them will help you to achieve the objectives of the unit and prepare you for the assignment and the examination. You should do each self-test as you come across it in the study unit. There will be some examples given in the study units; work through these when you come across them too.

The following is a practical strategy for working through the course. If you run into any trouble, telephone your tutor or post the question to him. Remember that your tutor's job is to help you. When you need help, don't hesitate to call and ask your tutor to provide it.

Read this course guide thoroughly.

- Organise a study schedule. Refer to the ‘Course overview’ for more details. Note the time you are expected to spend on each unit and how the assignments relate to the units. Important information e.g. details of your tutorials, and the date of the first day of the semester will be made available to you. You need to gather together all this information in one place, such as your diary or a wall calendar.

Whatever method you choose to use, you should decide on and write in your dates for working on each unit.

- Once you have created your own study schedule, do everything to stick to it. The major reason that make students fail is that they get behind with their course work. If you get into difficulties with your schedule, please let your tutor know before it is too late for help.
- Turn to Unit 1 and read the introduction and the objectives for the unit.
- Assemble the study materials. Information about what you need for a unit is given in the ‘Overview’ at the beginning of each unit. You will always need both the study unit you are working on and one of your set books on your desk at the same time.
- Work through the unit. The content of the unit itself has been arranged to provide a sequence for you to follow. As you work through the unit, you will be instructed to read sections from your set books or other articles. Use the unit to guide your reading.
- Keep an eye on the course information that will be continuously posted there.
- Well, before the relevant due dates (about 4 weeks before due dates) take the Assignment File and your next required assignment. Keep in mind that you will learn a lot by doing the assignments carefully. They have been designed to help you meet the objectives of the course and, therefore, will help you pass the examination. Submit all assignments not later than the due date.

- Review the objectives for each study unit to confirm that you have achieved them. If you feel unsure about any of the objectives, review the study materials or consult your tutor.

When you are confident that you have achieved a unit's objectives, you can then start on the next unit. Proceed unit by unit through the course and try to pace your study so that you keep yourself on schedule.

- When you have submitted an assignment to your tutor for marking, do not wait for its return before starting on the next unit. Keep to your schedule. When an assignment is returned, pay particular attention to your tutor's comments, both on the tutor-marked assignment form and also the one written on the assignment. Consult your tutor as soon as possible if you have any question or problem.
- After completing the last unit, review the course and prepare yourself for the examination. Check that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in this Course Guide)

### **Tutors and Tutorials**

There are 20 hours of tutorials (ten 2 hour sessions) provided in support of this course. You will be notified of the dates, times and location of these tutorials, together with the name and phone number of your tutor, as soon as you are allocated a tutorial group.

Your tutor will mark and comment on your assignments, keep a close watch on your progress and on any difficulties you might encounter and provide assistance to you during the course. You must mail your tutor-marked assignments to your tutor well before the due date (at least two working days are required). They will be marked by your tutor and returned to you as soon as possible.

Do not hesitate to contact your tutor by telephone, e-mail, or discussion board if you need help. The following might be circumstances in which you would find help necessary. Contact your tutor if:

- You do not understand any part of the study units or the assigned readings
- You have difficulty with the self-tests or exercises

- You have a question or problem with an assignment, with your tutor's comments on an assignment or with the grading of an assignment.

You should try your best to attend the tutorials. This is the only chance to have face to face contact with your tutor and to ask questions which are answered instantly. You can raise any problem encountered in the course of your study. To gain the maximum benefit from course tutorials, prepare a question list before attending them. You will learn a lot from participating in discussions actively.

### **Summary**

This course, Meeting Special Educational Needs in Early Childhood exposes you to overview of special education challenges in early childhood and how they can be met.

Upon completing the course, you will be equipped with basic knowledge regard in stimulating learning in children with special needs in early childhood.

Among others you will be able to answer these questions:

- What is the role of society in education?  
What is the scope of early childhood education in Nigeria?
- Who are children with special needs?
- What are the dynamics of special education?
- Is it possible to develop affection for the category without abusing them?
- Is society (Government, parents, schools etc.) doing enough for these children?
- How can I contribute my quota into the initiatives of special needs education in early childhood, no matter the point of contact?

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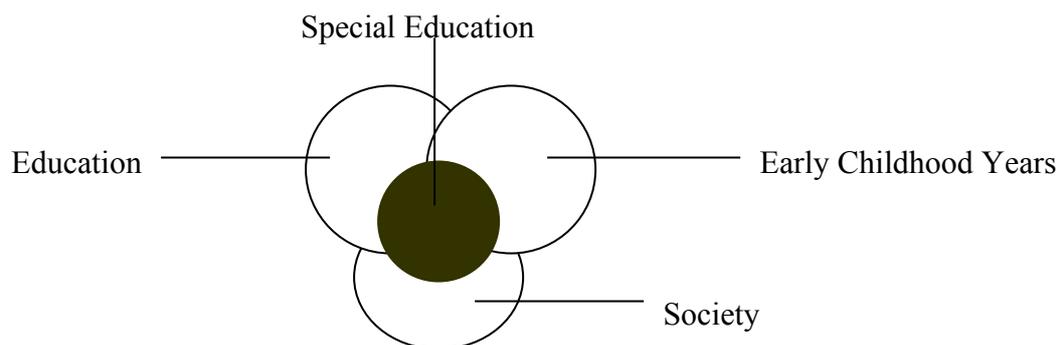
## **MODULE I      SOCIETY, EDUCATION AND EARLY CHILDHOOD YEARS**

### **INTRODUCTION**

The relationship between society, education and challenges posed in early childhood years is no doubt the essence of continuity, sustainability and development projection in every setting. From a conservative perspective, society is seen as the totality of the environment. On the other hand, a society is the contemporary totality of the world we live in, thanks to Satellite Technology.

Worldwide, education is the process of bequeathing age long societal achievement to the upcoming generation and improving of the future aspirations of society. Since no human existence can begin without the early childhood period, the quality of the period thus dictates fundamental issues in societal integration and self-actualization. The period demands considerable attention. This should be without prejudice to circumstances of birth, physical development, intellectual capacity and talent, challenges posed by society and other related human factors.

The scenario above show the justification for the place of meeting special education challenges in early childhood. Consisted in the module therefore is the critical examination of the interrelationship between society, education and the delicately precocious years of the early childhood.



### **KEY INTERACTION OF SOCIETY EDUCATION AND EARLY CHILDHOOD**

Four units are considered in the area namely:

Unit 1	The Concept of Education and Society
Unit 2	Early Childhood Years and Special Education Needs
Unit 3	Causes of Special Education Needs in Early Childhood
Unit 4	Types of Special Educational Needs in Early Childhood

## **UNIT 1 THE CONCEPT OF EDUCATION AND SOCIETY**

### **CONTENTS**

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	The Concept of Society
3.2	Dynamics of Society
3.3	Definition of Education
3.4	The Role of Education in Society
4.0	Conclusion
5.0	Summary
6.0	Total Mark Assignment (TMAs)
7.0	References/Further Readings

### **1.0 INTRODUCTION**

Education draws its values from a given society, so it can have essential correlate to the individual benefiting from its content. In this unit, interplay of these two factors will be examined in such a way that a two-way relationship can be drawn: how education affects society and vice-versa, the place of education in building both the individual component making up a society and institutions serving as agents of society.

### **2.0 OBJECTIVE**

Studying this unit shall enable you to

- State the meaning of society
- Define education
- State the roles of education in society
- Identify the institutions inherent in society
- Relate how the societal forces influence education

### **3.0 MAIN CONTENT**

#### **3.1 The Concept of Society**

Broadly, it is the totality framework in which human beings engage in social interactions. From another sense, It is regarded as a social environment comprising the aggregate of people as they influence and shape this or that person's behaviour. It can be regarded as both the micro and macro unit to which a child is born. There are interactions within a given society and across societies.

### **3.2 Dynamics of Society**

This refers to the new born, the father, mother or the family, community, nation, continent and peoples as the case may be. Society has structure, beliefs, practices, government and language

### **3.3 Definition of Education**

Education can be seen as a process of learning aimed at equipping people with knowledge and skills. One should be equipped, sufficiently enough as to be able to contribute to the functioning of society. By equipping the newborn with skills, new ideas, guided orientation, approaches and expertise to cope with life, education (as a mental process) exerts its impact on the individual's rational, critical and reasonable responses to life in general, to emergencies, choices or options (Ojo 1999). Education is a component which no misfortune can depress, no crime can destroy, no enemy can eliminate. Education, in solitude is a solace, and in society an ornament. It hastens vice, it guides virtue, and it gives grade and government to genius. Without education, man is a splendid slave and reasoning savage. The simple truth is that education empowers, emboldens, refines, civilizes, enlightens, enriches and gives confidence to the new born in the environment.

### **3.4 The Role of Education in Society**

In identifying the roles of education in society, it is important to observe that there exist two types of education: the traditional education and the formal education. While the former is mostly family based, the latter is structured mostly within the school system.

Two principal roles of education are:

- Passing on knowledge from one generation to another
- Providing people with skills that enables them to analyse, diagnose and thus question.

## **SELF ASSESSMENT EXERCISE**

Compose a group of four and discuss what it means not to be educated and the level of education e.g. quality and scope of group members.

### **4.0 CONCLUSION**

In this unit, you have brought under the search light of what constitute society, the place of education in society and the gain of society from the concept of education transmission, self actualization and participation. In other words, we have examined how an individual from the state of a harmless baby can learn up to a stage of influencing society.

### **5.0 SUMMARY**

In this Unit, you learnt that:

- Society is the totality of frame of influence
- Society can be immediate or global, without restriction due to satellite communication
- Society influences individual and vice-versa
- There are institutions in society which are based on beliefs, values, norms and practices
- Education process is the vehicle of societal values transfer
- Education also equip a child with skills used in the analysis, diagnosis and questioning of age-long practices and improving on them

### **6.0 TUTOR-MARKED ASSIGNMENT**

Identify 15 areas of the influences of segments of society on Education.

### **7.0 REFERENCES/FURTHER READINGS**

Hills, P.J. (Ed) (1982) *A Dictionary of Education* London: Routledge & Kegan Paul p. 137

Ojo, S. Ade (1999), Education, A Total for National Unity. Lecture in Honour of Dr A.O.K Noah, Provost, Adeniran Ogunsanya College of Education, Oto-Ijanikin, Lagos. March 17, Lecture Organised by Central Education Service, Yaba, Lagos.

## **UNIT 2      EARLY CHILDHOOD YEARS AND SPECIAL EDUCATION NEEDS**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Early Childhood in perspective
  - 3.2 Definition of Special Education
  - 3.3 Implications of Special Education Needs in Early Childhood
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

It is important to have an overview of what the period of early childhood covers. Often ignored is the period of pregnancy which serves as the bedrock for intellectual, psycho-social, physical, health, visual and hearing growth and development. In Nigeria, generally, the record of infantile and maternal mortality and morbidity reveals an alarming trend. Ogundipe (2006) citing the figures from Federal Ministry of Health states: Maternal mortality is between 339 and 1,716 per 100,000. In 2004, Society of Gynecologists of Nigeria (SOGON) established that not less than 3,000 women die in every 100,000, UNFPAS 2002 state of the world population shows that Nigeria ranks among the highest in maternal mortality in sub-Saharan Africa. Essentially, therefore a mother and her child is at risk in Nigeria. If pregnancy results in death of mother, the possibility that remnant of effects will be passed over to the child is very high. This results in children developing exceptionally, thereby affecting them neurologically, psycho-motor wise and in general well being. Since learning begins at conception, intervention should also be instituted from then.

In this Unit, we shall look into the foundations of early childhood period and education, explore what is special about special education and create an overlap of these two fundamentals to this course.

## **2.0 OBJECTIVES**

After studying this unit, you should be able to

- State the importance of early childhood.
- Identify the scope of early childhood
- List characteristics of a child in early childhood
- Trace the trends of Early Childhood Education in Nigeria
- Define Special Education Needs
- Relate the effects of special Education Needs in Early Childhood

## **3.0 MAIN CONTENT**

### **3.1 Early Childhood in Perspective**

The period of early childhood symbolizes the foundation for life-long education. From conception to six years old, children undergo rapid mental and physical development and must be encouraged to learn.

This view was not made common until the '60s' when Hunt (1961) and Bloom (1964) in their works gave impetus to a new conception of the possibility of early childhood education as a social instrument. The studies then raised fundamental question of how early and how comprehensive should education at the level be? View expressed here has led world into the establishment of daycare centres, both formally and otherwise in the community. Generally, the view of John Locke, a philosopher that an infant is a blank slate (Tabula rasa) upon which experiences can be written to support the education commencing as early as possible, even at conception.

In Nigeria, Agusiobo (2004) established that the early childhood education of the child start from home with the mother as the child's first educator and care giver. This role they have done to the best of their abilities. Others who are involved are cousins, siblings and people in the community. Usually, they care, tell stories and folktales. As they grow and develops in traditional societies, culture and customs, children utilized toys and copied skills from relevant arts and crafts in their environment. However, with the increasing urbanization, the traditional systems are gradually being replaced by formalized systems where babies are domiciled as early as 7.00am till as late as 5.00pm. Here, it is expected that some forms of education would have taken place. The care should cover every need of the child; no matter how special is the demand.

### **3.2 Definition of Special Education**

We have defined education in Unit 1 in relation to this course and the question at this level will entail answering the questions, what is special about special Education? And who are those regarded as having special needs. Essentially, a special need is a term that has been proposed recently. In the context of education, it refers to children who, because of either intrinsic (that is, within the child) or extrinsic (environment) limitations require some modification or adaptation of their educational programme to achieve their maximum potential. Thus, this definition encompasses two major groups, which often overlap: children who are termed handicapped and those whose early socialization environments may be less supportive and stimulating.

We must differentiate between the term “handicapped” and a “disability”. A handicap is the societal imposed limitation whereas disability refers to an objective condition such as blindness, cleft palate etc. The focus at hand is that the more a society respond to the handicaps emanating from disabling condition, the more progress can be made educationally.

#### **SELF ASSESSMENT EXERCISE**

Discuss the challenges emanating from the definition of handicap and disability in the care of a child in the wheelchair who has no other intellectual limitation.

### **3.3 Implications of Special Education Needs in Early Childhood**

Since early childhood years are regarded as the fundamental period for far-reaching human developments a limitation caused by any of the causative factor (intrinsic or extrinsic) would definitely result in limited development. With the knowledge of the importance of early childhood, it has posed a great challenge also to teachers of children with special needs in early childhood. Regardless of the external surroundings, the environment of a child with a disability is by definition depriving. If there is sensory deprivation, he can not take in the best and if it is the case of hearing or language, which is the core to greater cognitive exploration, they are equally impaired. The essence of the early education therefore is to make up for the deprivations: cognitively, psycho-motor, socially, material wise, personnel wise and try to build the best out of them.

#### **4.0 CONCLUSION**

The concept of early childhood education and special needs being present is in a continuous. It could be envisaged from mild to severe and very acute. The focus is that the teacher should be able to consider the challenges emanating from the special needs and provide a “make up” for them. This process would be in terms of

- understanding the child
- the nature of limitations
- the gap in knowledge on the side of caregiver/teacher
- resource available at meeting the needs.

It is however the right of the child to be developed educationally no matter the causes of his limitation.

#### **5.0 SUMMARY**

In this unit, you have learnt

- the importance of early childhood years and education
- the definition of special education
- the place of early childhood years in responding to the special needs of the child.

#### **6.0 TUTOR-MARKED ASSIGNMENT**

Observe a child of between ages 4 and 9 which you are suspicious of being special for 1 hour. Write report of your observation. The report should not be less than 2 pages (single spacing). Do not interview the teacher or parent. Your report should be based only on your personal observation.

#### **7.0 REFERENCES/FURTHER READINGS**

Agusiobo, B.C. (2004) Early Childhood Education in Nigeria: The State of the Art and Future Projections. Being a paper presented at the 8<sup>th</sup> Annual Public Lecture of the Uduogie Ivowi Education Foundation, Held at NERDC, Conference Centre, Ikeja December. 2004.

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## **UNIT 3 CAUSES OF SPECIAL EDUCATION NEEDS IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Early Childhood in perspective
  - 3.2 Definition of Special Education
  - 3.3 Implications of Special Education Needs in Early Childhood
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

The essence of the content in this module is not to make a diagnostician or a physician out of caregivers and teachers that relates with children during the early childhood years. The underlying factor is to give an overview in the causative factors of special need. It is expected that part of the responsibilities of the teacher include prevention through continuous education of one's immediate environment. On the other hand, education is meant to enlighten and empower through additional information or issues.

From experience also, it is envisaged that present consumers of the content would have come in contact with causes related to issues discussed in this section. Although the given sub-heads are considered, it should be noted that virtually all the segments congenital, Peri-Postnatal causes, nutritional and health-related causes are related at one point of human development or the other.

Contemporarily, these causes are features observable on the pages of newspapers, on policy intervention strategies and even at the level of immediate community endeavour. What will be required ultimately is for individuals to relate the knowledge put forward in this unit into what we see around us regularly.

## **2.0 OBJECTIVES**

After studying this unit, you should be able to list five causes of special needs in early childhood.

- Differentiate the factors causing special education needs in early childhood
- Identify traits/behaviour associated with each of the factors discussed
- List issues resulting in special education needs in at least 4 Nigerian newspapers
- Prepare brief advice for expectant parent/community on how to prevent five often causes of special education needs in early childhood.

## **3.0 MAIN CONTENT**

### **3.1 Causes for Needs for Special Education**

#### **(a) Congenital Causes**

These are factors that lead to dissatisfaction of child before birth. In the process of conception, there is an interplay of endowment contributed by the father and the mother. The product of these two forces can usually determine the presence of one disability or the other in a child. This factor is sometimes referred to as hereditary.

Genetic blueprint has revealed that some needs can be traced to what is prevalent in the family tree. For instance, congenital hearing impairment could re-occur in either the immediate generation or following generation. This case goes for most cases of special needs with congenital origin.

#### **(b) Chromosomal Aberration**

This is a situation where there is an extra chromosome in the G group of chromosomes that are connected to chromosome 21. This can lead to Down's Syndrome, a common case of mental challenge. Clinical features associated with the syndrome are

- Short broad head
- Round, flat face
- Small flat nose
- Slanted eyes, with speckling of the iris common
- Small, angular, low-set ears

- Mouth usually held open
- Tongue fissured and usually protruding
- Short, broad neck
- Short (compared to other body features) feet, hands and fingers.
- Shorter than average at birth and at maturity
- Articulation often faulty
- Genitals underdeveloped in males, normal to overdeveloped in females.
- Muscle tone poor, especially at birth.
- Heart problems and unusual tendency to have respiratory infections.

Often, age of mother has very high correlate with incidence of Down's syndrome.

#### (c) Blood Incompatibility (Rh-Factor)

When the fetus has an Rh-positive blood type and the mother is Rh-negative a sensitization may occur between the mother and the unborn child. The Rh-negative mother forms an Antigen Rh-positive infant. When this occurs the red-blood cells of the fetus are destroyed.

Remedies for Rh problems includes: assure amount of Oxygen during and after labor, induction of early labor, injections of Rh hasten to prevent antibody formation, transfusions of blood to the newborn baby and fetal blood transfusions before birth.

Other causes which are congenital in origin include: Maternal Rubella (A case of measles in the first trimester of pregnancy)

- Effect of high fever during pregnancy, drug, sexually transmitted diseases (STD) Syphilis.
- Pregnancy induced hypertension e.g. Pre-eclampsia.
- Other physical assault to the mother during pregnancy, especially the first trimester.

#### (d) Peri-Postnatal Causes

These are factors emanating from the period of birth process or early months after birth. They include:

- Prolonged labour
- Abandonment of the newborn baby in the blood without care after delivery
- Jaundice at birth without any required treatment.

- Damage to the brain with the use of forceps (though this is becoming an obsolete practice) in most health facility even in developing nations.
- Cephalous – pelvic disproportion (mother’s pelvic is too small for the baby’s head – frequent in adolescents and circumcised women)
- Umbilical cord wrapped around neck
- Inadequate nutrition after birth e.g. absence of breast milk

(e) Nutritional Causes

The relevance of adequate diet during pregnancy and early childhood years cannot be overemphasized, because of the role it plays in building both cognitive, psycho-motor and general resistance against diseases. Lack of good nutritional food leads to problem in young children especially when there is metabolic disorders such as:

(i) Phenylketonuria: This is a genetic defect resulting in inability of the body to metabolise a sugar found in milk. It is characterized by approximately 90 percent of all children with PKU having blond hair, blue eyes and fair sensitive skin.

(ii) Lack of Iodine in the diet

This could result in marginal hearing deficiencies in children in early childhood.

Generally, nutritional inadequacies can lead to stunted growth or marasmus such victims may not be responsive to their environment or experience acute reduction in interaction. The case of Kwashiorkor is a serious condition with high death rate. It originates from the intake of a diet that is not deficient in calories but is relatively deficient in protein. The child’s feet and legs, and sometimes the hands, and face are swollen, and the hair turns reddish. It is generally characterized by anemia, growth failure and a break down in immunity.

### 3.4 General Health Related Causes

Health as defined by the World Health Organisation (WHO) is a complete state of physical, mental and psychological fitness and not necessarily only the absence of disease. The measurement of health related causes of disability in a child can therefore be traced to several factors underlying state of health. These may include.

- Health status of mother/child e.g. HIV Status
- Age of mother

- Low immunity against diseases e.g. measles, polio, Diphtheria and Peruses, BCG and other infections diseases.
- Prolonged labour
- Premature birth: resulting in complications in adaptive behaviour and development in early childhood
- Physical conglomeration
  - Cerebral Palsy
  - Cleft palate
  - Hydrocephaly
  - Microcephaly
  - Cretinism
- Serological dispositions resulting from maternal abandonment, rejection and discrimination. Others may include experiences of the child from interactions with significant others.

#### **4.0 CONCLUSION**

The causative factors show that the period of maternal health should be supported throughout a woman's life to ensure her wellbeing while pregnant and while nursing the baby. It also includes the ability to deliver safely and care for a healthy newborn

It is equally true that we might never get to a stage when all the causes of special needs in children can be surmounted, it is vital to equip community at large with required reorientation, education and acquisition of necessary skills to prevent what could lead to the problems in children within the community.

The role of this unit is essentially to sensitise awareness in the areas of causes and subsequently empower the learners as possible counselors as the case may be. There are issues we find in our contemporary society on daily basis with far reaching consequences on the child, on both short and long term basis.

#### **5.0 SUMMARY**

In this unit, you have learnt about factors which predispose a child to special needs. The factors dealt in details on:

- Hereditary
- Adventitious acquisition of special needs as a Peri and Postnatal occurrences
- Nutritional and metabolic issues were considered as prevalent in

the case of PKU, Iodine deficiency, Kwashiorkor, Marasmus and Cretinism

- General Health related factors dealt extensively on the health of the baby, mother and the environment of the child at birth
- Psychological factor which are essentially the preparation of the society to appropriately respond to the psychological requirements of a child without being abandoned.

## 6.0 TUTOR-MARKED ASSIGNMENT

Prepare a 3-page report of special Education related causes reported in five (5) Nigerian Newspapers. Cite page (s), issue, Name of Newspaper.

## 7.0 REFERENCES/FURTHER READINGS

Aina T.A, Etta, F.E. and Zeltlin, M.F. (Eds) (1992) *Childhood Development and Nutrition in Nigeria: A textbook for Education, Health and social Service Professionals* 1<sup>st</sup> Ed. Nigeria: FGN and UNICEF.

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## **UNIT 4    TYPES OF SPECIAL EDUCATIONAL NEEDS IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 An Overview
  - 3.2 Intellectual
  - 3.3 Speech, Language and Hearing
  - 3.4 Visual
  - 3.5 Behavioural and Emotional
  - 3.6 Physical and Health Related
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

The umbrella covering special education needs in early childhood is very broad. Gearheart (1980) treated the needs from four categories.

- i) Sensory impairments
  - Education of children and youth who are hearing impaired
  - Education of children and youth who are newly impaired.
- ii) Learning Disabilities and speech/language disorders
  - Education of children and youth with learning disabilities
  - Education of children and youth with speech and language disorders
- iii) Other handicapping conditions
  - Education and training of the mentally retarded
  - Education of children and youth who are emotionally disturbed
  - Education of children and youth who have physical or health impairment or multiple handicapped

- iv) The most overlooked exceptional students. This category includes the gifted, talented and creative.

Safford (1981) on his own adopted different perspective also results in four categories as stated below:

- i) Sensory and communication handicaps
- Speech and language disorders
  - Hearing impairments
  - Visual impairments
- ii) Mild and moderate educational handicaps
- Mental retardation
  - Specific learning disabilities
  - Emotional and behavioral disorders.
- iii) Physical disabilities and severe or multiple handicaps
- Physical and neurological handicaps
  - Severe or multiple handicap
- iv) Gifted and talented children.

Dunn (1978) examined the same needs from a broader perspective covering:

- i) Children with General Learning Disabilities.
- Moderate and severe
  - Mild
- ii) Children with major specific learning disabilities
- iii) Children with superior cognitive abilities
- iv) Children with Behavioral Disabilities
- v) Children with Oral Communication Disabilities
- vi) Children with Hearing Disabilities
- vii) Children with Visual disabilities
- viii) Children with major specific learning disabilities.

The presentations above are reflections of the times, thinking and how humane and right-friendly the categorization of special needs has gone overtime. Dunn, represents the earliest thinking while Safford represent a not too far classification. However, it is important to appreciate that

human dignity is gradually taking forefront in even categorizing persons with special needs. The derogatory clauses are giving way to more encouraging words. This line of thinking will be reflected in all units that will be studied in this course, especially in this unit.

## **2.0 OBJECTIVES**

The study of this unit should enable you:

- Identify the types of special education needs in early childhood
- Relate characteristics of special education needs with types
- Categories the types of special education needs
- State the reason for the inclusion of a type as special
- Relate the types to early childhood development and education

## **3.0 MAIN CONTENTS**

### **3.1 An Overview**

The approach adapted in classifying special needs into their types follows an attempt to look at needs from developmental perspectives only and not from the perspective of definite (impairment, disability) or social limitation as in a handicap. Development is common to all. Targeting development can be encouraging rather than creating daily awareness with reference to one's disability neglecting the abilities inherent or yet to be discovered. A perception of negativity if planted from early childhood has a way of limiting a child. The orientation is to see the limitation as "challenges" which both an individual/society would have to surmount.

They are no problems.

Disability – Refers to an objective condition, such as blindness, poliomyelitis or deafness.

This is an undeniable occurrence in a child but not a name.

Handicap - is the response of society to a disabling condition. The society is the entity which can be handicapped. To an individual if an enabling environment is created, such a person will perform.

Challenges - Refers to what has to be done to enable an individual with special needs meet his educational, social and expected responsibility of developing society.

The Challenged - It refers to those who exhibits one form of disability or another, no matter how temporal or lasting the challenges are.

These terms will feature prominently in this material. You will need a clear understanding so as not to be confused.

### **3.2 Intellectual**

The inclusion is based on the fact that the quality of intellectual capacity cannot be met without considering other factors, adjustment and training for teachers.

There are three sub-groups discussed here. They include:

i. The Gifted and Talented Child:

Who are they? The gifted child is very difficult to define, both in Nigeria and the developed country. Overtime, the developed countries have been able to collate factors prevalent in a child to categories his possible classification. They have considered intelligence, creativity and performance on task. In Nigeria, the effort has been more on educational setting. Since learning involves the production of novelty as well as remembering course content, the Nigerian child with very extraordinary performance relative to age, purity of examination process and general developmental records are selected.

On the overall, a gifted child will show some rapid development and create new things (inventions) above his age group.

Also, such children are vast in convergent thinking, defined essentially in terms of logical reasoning ability; the ability to learn the “correct answer”. Divergent thinking on the other hand, is thinking that may pursue many possible course and conceivable reach, any number of different answers. It is this capacity to generate many ideas (Fluency) of many kinds (flexibility) some of which may be highly uncommon (originality) that has been identified as the hall mark of creativity. A child should be followed up when these traits are observed during the early childhood years.

## ii General Intellectual Challenges

This term is used to cover children who in the past are called the “idiot” “mentally retarded” and with “moderate and severe learning disabilities”.

The case is such that due to case of general underdevelopment of the brain, which is the sole operator of human and animal adaptive behaviour, such children are not able to respond appropriately to learning from environment. They are the hydrophilic. Down’s syndrome and severe genetic assault during development stage in life – mostly at conception. The effect on learning is general: speech, psychomotor, perceptual, reading, writing and even general adaptive daily living skills.

## iii. Specific Learning Challenges

This is always with reference to disparity in general learning orientation in early childhood which cannot be traced to loss of sight, hearing, mental, brain damage or physical conglomeration. Specific learning challenges are likely to present in early childhood as confusion of laterality, inability to follow direction, loss of memory, delayed response to specific issues and sometimes poor use of hand/finger and poor perception.

At this stage, the expectation is that follow-up can be instituted to delve into the ‘content’ of the child. It is not meant to stigmatised or label. The idea of dyslexia is a common word used with children with specific learning challenges.

### **3.3 Speech, Language and Hearing**

The grouping is done to depict the relationship between what we hear, say and use as language (writing, reading and communication).

#### i) Speech Challenges:

Speech is defined as the ability to communicate through the use of spoken words.

Challenges are evident in:

- Articulatory disorders
- Challenges of phonation
- Fluency
- stuttering

- cluttering
- ii) Language Challenges
- Delayed language
  - Aphasia
  - Nonstandard English/Mother tongue interference
  - Learning disabilities (not always included)
- iii) Hearing Challenges

The term refers to a very general one that includes all degrees of hearing loss from very mild to profound. In addition to hearing loss, other factors are also considered. The outcome of all these considerations result in the types listed below.

- Conductive loss: Resulting from a reduction of conduction of sound into the inner sense organ. This type of loss relates to problem/challenges in the outer and middle ear.
- Sensori-neural losses. The inner ear is the basic source of problem/challenge.
- A deaf person is one whose hearing disability is so great that he or she cannot understand speech through use of the ear alone, with or without a hearing aid.
- A hard-of-hearing person is one whose hearing disability makes it difficult to hear but can with or without the use of hearing aid, understand speech.
- Prelingual deafness.
- Postlingual deafness (adventitious deafness). The essence is to consider the age before the loss. This will determine whether it is pre or post.

### 3.4 Visual

- i) Refractive Errors
- Myopia (short sightedness)
  - Hyperopia (far sightedness)
  - Astigmatism – unevenness in the curvature of the cornea, leading to blur vision
- ii) Lens abnormalities e.g. cataracts. This may be present during early childhood development, even though it is known to fully manifest in adults, children may have congenital cataract and be born with the situation.

- iii) Retinal effects: results in weak/disorganized sensation being transmitted to the brain and greatly reduced the ability of the brain to interpret.
- iv) Eye Muscle control problem.
- v) Damage to the optic nerve which carries sensation to the seeing part of the brain.

Any of the types mentioned above can result in total blindness in early childhood. It is important for teachers working with children in early childhood to be aware.

### **3.5 Behavioral and Emotional**

In this segment, rather than listing types, lists of generalized behaviour are listed to assist in appreciating the needs of behavioral and emotional challenges in early childhood.

- Avoids eye contact with others
- Avoids eye contact
- Behaviour that is irritable
- Chronically disobedient
- Covert or covert hostility
- Disorganized in routine tasks or spatial orientation
- Displays temper tantrums
- Disturbances of sleep or eating habit
- Emotional isolation
- Exaggerated or bizarre mannerisms
- Frequent and/persistent verbalization about suicide
- Frequent illnesses
- Frequent unexplained crying
- Frustration level is low
- Hyperactivity
- Inability to complete tasks
- Inappropriate verbalization and noises
- Inattentive
- Inconsistent in friendships
- Lethargic
- Out of touch with reality
- Physical withdrawal from touch
- Physically aggressive to others or property
- Rapid and severe changes of mood
- Refuses responsibility for actions
- Requires constant reassurance
- Repetitive behaviour

- Seeks attention
- Self-mutilating
- Severe reaction to change in schedule
- Sexual deviations
- Truant
- Unexplainable “accidents”
- Unexplained academic decline
- Unmotivated
- Unreasonable and/or unexplained fears
- Verbally aggressive
- Verbally disruptive

### **3.6 Physical and Health Related**

There are children with non-sensory physical disabilities or health related needs that require the use of modified or adapted settings, curriculum equipment to permit maximal social and educational development.

These include children with.

- Amputations
- Asthma
- Cerebral Palsy
- Epilepsy
- Diabetes
- Muscular dystrophy
- Poliomyelitis
- Spinal Bifida
- Left handedness (included due to cultural barrier observed among most people in Nigeria).

### **4.0 CONCLUSION**

The study content in this unit is overview of all the types of special needs that could be discovered. Efforts are geared towards putting the Nigerian perspective into the categorization and down loading the types. It is most delightful that the content is aimed at stimulating inquisitiveness in those that study it.

### **5.0 SUMMARY**

In this unit you learnt that

- Special education needs can be categories along the area of

development

- Limitations and disabilities are challenges awaiting to be overcome
- Developments focus on challenges of
  - Intelligence and adaptive behaviour
  - Visual
  - Speech Language and hearing
  - Emotion and Behavioral
  - Physical and health related issues.
- The factors highlighted are essentially to equip you as teachers and counselor to meet the challenges you come in contact in children with special needs in early childhood.

## **6.0 TUTOR MARKED ASSIGNMENT**

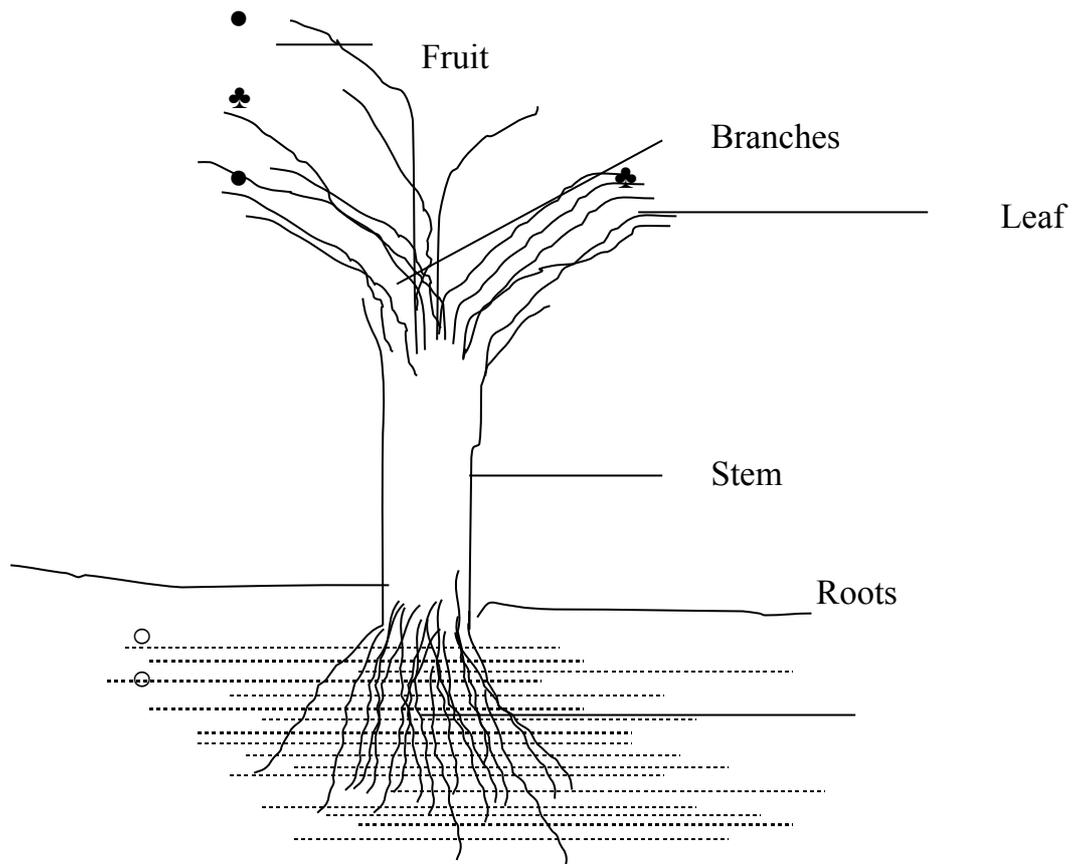
Select one type of Special Educational need in early Childhood, highlighting your perceived role in their development.

## **7.0 REFERENCES/FURTHER READINGS**

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Illustrations: **FUNDAMENTALS OF SPECIAL EDUCATION IN EARLY CHILDHOOD**

**KEYS:**

Roots: Causes

Tissues of the Root: Brain

Soil type and Nutrient: Health-Related Issues

Soil Nutrient and Fertilizer: Health Habit and Education

Branches of the tree: Types of Special Needs

Development:

Intellectual, Psycho-motor, Behavioral

Leaves and Fruits: Emotional, Hearing, Visual e.t.c.)

Early Childhood Years – Sun (A Permanent Influence)

## **MODULE 2      IDENTIFICATION OF SPECIAL EDUCATION NEEDS IN EARLY CHILDHOOD YEARS**

### **INTRODUCTION**

The trait, behaviour and characteristics which predispose a child to be classified as having special education needs are usually not hidden. Notwithstanding, only the tutored can adequately undertake the process with far-reaching precision. The content discussed in this module is not a criterion for certification as diagnostician or a physician, however, they are adequate enough to instill confidence in the users of this module to enable them take appropriate position as a regular contributor to issues of suspicion awaiting confirmation. Since the effort now is to ensure that children are not segregated but are served within the inclusion strategy, it is possible for teacher to operate in the continuum of identifying special education needs before the formal school system.

Essentially, the outcome is not to label but to put a child forward for necessary follow-up, alternatively institute some measure of immediate support that will assist in optimizing benefit and participation for the child.

This module therefore considers all modes of identification for special education needs in early childhood years. Efforts are made to discuss specific strategies and also global, that is equally relevant. There are five units covering the under-listed scope:

- Unit 1      Identification of Intellectual Abilities and the Talented in Early Childhood
- Unit 2      Identification of Speech, Language and Hearing in Early Childhood
- Unit 3      Identification of Visual Needs in Early Childhood
- Unit 4      Identification of Physical and Health-Related Needs in Early Childhood
- Unit 5      Identification of Behavioral and Emotional Needs in Early Childhood

## **UNIT 1 IDENTIFICATION OF INTELLECTUAL ABILITIES AND THE TALENTED IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Identification of Gifted Child
  - 3.2 Identification of Children with General Learning Challenges
  - 3.3 Identification of Specific Learning Challenges
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

The method adopted here is to portray all the four segments discussed from the domain of intellectual capacity and talent. Children classified as gifted, with general learning challenges and specific learning challenges are operating with a scope of the normal curve. The scope of talent is identifiable with some degree of reference to all children as the case maybe.

The major questions to be answered will include what are the traits to look for before concluding that a child has very exceptional outstanding performance among his age group? In view of normal functioning, how do we identify specific learning disabilities in early childhood? Also, what are we to look for as an index of talent in early childhood? These are the questions for which supportive answer will be provided in this unit.

### **2.0 OBJECTIVES**

After studying this unit, you should be able to

- State procedure used in identifying the gifted and talented child
- List types of gifts and talents
- Identify three (3) models used in identifying general hearing disabilities in early childhood
- Highlight procedure used in identifying specific hearing disabilities.

- List possible areas of specific learning challenges
- Give a summary of key factors involved in identifying specific learning challenges in early childhoods.

### **3.0 MAIN CONTENT**

#### **3.1 Identification of Gifted Child**

This is not a straight forward exercise usually because of certain factors that are required for consideration: The availability of stimulating environment for the child to express self; adult biases in the area of conformity and compliance and sometimes ethnic considerations.

##### **i) Procedure:**

- Teacher/caregiver/Parent nomination:  
Even though those mentioned are initial in identifying giftedness in early childhood, their nomination should only be regarded as a proposal to be further scrutinized. They are to look for such characteristics which may include a child who
- Learns rapidly and easily
- Uses a lot of common sense and practical knowledge
- Retains easily what was heard
- Knows about many things of which other children are unaware
- Uses a large number of words easily and accurately
- Alert, keenly observant, and responds quickly.
- Exceptional Group Achievement and intelligent tests.

Extensive use of intelligence tests is not prevalent in our society. However wide range of group achievement tests are gradually evolving. Within the scope of normative performance, children who are exceptional can be identified for further screening/development.

- Creativity and Aptitude tests.

The art of divergent thinking resulting in creating is a vital pursuit of giftedness. Children's outstanding performance in this area could call for attention.

##### **ii) Types of Giftedness.**

- Academic talent – learning of academic skills
- Special talent e.g. music, art, dramatic, creative, writing. These talents can begin to manifest early in life.
- Social abilities – children who show special gift in the sphere of

- social relationships,, adaptation or leadership
- Creative thinking – in the area mention above. It may also include those observed in play and conversation in early childhood.

### **3.2 Identification of Children with General Learning Challenges**

The benchmark for this category of children indication that due to incidence of congenital underdevelopment of the brain, consequences are therefore reflected in general learning abilities. The brain is the key controlling various developmental milestones and learning of all skills association with human development. The term “mental retardation” has been dropped for its unfriendly and derogatory disposition.

While most children with mild learning challenges have few obvious physical and psychological features, a large number of these in this group are identified at birth or during their pre-school years. E.g.

- p) Before Birth: Through amniocentesis which involves analysis of amniotic fluid taken from the uterus of the expectant mother
- q) Down’s Syndrome:
- r) Apgar’s Score: Very low with obvious physical accomplices.
  - Lacks coordination
  - Exhibits slowness in learning to sit, walk and talk.
- d) The use of standardized test conducted by clinical psychologists. The ranking determines the I.Q level.

### **3.3 Identification of Specific Learning Challenges**

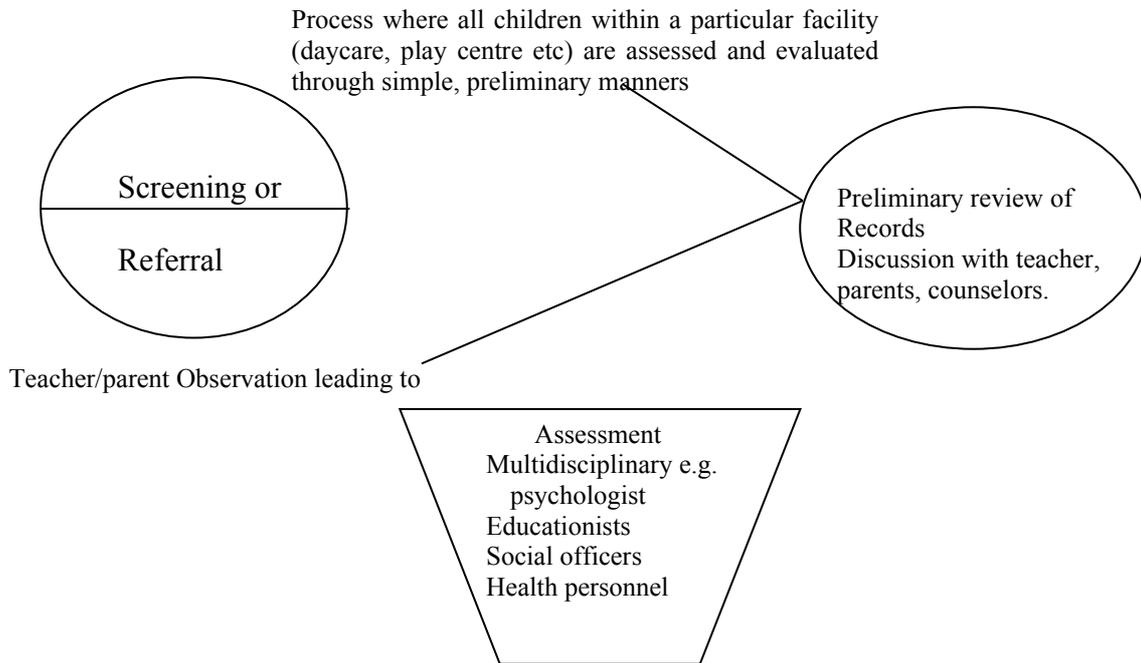
Fundamentally, identifying specific learning disabilities in early children is slightly out of clear consideration. The manifestation expected to be associated more with school subject or attempt at formal academic activity. However, such factors as hyperactivity, hyperactivity, in coordination, general motor difficulties preservation, inattention, over attention, visual perceptual difficulties, or auditory perceptual difficulties which might be noted in young children, but any one of these characteristics is not sufficient to identify a young child as specifically learning challenged. Identification depends on the existence of significant learning academic problems if the child does not achieve commensurate with his or her age and ability levels; a severe

discrepancy between achievement and intellectual ability in one or more of the following areas.

- Oral express
- Listening comprehension
- Written expression
- Basic reading skills
- Reading comprehension
- Mathematics calculations; or
- Mathematics reasoning.

1) Procedure for easily identification of specific learning challenges

- Child-centered approach: the child could express frustration and difficulties in seemingly simple tasks peer group are carrying out. These could teacher perception of laziness, lack of motivation, awkwardness in approaching tasks and even parents perception of lack of interest in school task by the child.
- Based on general observation/supervision by teacher/parent examine early childhood medical record, since most children with eventful pregnancy and delivery might experience one form of learning disability or another.
- This suspicion could then lead to further action in the under listed areas
  - Physical examination
  - Speech and language testing
  - Possible neurologic test e.g. EEG, including evaluation of
  - gait, posture, muscle tone and reflexes
  - Coordination (both gross and fine motor and balance
  - Handedness
  - Right-left orientation (laterality)
  - Figure drawing (assessing auditory comprehension, inter modal functioning, and fine motor control)
- Subject outcome of findings to interdisciplinary committee e.g. guidance counselor, psychologist, special education teacher and consultant designated. Most settings in Nigeria have pediatrician as part of the advisory team for children with learning disabilities.
- Summary of Procedure.



#### 4.0 CONCLUSION

In this unit you have been exposed to the various strategies and procedures used in the identification of giftedness and talent in early childhood. Strategies used in identifying general and specific learning challenges were also exposed. The issue of clarity of physical conglomeration of general learning challenges in children was established as against the suspicion and referral for further assessment in the case of specific learning challenges. Ultimately, the place of multidisciplinary approach was deemed appropriate. The place of teacher or users of this module is more in the area of providing relevant information on general observation in the functioning of the child across the board.

#### 5.0 SUMMARY

In this unit you have learnt

- What your roles are in the identification process of the gifted and the talented child
- That there are various types of talents
- About characteristics to look for when identifying a gifted and talented child
- That amniocentesis can be used to identify general learning

- challenges during pregnancy
- That Apgar's score can reveal a child with general learning challenge at birth.
  - That a child with specific learning challenges usually have discrepancy between their achievement and intellectual capacity
  - That the source of investigation for a child with specific learning challenge could be the child, parent, teacher and other records available on the child.
  - That with multidisciplinary personnel involvement you can get the early childhood identification of a child with specific learning challenges.

## **6.0 TUTOR-MARKED ASSIGNMENT**

Identify 15 new knowledge you are coming across for the first time on children with intellectual abilities and the talented. The account should not be less than two pages.

## **7.0 REFERENCES/FURTHER READINGS**

Adamson, WX and Adamson, K.K (1979) (Eds) *A Handbook for Specific Learning Disabilities*. New York: Garner Press. Inc.

Safford P.L (1978) *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.)

Shonibere, D.O. (2001) Understanding Dyslexia. TPQ Vol 3 Nos, 20 - 21

## UNIT 2 IDENTIFICATION OF SPEECH, LANGUAGE AND HEARING NEEDS IN EARLY CHILDHOOD

### CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Language Development in Early Childhood
  - 3.2 Identification of Hearing Needs in Early Childhood
  - 3.3 Identification of Speech Disorders in Early Childhood
  - 3.4 Identification of Language Disorders in Early Childhood
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### 1.0 INTRODUCTION

The relationship between hearing, speech and language is the basis for whatever learning needs that could arise from these three connections. Without hearing, speech will be extremely impaired. This is not however to say that it is impossible to use language without speech, however, the thought process is made comprehensive as speech proceed in development. Essentially therefore, to identify the needs, we have to create an adequate overlap that will give intense basis for comprehension and ultimately intervention. The illustration below presents a graphical connection for easy understanding.

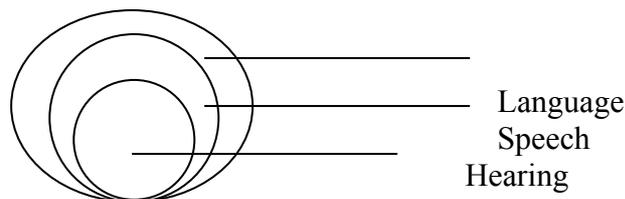


Illustration II: Interrelationship between Speech, Hearing and Language.

### 2.0 OBJECTIVES

After studying this unit you should be able to

- State the relationship between speech, language and hearing
- Identify stages of language development
- Identify children with speech, language and hearing needs in

early childhood

- Identify the content of speech, language and hearing needs in early childhood
- State the procedures for identifying speech, language and hearing needs in early childhood
- Evaluate the role of the various professional in the area of speech, language and hearing needs in early childhood.

### **3.0 MAIN CONTENT**

#### **3.1 Language Development in Early Childhood**

- i) Before Birth – It is assumed that the vibration experienced by the fetus is essentially an integral part of language. It is even expressed that the amount of noise experienced by the fetus is more profound than what is experienced after birth. To be congenitally deaf therefore predisposes a newborn not to be aware of sound as a feedback mechanism.
- ii) 1 – 3 Months – Undifferentiated crying, random localization and cooing.
- iii) 4 – 6 Months – Babbling – specific vocalizations in response to speech of others.
- iv) 7 – 11 Months – There are two progressions that are evident during this period. Lolling; movement of the tongue with vocalizations in a recognized approach. Echolalia; an automatic repetition of words and phrases.
- v) 12 months – First word – consists of mostly vowels.
- vi) Holophrastic Speech – One – word sentence to refer to concept, needs and reaction to situation.
- vii) Depending on how stimulating the environment is the child begin to proceed to:
  - Telegraphic speech at 24 months
  - Three words sentence words
- viii) 36 months – complete simple sentence words
- ix) 42 months – Expanded grammatical forms. Concepts experienced with words. Speech disfluency is typical
- x) 48 months – Excessive verbalization which reflects imaginary speech.
- xi) 52 – 60 months – word developed and complex syntax

## SELF ASSESSMENT EXERCISE

In group discussion language development after 5 – 6 years of children you have observed, identify parents on your own to be a part of your discussion group and other caregivers etc. Identify three components of language that can be developed after 6.

### 3.2 Identification of Hearing Needs in Early Childhood

i) Mode (How it is done)

it has been observed that from general observation virtually every level of hearing loss can escape identification before 9 months, because the activities that could lead to it are common to all e.g. crying, babbling, cooing, babbling and some form of lolling, only very close observation elicit appropriate suspicion. Specific model include:

- Neonatal screening: A critical examination using the Apgar's score which is a systematic evaluation of physical examination at birth, respiratory, muscular response and sensitivity
- Audiometric Assessment
- Deduction from behaviour e.g. such children may be described in early growth stage as unusually quiet, "stubborn",
  - Lacks affection – Turning or cocking of head
  - Difficulty in following instruction/direction
  - Withdrawn, reluctance to participate in oral activities – dependence on class mates/playmates for instruction – excessive focus of eyes on speakers mouth.
  - Withdrawn – speech defects – disparity between expected and achievement

### 3.3 Identification of Speech Disorders in Early Childhood.

The activities and those who could help to identify the speech disorders in early children include:

- Speech needs at this level from the perspective of age, emotional consequences and ability to communicate meaning intended by the producer.

Those involved: caregiver

- Parents

- Speech consultants (speech Therapist in Nigeria)
- Special Education Teacher
- Psychologist

Procedure for identification includes:

- Referral from general observation
- Complaints and suspicion of those involved
- There may be need for specific test depending on the basis of referral as stated below
- What to Look out for
- Articulation disorder omission, substitutions, distortion or addition in word utilisation/speech production.
- Disorders of voice
  - pitch
  - intensity
  - quality
  - flexibility (is it monotonic? Or have value in modulation and beauty to listen to)
- fluency – Stuttering – primary – A part of language development process Secondary – with concurrent behavioral symptoms.
  - cluttering

### **3.4 Identification of Language Disorders in Early Childhood**

The characteristics of some disorders are enough to be used to identify the particular disorders. The characteristics are:

- Delayed Language, that is the failure to develop language at the expected or normal time, and it may relate to the ability to understand or to speak the language of those in the immediate environment.
- Aphasia: This is impairment of already acquired ability to use language. This is as a result of damage to the dominant cerebral hemisphere, usually the left.
- Learning disabilities: It may also be considered as language disorder (challenges). The origin may be social in nature, expressed in mathematics or spatial disorder, but for the most part, learning disabilities may be considered as language disorders.

## **4.0 CONCLUSION**

In this unit, you have been exposed into the various personnel, procedure and interrelationship involved in the identification process of

language, speech and hearing specifically, features relevant to the early childhood period, even at conception were duly highlighted. For purpose of identification, the categories within the domain of speech and language were stated with landmarks in their identification.

## 5.0 SUMMARY

The areas covered in this unit include:

- Definition and relationship between speech, language and hearing
- Eleven clear indices that were highlighted in the process of language development, including the status of language development during conception.
- The procedure involved in the identification of hearing needs were explained to you
- Procedure adopted in the identification procedure used in speech and language needs in early childhood.
- Specific delineation of what to look for in the identification of speech and language needs was also presented.

## 6.0 TUTOR-MARKED ASSIGNMENTS

- i. What is Speech?
- ii. What is Language?
- iii. What is Communication?
- iv. List five (5) concepts of communication types you know?  
(Not less than 3 pages)

## 7.0 REFERENCES/FURTHER READINGS

Biehler, R.F. (1981) *Child Development* 2<sup>nd</sup> Edition Houghton Mifflin Company

Dunn, L.M (1973) *Exceptional Children in the Schools: Speech Education in Transition* New York: Holt, Rinehart and Winston Inc.

Shonibare, D.O (2000) Psychology of Deafness in Childhood and Adulthood TPQ. 2. (2) 13 - 14.

## **UNIT 3 IDENTIFICATION OF VISUAL NEEDS IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Screening Procedure
  - 3.2 Visual Behaviour
  - 3.3 Referrals
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

Identifying visual challenges in early childhood is relatively obvious, unlike specific learning challenges such as hearing, behavioral and emotional challenges. Babies at birth can easily be suspected as having visual ignorance of objects moving across their visual field. Societal attitude towards visually needs person varies from hostility and often sometimes elimination. Societal shift in perception due to adequate societal pressure and sometimes a proof of worthiness has resulted in the need for care. For a class room practitioner in early childhood, the effort will be geared toward compensating the child for what ever deficit resulting from loss of vision in early childhood.

### **2.0 OBJECTIVES**

After studying this unit, you should be able to:

- State procedure involved in the use of Snellen Chart
- List observable signs of the eyes predisposing a child to visual needs
- Identify visual behaviour displayed by a child with visual needs
- Refer a child to appropriate professional for further investigation.

### **3.0 MAIN CONTENT**

#### **3.1 Screening Procedure**

Snellen Chart: This is the most commonly used chart for measurement of distant, central field acuity. The testing distant is 20 feet (6 meters). In essence 20/40 means that the child read what a normal sight of the same letter would read at 40 feet, at a distance of 20 feet. Usually, early childhood classification could be considered problematic as listed below:

3 years old – failure to achieve a visual acuity of 20/40 or better.

4 – 6 years old – vision of 20/40 or less

7 – 9 years old – vision of 20/40 or less

10 years – vision of 20/30 or less

To establish this, there must be enough light and the size of letter must be adhered to. There is a standard chart used for the test called Snellen Chart. However, it is desirable that further investigation be conducted into the structure of the eye by an ophthalmologist.

#### **3.2 Visual Behaviour**

- Observable signs
  - Red eyelids
  - Crust on lids among the lashes
  - Recurring sties or swollen lids
  - Watery eyes or discharge
  - Reddened or watery eyes
  - Crossed eyes or eyes that do not appear to be straight
  - Pupils of uneven size
  - Eyes that move excessively
  - Drooping eyelids
  
- Visual Behaviour
  - Rubs eyes excessively
  - Shut or covers the eye, tilts head or thrusts head forward
  - Sensitive with reading or other work requiring close use of the eyes
  - Squinting, blinking, frowning, facial distortions, while reading or doing other close work.
  - Holds reading materials too close or too far or frequently

- changes the distance from near to far or far to near.
- Complains of pain or aches in the eyes, headaches, dizziness, or nausea following close eye work
  - Difficulty in seeing distant objects (preference for reading other academics tasks other than playground or gross motor activities)
  - Tendency to reverse letters, syllables or words
  - Tendency to confuse letter of similar shape (o and 0, c and e, l and n, f and t)

### **3.3 Referrals**

Suspicion should be further referred by the parents, caregiver, teacher and other personnel working with children in early childhood. It is important to note that there are cases for which early intervention in terms of medication, surgical operation and other corrective measures can result in proper functioning. The role of those coming in contact with children with this crucial period is to promptly refer.

### **4.0 CONCLUSION**

In this unit, you have been exposed to the identification of children with visual. Challenges in early childhood. It has been expressed that there is need for facilitators to be abreast with the general screening device and other observation that may be require. Ultimately, referrals for durable intervention are deemed appropriate.

### **5.0 SUMMARY**

You have studied in this unit:

- The use of Snellen Chart as an instrument used for visual screening.
- What to look out for as observable signs as prevalent in the external eye that can be seen
- A list of behaviours which can predispose a child to suspicion are also made.
- In addition to the activities, referral was highlighted as a further step in the identification of visual needs in early childhood.

### **6.0 TUTOR-MARKED ASSIGNMENT**

Select 2 children (ages 3 – 10) 2 male and female adult each (ages 30 50), interview them to determine their awareness of the care of their eyes. Identify what they know should not be done/ to be done for effective eye care

Use the content of your unit on identification of visual needs as a basis of judgment. You may produce a checklist from the factors.

## **7.0 REFERENCES/FURTHER READINGS**

Dunn, L.M. (1973) (Ed) *Exceptional Children in the Schools: Special Education in Transition* New York: Holt, Rinehart and Winston. Inc.

## **UNIT 4    TYPES AND IDENTIFICATION OF PHYSICAL AND HEALTH-RELATED NEEDS IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Delimitation of Children in the Category
  - 3.2 Identification/Characteristics
  - 3.3 Epilepsy (Convulsive Disorder)
  - 3.4 Epilepsy (Convulsive Disorder)
  - 3.5 Poliomyelitis
  - 3.6 Other Health-Related Needs and Characteristics
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

The vitality of one's health in early childhood and physical bearing are two factors determinate of readiness for all-round development. In as much as the different types of health situations and physical states are highlighted, the real issue at state thereafter is that, the caregiver or whoever is facilitating identify the strengths, potentials, limitations and other special needs of the child described in this segment/unit. The categories of children discussed here usually emanate from the medical personnel, however, since it is their right to be provided for educationally, the caregiver is subsequently expected to adequately respond to the needs of the child.

### **2.0 OBJECTIVES**

After studying this unit, you should be able to

- Differentiate between orthopedic needs and health-related needs
- List types of physical and health-related needs in early childhood
- Explain why left-handedness is categorized as physical need in our community.
- Identify different types of epilepsy and cerebral palsy and their characteristics.

### **3.0 MAIN CONTENT**

### 3.1 Delimitation of Children in the Category

Children with physical handicaps have been labeled with such terms as “crippled”, “orthopaedically handicapped”, “physically disabled” and “physically impaired”. Not all physical problems involve orthopedic impairments or limitations; however, the term “crippled” is clearly inadequate as a catch-all designation. The child who suffers from a chronic disease such as hemophilia or from allergy may not be impaired in mobility, general intellectual functioning, or communication. However, this child has special needs as well, many of which will be reflected in the context of the classroom.

These conditions represent very low incidence in the classroom compared with other needs as discussed earlier, specific learning challenges, hearing needs, intellectual and visual needs.

### 3.2 Identification/Characteristics

- Cerebral Palsy  
This is a non-progressive condition characterized primarily by inability to control muscle reflexes voluntarily. Cerebral Palsy implies damage to the brain as a result of prenatal or peri-natal causes, insufficient oxygen during birth.

Identification could be according to:

Types

- Spasticity: Involuntary contraction of affect muscles when they are suddenly stretched, resulting in tenseness and difficulty, inaccurate voluntary motion.
- Athetosis: Involuntary contraction of successive muscles resulting in marked incoordination and almost constant motion of the extremities.
- Ataxia: Uncoordinated movement, impaired balance and sense of orientation in space
- Rigidity: Widespread continuous muscle tension or “lead-pipe” stiffness
- Tremor: Rhythmic, involuntary, uncontrollable motions limited to certain groups.

Limbs Affected.

- Hemiplegia – involvement of one side of the body
- Paraplegia - involvement of legs but not arms.
- Diplegia - major leg involvement and minor arm involvement
- Triplegia – involvement of three limbs
- Quadriplegia – major involvement of all the four limbs
- Double Hemiplegia – more arm than leg involvement.

### **3.3 Epilepsy (Convulsive Disorder)**

This is a symptomatic condition, rather than a disease, that often coexists with a known neurological disability, such as cerebral palsy. It represents, underlying dysfunction of the central nervous system. This can be responded to in early childhood through the use of anti-convulsing medication which is essentially the prerogative of the physician.

There are three types identifiable

- Grand Mal: The individual loses consciousness, falls, and has general convulsive movements. Breathing may be very labored, the child may produce a gurgling sound or may shout, and saliva may escape from the lips. The seizure may last for several minutes. Afterwards the child may be confused or drowsy and will not recall what happened or what was said during seizure.
- Petit Mal: Short in duration, common in children. Can occur up to 100 times in a day. It is reminiscent of daydreaming after which the child continues with previous activity he/she was engaged in.
- Psychomotor seizure: This is very complex and affects every aspect of the child. Sometimes children are known to remove their clothing, aggressive and violent. After the seizure the person relax into deep sleep.

### **3.4 Poliomyelitis**

This is at one time the most common causes of physical needs among children. It is as a result of the polio virus attacking the brain, or spinal chord, leaving many people crippled, muscularly weak, or spastic. However, with the invention of the polio vaccine, near total eradication of the effect of the virus is envisaged in Nigeria by 2015.

### 3.5 Other Health-Related Needs and Characteristics

- Congenital amputation
- Asthma
- Sickle cell anemia
- Heart diseases
- Bowleg
- Knock-knee
- Club foot
- Spina bifida
- Hydrocephalus
- Left-handedness: this type has been included considering the extensive cultural outlook of the tribes in Nigeria. It is assumed that left-handedness is an insult during interaction. This increasing attention usually lead to confusion in the withdrawal, response and participation of a child that the handedness in not a choice by the child but of the composition of nature in terms of dominance and where the strength of the hand is placed in the brain.

### 4.0 CONCLUSION

In this study unit, extensive effort has been put into identifying physical types of needs, especially in early childhood years. The health related factors are also included as factors affecting learning in early childhood. The social factor in the perception of children who are left-handed was also discussed.

### 5.0 SUMMARY

In this study you learnt that:

- There are orthopedic needs that cannot be classified as health challenges
- There are different types of cerebral palsy
- That epilepsy can be seem from three perspective: grand mal, petit mal and psychomotor seizures.
- Poliomyelitis used to be a large percentage of source of physical needs but considerable reduced in schools now.
- There are other several health needs prevalent among children in early childhood.

## **6.0 TUTOR-MARKED ASSIGNMENT**

Select 2 most sickly children from a class in a Primary School. Give insight into how you feel it affect their learning/education. Photocopy continuous assessment form, term report sheet of the selected children for 2 terms

## **7.0 REFERENCES/FURTHER READINGS**

Dunn, L.M (1973) *Exceptional Children in the Schools: Speech Education in Transition* New York: Holt, Rinehart and Winston Inc.

Gearheart; B.R. (1980) *Special Education for the '80s* St Louis; the C.V. Mosby Company

Safford P.L (1978) *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.)

## **UNIT 5 IDENTIFICATION OF BEHAVIOUR AND EMOTIONAL NEEDS IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 What is a Problematic Behaviour/Emotion?
  - 3.2 Identification Model
  - 3.3 Observable Behaviour (What to look for)
  - 3.4 Behaviour Related to Identified Special Needs
  - 3.5 Caution
  - 3.6 Caution
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

One of the pleasures desirable in early childhood is the ability to grow up in a loving environment; required needs provided for and perceived risk promptly avoided by parents. However, with various instability experienced in society and a carryover of morbidity during conception, some children are found to have been assaulted, abandoned and so on, with lasting impression made on their psyche. Sometimes, adults are usually of the opinion that a child has no right (especially in the developing/African community) apart from what is dictated by adults. Invariably, these ‘overload’ of emotion inversely affect learning, lack of vision, motivation and assertiveness/rebellion in children. This unit will create substantial insight into what is consisted in behavioural and emotional needs in early childhood.

### **2.0 OBJECTIVES**

At the end of the unit, you should be able to

- Identify what is a behavioral, and emotional problem in early childhood.
- List behaviour classified as normal but harmful to development.
- State other categories of children with behavioral and emotional needs in early childhood
- Assess referral opportunities at your disposal and your caution.

### 3.0 MAIN CONTENT

#### 3.1 What is a Problematic Behaviour/Emotion?

Kirk (1972) sees problematic/emotion to be a deviation from age-appropriate behaviour which significantly interferes with

- i) the child's own growth and development and/or
- ii) the lives of others (p.389).

According to Reinert (1976): These children are pre- in- conflict (no more no less) with their environment. They may be having a relationship problem with their teacher or peer, or might be in conflict with themselves, or they may be victims of uncontrollable circumstances in their hands. (p.6)

Morse (1975) '..... a disturbed pupil is one who is persistently unable to cope with a reasonable school environment even though expectations are geared to his age and potential ...the specific patterns or manifestation of disturbance are many and range in depth ... (p. 556)

Typified as the problematic behaviours are

- lying
- disobedience (not following rule)
- stealing
- hitting other/self
- using nasty words
- truancy
- juvenile delinquent

To establish the behaviour as problematic, it is necessary that one should establish:

- severity
- chronicity
- context – when and where the targeted behaviour occurs.

The origin of these carry over behaviour can be found in

- abandonment
- orphanage
- war victims
- color prejudice
- street children

- harsh social condition
- child labour

### 3.2 Identification Model

- Teachers observation
- Parents observations
- Peer perception
- The child's perception of self.

### 3.3 Observable Behaviour (What to look for)

- Inability to establish and maintain satisfactory interpersonal relations with peers and adults.
- Fearfulness of injury to himself or a parent
- Physical aggressive play
- Abnormal persistence of age-inappropriate behaviors; remnants of what was normal at an earlier age e.g. crying, thumb sucking, toilet accidents, reversion to immature speech patterns.
- Unusual abnormal speech and language problem e.g. tuckering

### 3.4 Behaviour Related to Identified Special Needs

- Autism -

The discourse on Autism in the last 10 years in Nigeria represents the most single issue ever discussed, supported and provided for outside government initiative. The development in Nigeria represents a profound carryover of development in Europe and especially the United States of America. In addition, the stable political atmosphere and interaction between Nigeria and South African are factors responsible for this unprecedented level of awareness.

What is Autism? Though difficult to define, such children exhibit most of the under listed traits:

- Never learned to speak
- Exhibits a decided taste for order
- Pulls people towards object, that he wanted to use
- Would not play with toys in any constructive way
- Reverts to his pervious behaviour in a different location.
- Exhibits a profound lack of affective (emotional) contact with other people
- Intense insistence for sameness in their routine
- Muteness or abnormality of speech
- High-levels of vision – spatial skills or rote measury but major learning difficulties in other areas

- An attractive, alert intelligent appearance.

Other issues that may not be conclusively established are the tendencies for them to be from above average socio-economic status. The last point seems to be responsible for the accelerated service delivery they have enjoyed in Nigeria.

They are a new dimension of an enigma to which early childhood years will still reveal greater insight both abroad and in Nigeria.

- Hearing challenged children can also express some profound emotional outburst where they are denied sign language early in childhood.
- Children abused are also known to express profound behavioral and emotional needs even from early childhood.

### **3.5 Caution**

It is expected that all the care givers will bear in mind the importance of separating the children's development away from being labeled as discussed above. These are considered from:

- general difficulty in separating from parents
- extreme withdrawal – respect his choice at a time
- extreme aggression – be able to explain it in the context of interaction with other children. Settle the perceived injustice as the case may be.
- resorting to infantile patterns of behaviour e.g. thumb sucking, crying, clinging and unnecessary seeking the teachers attention – support and reward age appropriate behaviour and fade out other undesirable tendencies.

### **3.6 Referral**

Under a situation the teacher is inadequate in dealing with issues at hand the team approach (use of psychologists, counselors and what ever institutional provision) should be looked into. Refer the child with appropriate unbiased recording of previous observations.

## **4.0 CONCLUSION**

In this unit, a detailed presentation has been made to explore the types of emotional and behavioral needs in early childhood. You also learnt to what extent behaviour can be term as a problem. Both external and child-based factors used in identification were equally highlighted. It is

important to note that referral and caution should be a watchword in the discourse of emotional and behavioral needs in early childhood.

## 5.0 SUMMARY

In this unit, you learnt that:

- Child abuse can result in emotional and behavioral challenge
- Expression can be demonstrated through aggression, crying, acting out, withdrawal and general disobedience
- The key players involved at the caregiver, parent, teacher, peer group and even the child himself.
- Autism is considered as a behavioral and emotional issue which requires further development, but presently receiving attention for given reasons.
- Respect for the child's choice of behaviour and referral are another point of response to the issue under discussion.

## 6.0 TUTOR –MARKED ASSIGNMENT

Identify the most famous boy/girl in a school you are familiar with or from a setting you are familiar with, and do the same with the most “notorious” boy/girl from the same setting.

Write ten points you observe from each of the two children (not more than 2 pages). State address, age, sex, weight, height, the political zones of the parents, brief socio-economic background of the children selected

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## **MODULE 3      MEETING INTELLECTUAL AND SENSORY CHALLENGES IN EARLY CHILDHOOD**

### **INTRODUCTIONS**

The formation of a newborn in the womb and ultimately the society at large is through the senses. In a situation where a measure of limitation is imposed due to circumstances of birth or whatever, the challenges posed need to be adequately confronted. The same measure of strategy has to be put in place to meet other intellectual challenges since they partly determine the quality of integration, relevance and contribution of the newborn in the community.

The place of a service provider, or a teacher “therefore to identify as discussed in the previous module and in this module use the information to meet the educational and social challenges emanating from the circumstance.

The challenges that will be met in this module include the under-listed areas:

- Unit 1      Meeting Special Educational Needs of Gifted and Talented Children in Early Childhood
- Unit 2      Meeting Special Educational Needs of Children with General Mental Challenges
- Unit 3      Meeting Special Educational Needs of Children with Specific Learning Challenges in Early Childhood
- Unit 4      Meeting Hearing Challenges in Early Childhood
- Unit 5      Meeting Special Educational Needs of Children with Visual Challenges in Early Childhood

## **UNIT 1 MEETING SPECIAL EDUCATIONAL NEEDS OF GIFTED AND TALENTED CHILDREN IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Congenital Causes of the Gifted and Talented
  - 3.2 Provision of Administrative Setting
  - 3.3 Supporting Enrichment
  - 3.4 Caring for the Abandoned Gifted and Talented with Disability
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

The two factors that brought the gifted and the talented together are hinged in the superior cognitive abilities and general creativity. The extent to which these children can influence the direction of development and accelerate the world of man are evident in the event leading to Sputnik in Russia and also the first incursion into space by the United States of America which resulted from appropriately utilizing the gifted in their community.

Therefore, to initiate appropriate step, the awareness of caregivers and teachers of both the challenges and, how to meet their required adequate exposition highlighted and institutions. In some cases, some of the milestones depicting these children tend to be at variance with the person of the adult working with them. They are termed destructive, arrogant and disobedient whereas there is more to the expression beyond these traits.

Some issues discussed are institutionally based (administrative). Teacher-based, policy-based and in addition general school practices as the case may be. In Nigeria, the Suleja Academy is named at developing the gifted and the talented. The extent to which this has been achieved is a matter of evaluation interest.

## 2.0 OBJECTIVES

After Studying this unit, you should be able to:

- Advance reason for the inclusion of the gifted and talented in special education programme
- State the philosophy involved in meeting special education needs of the gifted and talented.
- Identify strategies for enrichment
- List the abandoned children who are talented and gifted
- Develop a programme for Nigeria in this area
- Identify your target for the education of the gifted and the talented.

## 3.0 MAIN CONTENT

### 3.1 Congenital Causes of the Gifted and Talented

- **Early School Admission:** The practice in Nigeria is such that no concrete programme is put in place for the gifted and the talented in early childhood. This is not to justify the absence of these traits in early childhood years. Terman (1954) has given enough support establishing that they exist in early childhood.
- **Identification Procedure:** This resides mostly in the caregiver/teacher and others working with the child. What is important mainly is that the teacher must possess a quality geared towards encouraging diversity of expression among children.
- **Curriculum Enrichment:** In the course of curriculum review, Nigerian Educational Research and Development Council (NERDC'S), several innovation measures are finding their way into the curriculum. These are in the aspect of content, alternatives and even delivery strategies. Often, projects are becoming the focus of the curriculum.
- **General Screening Procedure:** It is important to put in place adequate method to which children can participate so as to hunt for the understanding ones which can be followed up. This should be within the range of ages 2 and 5.

### **3.2 Provision of Administrative Setting**

- Flexible Administrative network
  - Acceleration
  - Special class system
  - Enrichment
- Tutorials
- Project focus (problem solving into contemporary issues)
- Specific teacher training for exceptional, personality-based selected teachers.
- Rigorous effort for the identification of individual interest of children identified by the teacher.

### **3.3 Supporting Enrichment**

There are several means by which the child's learning can be enhanced through enrichment.

- Encouraging discovery learning
- Encouraging child-to-child interaction
- Encouraging conceptual learning
- Divergent thinking
- Student-based curriculum design
- Enrichment of teachers specially selected to work with the gifted and the talented
- Excursion and target visit to institutions of national and engineering interest
- Research and development on longitudinal basis will go a long way to establish the gains and pattern used in meeting challenges in early childhood.

#### **SELF ASSESSMENT EXERCISE**

Produce a plan from newspaper cuttings on how to enrich a 5 year old using the methods discoursed above.

### **3.4 Caring for the Abandoned Gifted and Talented with Disability**

It is important to know that giftedness and talent are no respecters of persons, sex, and disability. The other group that would be neglected are

- The economically disadvantaged children, especially in early childhood when they have to battle against ill-health, violence and other social and environmental limitations.
- Culturally deprived: Those covered in this setting are those children who for one reason or the other are living within a foreign culture, require language orientation or prejudice as the case may be.

For all these, a definite approach appropriate for their state should be put in place

#### **4.0 CONCLUSION**

In this unit, you have gone through the features which predispose a child with giftedness and talent to special educational needs. Even though a definite interaction was not identified in early childhood years, certain landmarks were scratched for further exploration. In an effort to duly respond to the needs of children at this level, it was revealed that it is responsive administrative curriculum and policy initiative that will be most desirous for them.

#### **5.0 SUMMARY**

In this unit you have learnt that:

- There are specific strategies that can be adopted in meeting the educational needs of the gifted and the talented.
- These strategies are geared toward individual exploration of the environment, completion of projects and enriching the curriculum for the gifted.
- Teachers working with the gifted and talented will require continuous selection and special training so as to make them stimulants and not killers of interest.
- Giftedness and talents can also be found among those who are disability disadvantaged and culturally deprived
- Process of research and development in this area especially at the early childhood level should be further encouraged.
- There are indications that the NERDC is gradually responding to curriculum review capable of encouraging creativity and diversity in early childhood.

## 6.0 TUTOR-MARKED ASSIGNMENT

Trace the history of the education of the gifted and the Talented across Russian and America in the middle of the 20<sup>th</sup> Century. What advice can you give Nigeria in this area?

Or

Draw 7 step strategic plans for Nigeria to achieve same fit.

## 7.0 REFERENCES/FURTHER READINGS

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## **UNIT 2 MEETING SPECIAL EDUCATION NEEDS OF CHILDREN WITH GENERAL LEARNING CHALLENGES**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Case Study 1
    - 3.1.1 Case Study 2
  - 3.2 Methodology
  - 3.3 Curricular Content
  - 3.4 Parent/Teacher Orientation
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

The background to the unit is an appreciation of the far reaching influence of human right and right to develop no matter the state of the mind, physique and brain. Before this dignifying status accorded this category, “early victims” has been dehumanized and tagged as “idiots” “imbecile”, “mentally retarded” etc. over time however; proper human value has been added to the persons resulting in dealing with issues and not person. The quality of perception unfortunately is yet to gain adequate and appreciable hold on developing communities, Nigerians and her professionals including the educationist.

Ability varies, so are the individual obstacles required before full attainment. In this case, the source of challenge is essentially the brain (regarded as the control room) thus resulting in general inability to adapt to daily behavioral and learning requirement.

In spite of the picture of the brain, it has a right to be developed. This is the justification for adequate exposure of teachers, caregivers and everyone that will be able to appreciate, acquire and apply the principles governing the education of this category of children. If the morsel cannot be consumed as a whole, why not break it down into smaller unit until the whole has been consumed. If serious academic approach will prove futile, why not novel, simple and play away method that are participatory in nature. This is the cry of the mother with the children under focus.

## **2.0 OBJECTIVES**

At the end of this unit you should be able to:

- State the features of a child with general learning challenges;
- Identify the need of the child;
- Develop appropriate individualized programme for the child under consideration;
- Counsel parents of children with general challenges;
- Select material appropriate for early childhood needs of a child with general learning needs;
- State how best to encourage parents and teachers working with children with general learning challenges in early childhood.

## **3.0 MAIN CONTENT**

### **3.1 Case Study 1**

Ode, is the first child out of four children in the family. The mother had a very prolonged battle with malaria and threatened abortion all through second month of conception till the fifth month. The eventual period subsided subsequently. Delivery was normal without any inducement, crawling, sitting, neck support, smile, general response to motor stimulation did not show any sign of awareness until after 4 years. Speech and language awareness was virtually nonexistence. The sucking reflex was also delayed considerably. Toilet training was out rightly unlearned. Ode was moved from one daycare home to another until eventually a residential centre admitted her. With the activities of the physiotherapist, dietician and the pediatrician, at six, ode started responding to all the lags. Essentially, she was acting like a one and half year old girl.

#### **3.1.1 Case Study 2**

This case study represents an extreme of a general learning challenged child. In other cases, moderate extent in the delay can be observed. This is the case under consideration in this unit.

### **3.2 Methodology**

- **Individualized Instruction**

This is a product of detailed analysis of the child functioning across the board: psychomotor, task completion daily help skills,

grasp, language etc. Based on this comprehensive analysis, each milestone is pegged. What has the child been able to do – at what state of the full skill is he operating, what would it take to take the child to the full stretch of the task. The case with a child may not be the same with another child.

- **Systematic Programming**

This implies that the child is allowed the opportunity to use dilative materials, imitation, respond to music, cross and motor skills, colors. The activities are repeated several times which corresponding reinforcement.

- **Instant Reinforcement**

For children with general learning challenges, the need for frequent reinforcement following every unit of task cannot be over emphasized because this is the basis for sustainability of task as the case may be.

### **3.3 Curricular Content**

For this purpose and for general orientation, the following are the list of virtually everyday activity adaptable;

- **Content**

- i) Language development: Oral communication, including listening to the teacher, following directions; building vocabulary. By giving ones name and address, talk in sentences, speaking clearly and describing pictures, story telling, copying, tracing, labeling etc.
- ii) Motor development: Gross and fine motor skills, physical education and manipulative activities, self awareness
- iii) Cognitive development: Memory training, following directions and solving puzzle problems.
- iv) Sensory training
- v) Music
- vi) Health and safety
- vii) Social studies – home and community
- viii) Arithmetic concepts
- ix) Self help – feeding, dressing and undressing, toileting, hair combing, caring for belongings.
- x) Socialization: taking turns, greeting, obeying rules, sharing, etiquette and playing.
- xi) Art and craft – coloring, painting, paper work, collage etc.

- xii) Dramatization – songs with gestures, playing house, pastomising actions, and acting out simple story.
- xiii) Practical arts – washing, and drying dishes, setting and cleaning the table, serving, making beds, room cleaning, yard care, errand running and other household tasks.

- **Assessment**

Meaningful and comprehensive assessment is the key to individualized prescriptive teaching; it must be based on systematic diagnosis of individual strengths and needs.

- **Delivery**

Note the following ingredients:

- test analysis
- learning must be familiar and meaningful
- multi sensory approach
- overhearing of task must be guaranteed
- always gain attention and establish eye contact
- criterion referenced rather than norm-reference

### **3.4 Parent/Teacher Orientation**

The teacher should be aware that the issue is that of what is always termed “watered down content”. Even at that, the issue should be appreciated in terms of more time being required by the child.

As a result of the frustration experienced by mothers, they are often put together for appropriate skill transfer and counsel from other parents with familiar experiences.

Essentially, regular and systematic communication will be required to assist parents in going all the way to avoid abandonment. This is a very regular experience especially from parents of children with very severe challenges.

## **4.0 CONCLUSION**

This unit has created adequately an overview of the challenges associated with general learning needs which are of both moderate and severe level. There is no doubt that the case study has provided deep insight into both the intense emotion and disappointment associated with general hearing challenges. Further the supportive system as reflected

in assessment, curriculum content and its delivery and networking among parents are examined in this unit.

## **5.0 SUMMARY**

In this unit you have learnt that:

- The features of a child with general hearing needs affects the key area of developmental milestones
- Only a comprehensive diagnosis can lead to effective individualized programmes.
- Achievement can only be guaranteed through prompt reinforcement
- There are several components of the curricular which is aimed strictly to allow for self-help and high degree of independence.

## **6.0 TUTOR-MARKED ASSIGNMENT**

Identify 6 daily living skills relevant to a child with moderate general mental challenges.

## **7.0 REFERENCES/FURTHER READINGS**

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## **UNIT 3 MEETING SPECIAL EDUCATIONAL NEEDS OF CHILDREN WITH SPECIFIC LEARNING CHALLENGES IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Case Study 1
    - 3.1.1 Case Study 2 A Retarded Teenager with Down's Syndrome
  - 3.2 Individualized Diagnosis
  - 3.3 Provision of Planned Motor Activity
  - 3.4 Use of Inter sensory Approach
  - 3.5 Environmental Controlled Approach
  - 3.6 Behavioral Modification Approach
  - 3.7 Resource Room
  - 3.8 Teacher-Parent Teamwork
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

You would recall that at the level of identification of children with specific learning challenges it was explained that very often the trait is more revealing at the school subject level. Nevertheless, attempt was made to highlight factors predisposing a child to learning disabilities. At this level of meeting the challenges posed from the earlier discussed behaviour, the focus will go beyond just the years before age seven to extend to years through the elementary/primary or years 1 – 6 in the school system.

It is important however to mention here that this area of specific learning disabilities has impinged on virtually every aspect of special educational needs more than any singular category. The reason is not far fetched. Every ability is identified in it. To one, it may be perceptual; others may be language related, reading, writing, number operation and so on. In addition it has affected even practices in the regular school system in an effort to respond to the learning needs of every child in the school system. Also, worthy of note is the fact that specific learning needs/challenges can be addressed and solved once and for all.

## 2.0 OBJECTIVES

After studying this unit, you should be able to

- Identify the specific learning needs of a child in early childhood
- Develop an appropriate checklist for diagnosis
- Institute broad based approaches to working with children in this category
- Relate with parents, other professionals and institution putting in place programme of intervention.
- Identify the diversity of challenges across various scope of care in early childhood.

## 3.0 MAIN CONTENT

### 3.1 Case Study 1

Boy Oman is the first son in a family of four. The senior sister has just completed her senior secondary school certificate examination. Their father, a marine engineer, and mother, a public servant. The senior sister is very brilliant, has never repeated a class before. The junior sister and the other boy also had no problem with their education. This was not the same with Boy Oman.

Boy Oman was observed to be very destructive at home, damaging every electrical socket in the house. He could repair all the radio and electrical system at home; boiling ring, iron etc.

He was also outstanding in number operations, handset operations and repairs at 8. However, he has had to repeat two classes at the primary level before finally promoted to the sixth year. His handwriting was poor, he jumbles alphabets, misses out some and avoid reading of any sort but very accurate with tune of adverts on television.

On admission to a private secondary school, he was asked to repeat junior school year one because his notes were not perfect, he copies note last among mates but was very outstanding in mathematics, agricultural science, introductory technology. One of the conditions laid down by the school, which was not willing to take responsibilities for additional support, was for a psychologist to assist him in school and empower the school on how to deal with is case. They acknowledged he was a talented boy but could not cope with school learning.

An assessment was conducted and it was discovered that Boy Oman has problem with conglomeration of alphabets and how to make meaning out of their collection. In the process of working with him, number

operations became a means of reinforcement while doing other letter based assignments. He ended up studying physics, mathematics, chemistry, technical Drawing at the senior Secondary School level. In the course of interview with parents, it was observed that he had no recorded event at birth or during conception. His birth was brisk but was delayed in his blood after delivery.

### **3.1.1 Case Study 2**

#### **A Retarded Teenager with Down's Syndrome**

Sarah, now 16 years old was born when her mother was 45, she has two bright older sisters, both married, in their thirties with able children. No other cases of Down's Syndrome are known to exist in the extended family. Both of her parents are college graduates, the father being a successful executive who has been the president of the local parents' association for retarded children. For the past 10 years, they have devoted their lives to their retarded daughter, moving from an exclusive community to a lower-middle class, interracial one near a day care and sheltered workshop center which Sarah now attends. But they find Sarah is still not very well accepted. For this reason, they have dropped most of their outside activities.

Sarah has developed intellectually at about one third the normal rate, so she is estimated now to be like a five-year-old cognitively. Her highest skills are in caring for herself. She is well groomed, well dressed, large tongue, but those who know her well can usually understand what she wants. She has essentially no academic skills even after years in a special school and can do very few household chores adequately. After much training at the center, she has been taught to sweep the floor fairly well. At home she does no work. Sarah is somewhat stubborn, she forms strong likes and dislikes toward her peers and the staff, but is generally quite affectionate and cheerful. She loves her father, but expects her mother to care for her constantly. She is rather overweight and is neither good at physical exercise nor does she like it.

Her parents are now both in their sixties, with the father soon to retire. They are deeply worried about what will happen to Sarah when they are too old to care for her. The sisters will not take on the job. Furthermore, they feel that Sarah should have been institutionalized years ago and that the parents' estate should be divided between them to enable their very able offspring to have greater educational opportunities. If the parents honour the sisters' wishes, they are fearful their Sarah will end up in the large state residential facility unless a small public, special-purpose boarding house is established where the emphasis would be on recreation and continuous care.

## **SELF ASSESSMENT EXERCISE**

List 10 clear benefits you derived from the case of Boy Oman.

### **3.2 Individualized Diagnosis**

- The goal is to identify the child's area of needs e.g. reading, number operation, word attack, blending, sound perception, or writing;
- Determine the child's strength and weaknesses. This will assist you when planning how to meet the challenges you have identified;
- The subsequent discussion are aimed at both underlining the determination of area of specific learning needs as well as using them to meet the needs of the child.

### **3.3 Provision of Planned Motor Activity**

If you still recall the early childhood indication for this group of children, you will appreciate the place of psycho-motor activities. The therapist goal is to

- Stir up participation and pleasure
- Jointly establish goals the child can work at
- Obtain feedback from the various activities put in place. This could be through facial expression.
- Build the ego of the child
- Create
- Build positive self concept.

Motor generalization is assumed to possess the ability to predict success in subsequent learning. E.g.

- Balance and maintenance of posture
- Locomotion
- Contact (including grasping and releasing)
- Receipt and propulsion

Each of these areas can be translated into a wide variety of activities in early childhood. A variety of games that involve initiative movement, including alternately paced walking, running, hopping, skipping, pimping in place can be introduced. Balance beam and balance boards can be used. Translation of visual cues to motor acts, or inhibiting motor acts. Use of tricycles, balls of all kinds' sizes, including the use of both hands (bilateral) and, one hand (unilateral).

For this purpose, the use of professionals in physical education is desirable.

### **3.4 Use of Inter Sensory Approach**

It has been established that there is a relationship between visual perception and reading. A child who perceives images inaccurately or in distorted fashion, or who has difficulty in distinguishing figure, frame background; would presumably be handicapped in learning to read. The use of perspective drawing, dissemination of object in the midst of several other distracter, spot the difference in two picture frame with various degree of alterations as it used to be in newspaper cartoons.

In the overall, the activities should involve eye-hand coordination; eye-tracking exercises, hand-control exercises and shape tracking exercises.

### **3.5 Environmental Control Approach**

The learning environment can enhance increase in retention or otherwise. However, this trait is common to children at different level. Some are overtly responsive to stimulation in their environment. This may be demonstrated in

- The actual size of the classroom itself. There may be need for use of cubicle
- Learning centers should be well defined
- Visual displays should be simple and sharply focused, emphasizing plan use of color and dimension to highlight the central feature
- Specifically designed environment based on child characteristics as discovered during assessment
- Decongest area of unused materials
- Control the classroom as much as possible to allow for optimal learning

### **3.6 Behavioral Modification Approach**

This is concerned with the programming of situation and contingencies to alter an individual's response to environmental stimuli.

- Steps -
- Define a targeted behaviour
  - create a baseline (measure occurrence before therapy)
  - treat the undesirable behaviour
  - obtain "how far" the behaviour has changed
  - reinstate further treatment.

These are various undertaken which accompany those simple steps mentioned. They are:

- Extinction
- Reinforcement
- Token Economies
- Punishment (withdrawal of + Reinforcement)
- Overcorrection.
  - Behaviour Modification at home
  - See parents as change agent and train them on what to do to facilitate positive behaviour.
  - This is because it makes little sense if the parents are indulging what was being punished at the setting of school as the case may be.

Sometimes, the feeling is that such programmes should be home based.

### **3.7 Resource Room**

Often, there are skills identified missing in the child that will require one-on-one. This is usually done in a Resource Room. The schedule should be well drawn in a way that the child will not be withdrawn from beneficial activities among his peers. Also, there is a point in time when the withdrawal of the child becomes necessary. There is need for a specialist teacher to work with both the child and other teachers working with the child in the classroom. Actually they must meet regularly to redefine goals and achievement.

### **3.8 Teacher-Parent Teamwork**

The use of behavioral-therapy, resource room utilization and possibly home tutoring demands that continuous communication goes on between the teacher and parents.

## **4.0 CONCLUSION**

Even though the essential focus is specific learning challenges, the truth is that the specific areas discussed can be found in all the challenges: visual, hearing, intellectual, speech and language, physical and emotional needs and even parent-teacher communication.

It is expected that appropriate platform should be found in assisting even children whose specific learning needs are so transient that they can go on with their learning without any stigmatization.

## 5.0 SUMMARY

In this unit, we have reviewed strategies used in meeting specific learning disabilities in early childhood and to some extent beyond the age of 10. The case study indicates that a child so described could be hidden without appropriate identification. To approach the need, we require:

- In-depth isolation of the specific need
- Institute a plan. A plan for the child could involve
  - motor acuity,
  - inter sensory approach
  - control of the intercessory environment
  - modification of behaviour across the institutional programme and domestic setting;
  - the use of resource room adequately schedule for optimal benefit and inclusion and
  - finally there must be
- an effective communication
- conveyance of genuine understanding of the child's need
- soliciting of parental support in the day-to-day running of the programme and fulfillment of obligation.

## 6.0 TUTOR-MARKED ASSIGNMENT

Identify a specific learning needs and develop an intervention applying at least 5 dimensions outline the setting, highlighted in the unit.

## 7.0 REFERENCES/FURTHER READINGS

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## **UNIT 4 MEETING HEARING CHALLENGES IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Psychology of the Hearing Challenged
  - 3.2 Pre-School Intervention
  - 3.3 Association Method
  - 3.4 Total Communication
  - 3.5 Sign Language Typified
  - 3.6 Service Delivery Setting
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

The all embracing status of hearing in both special and language development sometimes confuses among decision to choose preference for visual challenges of whatever degree, or hearing impairment if they are a gift, or an endowment given without any inhibition.

The drawing board on which hearing challenges are placed is a continuum. So also are the other criteria used in classifying these challenges. Some are either pre-lingually/challenged; adventitiously or congenitally or post lingually.

Challenged; sensory neural deafness or conductive. Sometimes, the word 'deaf' is technically used as against hard – of – hearing.

Meeting the needs posed by these challenges in early childhood is not a mean exercise. Recently, a new dimension has been introduced as a result of electronic implant, with the intention of eliminating the challenges. For a school or non-surgical options, a broad overview will be provided in the presentation. These are in relation to early childhood and some spilling over years beyond these formative years.

## **2.0 OBJECTIVES**

At the end of this unit, you should be able to

- Renew the behaviour of a hearing challenged child in early childhood
- State activities of intervention in early childhood
- Describe the association method
- Identify the component of total common action
- Classify setting within which hearing challenges can be met.

## **3.0 MAIN CONTENT**

### **3.1 Psychology of the Hearing Challenged**

Hearing predisposes one to large volume of information in the environment. It sometimes reveals to one how much love is available in the environment or the amount of danger that can be perceived. It transfers an age-long secret in the mind of others in a very short moment. The ear can translate the events on the street where the eyes can not see as joyous or as a warning. Through hearing, the voice of the mother can be determined as a comforting shield when there is heat. It can build confidence of someone's being around even when one is alone. However, it is a different thing when a baby has to develop without hearing from the womb or from very early childhood. The level of security, trust, language acquisition would have to change from the natural sequence. Actions will be seen without being able to quantify the rationale behind it. More so, speech which is basically an auditorially acquired skill would have to become artificial. Looking into people's mouth to make meaning and interpretation of people's gesture becomes one's major means of communication. Sometimes, when there is a measure of residual hearing, the lack of clarity in the information flow would have been better shot out. The whole case is worst when the need is not appropriately perceived, identified by parents or guardian who only feel the expression of the child is mere expression of stubbornness. Even when they do appreciate the loss, they do not have a clear mind of what it means to stay before the television without hearing any sound. Several interpretations will be assigned to the gestures, the feedback of whether one was right which cannot be immediate. Loss of hearing imposes a great deal of limitation on a child who experiences it from birth. A teacher must appreciate this.

### 3.2 Pre-School Intervention

This is very customary with this category of children more than others in view of the early childhood deprivation.

#### Goals

- It gives the child opportunity to experience other children in sharing, playing and taking turn, during socialization;
- For a child without hearing or partial hearing, appreciating some guiding rules in interaction may be lacking. Hence there must be early socialization opportunity, through day care, kindergarten etc.
- Opportunity to develop language, speech and speech reading.

#### Skills

Through the use of hearing aids, the child can be made to develop receptive and expressive language skills, through auditory training and speech focused attention by the caregiver. The child must learn to localize and identify sound, discriminate it and classify it appropriately e.g. goat, dog, door banging etc. Allow for extensive verbalization

- Talk to the child appropriately
- Dialogue
- The child should listen to stories
- Share nursery rhymes
- Greeting an auditory environment in general involves
  - Readiness to listen
  - Use voice to get attention
  - Repeat speech frequently
  - Discuss using object as focus
  - Encourage parents to do same at home or immediately the need has been discovered

### 3.3 Association Method

This is the major means of introducing reading to the child. Reading” in this sense is not necessarily the print. The child must be taught how to read situations, indications in the environment, but often they must be labeled. E.g. cup, spoon, cat (large number of picture cards will be required at this stage.) After this, sentences can then be progressively introduced e.g. the boy is running, sleeping on the bed, drinking water.

### **3.4 Total Communication**

The concept of total communication seems to be the compromise ground on which the controversy between the pure oralist and the manual sign language proponents stood. Shonibare 2005 carried out very extensive study in this area highlighting the key components:

- Speech
- Hearing aid and auditory training
- Lip reading
- Sign language
- Figure spelling
- Gesture
- The pad and pencil method.

If this composition is used from the early childhood, it is believed that the impact of hearing loss would have been reduced as much as possible this will give the child adequate opportunity to develop intellectually.

### **3.5 Sign Language Typified**

Even though there are several means of communication through which a child with hearing challenges can be entered into, the truth is that most of them feel very convenient with sign language. It looks like a mother tongue. They acquire it naturally. In Nigeria what is most prevalent is the American Sign Language, with several word modifications from one deaf community to another. For this purpose, we shall only consider the manual alphabets. This is the use of one hand to configure shape that will either be conventional or in few cases they resemble the lower case of the English alphabets.

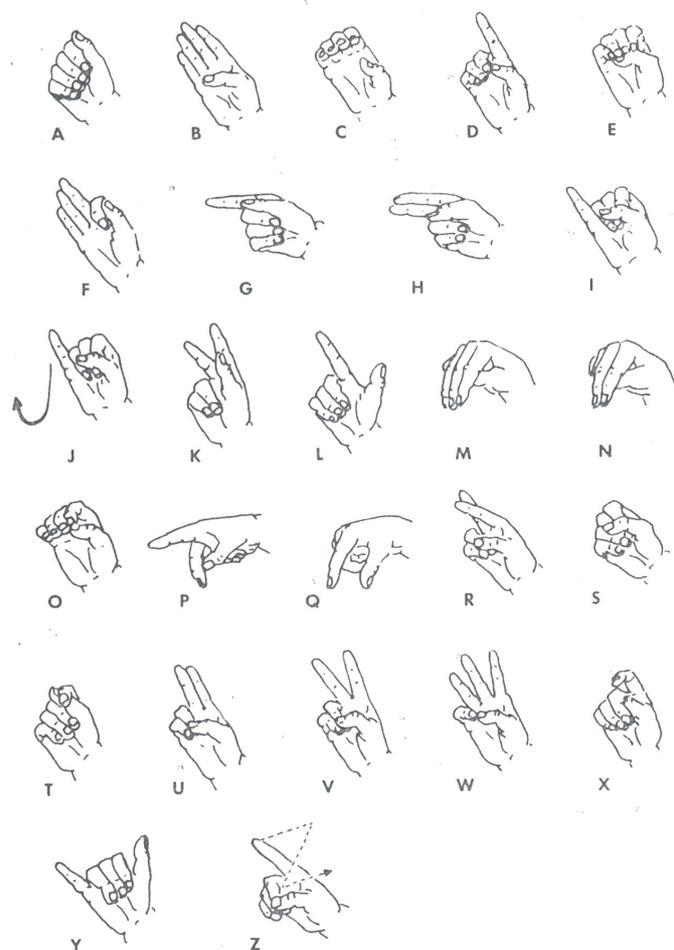


Fig. 5-2. Traditional manual alphabet. (From Litton, F. W. *Education of the Trainable Mentally Retarded*. St. Louis: The C. V. Mosby Co., 1978.)

With the use of the alphabets, words can be specified. This is the service of finger spelling. To form words in sign language, some configurations of the alphabets are made to follow a particular motion or impact a part of the body.

### 3.6 Service Delivery Setting

At the level of early childhood in Nigeria, the service delivery setting can be divided into three.

- **Special School/Centre**

From home most parents send their children with hearing challenges to day care centers as early as 2 years. However, as they grow they are registered in special schools where specific attention is paid. It is worthy of notice that most of the formal school setting are not yet running a pre-school public school programmes. Often, parents come together to fund the school programme.

- **Mainstream Programme**

- schools for the deaf within the regular school system
  - special class in a regular school setting
- **Experimental Class**  
It has been experienced also, a situation where children with hearing challenges are placed in the same class with hearing children. This is the most ideal but full administrative support is lacking. Ultimately, special attention will be required to build up the required deficit. This is the focus in early childhood. So also is socialization.

#### **4.0 CONCLUSION**

In this unit, you have been exposed to the enormity of hearing loss in early childhood. In addition, various approaches used in creating an environment where the child can at least respond and begin to build concept are also highlighted. Even though, the controversy between the oralists and the manualist was not highlighted, the solution is total.

Communication was presented. In essence, it gives you an overview of what it takes to work with a child in early childhood with hearing challenges. The setting is also not detailed but to show what obtains generally. You may be opportune to improve on the content of what obtains when you come in contact with the children in early childhood.

#### **5.0 SUMMARY**

In this unit you learnt that:

- Hearing challenges affects speech development and if not adequately attended to in early childhood has behavioral implications.
- Broad based effort has to be put in place to create an auditory environment as the child grows.
- The association method can be use to start teaching reading.
- The total communication comprises of all the means that can be used to teach language and communication to a hearing challenged child
- The manual alphabets is partly the basis for the use of sign language.
- Parents should be involved in stimulating the child's environment

#### **6.0 TUTOR-MARKED ASSIGNMENT**

With the use of Association Method, identify three concepts (Word) and state steps of teaching the concepts.

Or

Observe communication in sign language among given deaf community and write a page report on use of eye contact, degree of perceived communication and your perception of delight recorded on the scene.

## **7.0 REFERENCES/FURTHER READINGS**

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## **UNIT 5 MEETING SPECIAL EDUCATION NEEDS OF CHILDREN WITH VISUAL CHALLENGES IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Preschool Intervention
  - 3.2 Reading and Writing
  - 3.3 Stimulating Mobility and Orientation
  - 3.4 Adaptive Education Materials/Equipment
  - 3.5 Technique of Daily Living Skills
  - 3.6 Educational Setting
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Total Mark Assignment (TMAs)
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

From interactive and general observation of events around us, it will be true to say that people at one time or the other exhibit visual challenges which can be met and they move on. At the same time some of the challenges may not require special educational approach of special materials, special personnel, special method and special content. Overtime however, the truth is that visual needs are easily identified especially when total. The responsibility of caregivers at this level is to be able to identify in early childhood or put forward for referral which can confirm suspicion and return them into the school system. Further duty of caregivers at the post identification level is to utilize the remaining vision for educational purpose, provide support for unhindered access and adopt materials. At the early childhood stage, concerted effort has to be made to compensate for whatever denial that might be inherent in people's attitude, social environment and acquisition of knowledge and skills for further development.

### **2.0 OBJECTIVES**

After studying this unit, you should be able to:

- State strategies for early childhood intervention for the visually challenged
- Identify the components of early childhood intervention for the visually challenged.

- Explain the method used in teaching reading and writing to the visually challenged
- List adaptive materials for the usually challenged.
- Develop a programme for enhancing daily living skills of a visually challenged child in early childhood
- Mention educational setting for service delivery/teaching

### **3.0 MAIN CONTENT**

#### **3.1 Preschool Intervention**

The stages considered here include infancy and toddler period. If diagnosis confirms blindness, programme should commence from first weeks or months and should be continuous throughout the early years. Professional should:

- home visit and
- educate parents

This may involve

- individual parent counseling
- parent group counseling
- demonstration of procedures to parents
- observing and recording the child's progress
- provide materials for use at home

Mother/infant Communication: A mother of a visually challenged infant might help her child to be secure in the knowledge of her presence by e.g.

- holding
- talking
- lightly blowing
- humming
- maintaining touch contact
- create alternative to eye contact and reinforcing smile, body posture and Caregivers should be able to respond to the child's search for environmental stimulation through
- Rooting
- Discrimination through smell
- Anticipation
- Hand scanning

Developing Compensatory strategies: It is important to stimulate the child's "vision" through

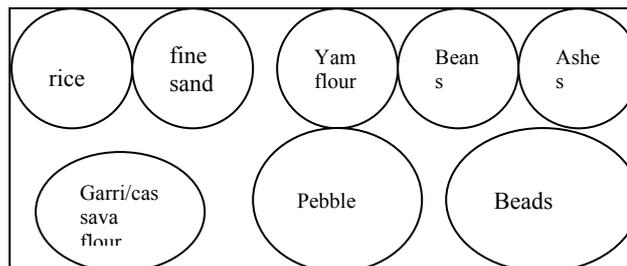
- Grasping – hand-mouth relationship
- Smelling – observe smell of different agents with voice or sound
- Sucking – to determine presence of mother
- Hearing – listening to sound clues

An example of series of activities that could assist a child are listed in this part e.g.

Example 1

Activities to facilitate Hand movement away from the body;

- Induce the child to bang a cup with a spoon
- Clapping of the hand of an adult with the baby's hand with holding
- Paste a varied object surface on a tray (collage) allowing the child to feel e.g.



- Feeling of different parts of Teddy Baby and other objects

As language develops ask for feedback and description of thing felt.

Example 2: Activities for locating sound and object in the environment

- Provide rattles with different shape, sound types
- Fill small plastic, tin object with maize, rice, pebbles, beads etc and roll on ground for child to locate position.
- Attach sound producing object to body of the child e.g. sound producing shoes, bib, waist, coat etc.
- Create adequately for the lighting in the room, increase number of switches on until the awareness can be expressed by the child.

Note behaviour as a response to full light.

The essence of this stimulation is to provide caregivers with alternative strategies provided the objective is clear at the back of the mind of provider. Lots of creativity will be required to make the child's environment stimulating and compensatory.

### 3.2 Reading and Writing

The history of education for the blind showed that this area was the first to draw the attention of teachers/facilitators. They used, though not consistently:

Embossed letters – wood carvings – strings glued or otherwise fastened to paper – writing on waxed tablets – letters pinpricked into felt. These efforts were geared towards making the blind to see using their hands.

The use of Braille code which has passed through several forms is currently used to teach reading and writing to the blind. Presently, Braille can be 'typed' on mechanical brails writers or printed by computers in addition, a slate and stylish system is used by the blind for note taking.

What is important in the use of Braille notation is that adequate tactile stimulation should be put in place in early childhood to allow a sensitive fingertips coding and decoding.

a	b	c	d	e	f	g	h	i	j		k
•	•	••	••	•	••	••	•	•	•		•
	•		•	•	•	••	••	•	••		•
l	m	n	o	p	q	r	s	t	u	v	
•	••	••	•	••	••	•	•	•	•	•	
•	•	•	•	•	••	••	•	••	•	•	•
•		•	•	•	•	•	•	•	••	••	
w	x	y	z								
•	••	••	•								
••		•	•								
•	••	••	••								

Braille Alphabet. (From Gearheart, B.R. and Weishahn, M *The Handicapped Student in the Regular Classroom* Ed. 2 St. Louis: The C.V. Mosby Co, 1980)

14 Point Type

Few parents realize that during the progress of these Diseases the eyes of the patient may develop serious

18 Point Type

Few parents realize that during the progress of these Diseases the eyes of the patient

24 Point Type

Few parents realize that during the progress of these Diseases the eyes of

30 Point Type

Few parents realize that during the progress of the

Figure 1: Example of large type sizes

### **3.3 Stimulating Mobility and Orientation**

The teaching is to help the child to do virtually all that the sighted children can do with proper training.

What is Orientation?

It is the establishment of position in space and relative to other objects in the environment. *Review the activities mentioned in infancy.* This is a continuous skill which is geared towards locating posture after subsequent movement. For example, keeping to the left and right in space, on the ground, and on the dining table.

What is Mobility?

This is the actual locomotion (self generated movement) of an individual from one position to another in the environment. This may include:

- skills on proper heel and toe gait
- control of body posture (head, hand etc.)
- detecting inclines and declines

- obstacle detection.

The goal here is to attain independent movement and the early childhood years can serve as “phobia reduction period” against exploration of environment.

There are however, examples of means used in attaining this independence.

Independent travel in which the tactile, olfactory and visually all the services are put into use to locate one’s direction, path etc. This calls for intense training

- Sighted guide
- The big cane
- Dog guides
- Electronic devices which produce sound when obstacles are imminent.

The level of this development is fairly low in Nigeria due to poor environmental prediction and uniformity. A sighted guide or use of cane is very common. These methods should be accompanied both by required mobility training. Both personnel and content should be developed.

### **3.4 Adaptive Educational Materials/Equipment**

These include:

- Long cane
- Braillewriter
- Adapted sports equipments (audible balls, etc)
- Model – building plan, bus
- Games
- Abacuses
- Braille atlases
- Braille maps
- Signature guide
- Longhand writing lait
- Parallel docks and wristwatches
- Cassette players/tape recorder

Teacher’s resourcefulness will determine how well these can be used.

### **3.5 Technique of Daily Living Skills**

The focus is geared towards

- Personal care and grooming
- Dressing
- Toileting
- Care of clothing
- House cleaning
- Cooking in the kitchen
- Safety awareness
- Use of tools
- Sewing
- Use of GSM/ Telephone
- Identification of money and other belongings.

### **3.6 Educational Setting**

In Nigeria, the practice is such that professionalizing some delivery for children with special needs are not available in public setting cheaply. Often, with the assistance of the community, a child with visual challenge obtain general socialization peer group, interaction which may not be adequate, considering the compensation required.

Special Schools/Centres

These are public school with pre-school facilities and qualified professionals some are day pupils coming from home.

The principle of least restrictive environment in terms of integration and mainstreaming is gradually widespread. As a result, schools are located within a regular school system.

This type of arrangement is currently on in all the states of the federation. At the Federal Government Level and some states the visually challenged are fully served in an inclusive setting. They are in the same class with sighted students and being taught by the same teacher with additional support from a special education teacher.

This principles as a world wide approved setting will be discussed later under Contemporary issues in Special Education.

## **4.0 CONCLUSION**

The early childhood period, as a foundation for all the necessary developmental milestones, and developments in school have been discussed here. Especially, the place of professionals and even the mother of the infant were adequately explored. Activities geared towards various principles in early childhood were also identified.

In the same light, you were exposed to preparing a child in early childhood for reading and writing as a low vision and visually challenged persons. The orientation and mobility of the child was examined in the light of materials which could assist the child to attain high level of independence. We further discussed the setting and unlimited service delivery setting and the ideal which will be examined in Module V.

## **5.0 SUMMARY**

In this unit on meeting visually challenged needs in early childhood you have been provided an overview into the:

- Unique status of early intervention as it relates to a congenitally blind child.
- Place of home visit and parent education as an extension service to families of children with visual challenges
- Processes involved in creating mother/infant communication and developing compensatory strategies.
- Examples of activities in early childhood for children with visual challenges
- Place of reading and writing for low vision and blind children
- Meaning and activities involved in mobility and orientation
- Techniques of daily living skills
- Educational service delivery setting present in Nigeria and trends for the future

## **6.0 TUTOR-MARKED ASSIGNMENT**

Identify 5 abstract concepts, highlighting how you intend to teach the concepts to a 4 year old child with total visual challenges.

## 7.0 REFERENCES/FURTHER READINGS

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## **MODULE 4      MEETING SPECIAL EDUCATION NEEDS OF CHILDREN WITH COMMUNICATION, BEHAVIOURAL, PHYSICAL AND HEALTH-RELATED CHALLENGES IN EARLY CHILDHOOD**

- Unit 1      Meeting Special Educational Needs of Children with  
Speech and Language Challenges in Early Childhood
- Unit 2      Meeting Special Educational Needs of Children  
with Behavioral and Emotional Challenges in Early  
Childhood
- Unit 3      Meeting Special Educational Needs of Children  
with Physical and Health-related Challenges in Early  
Childhood

### **INTRODUCTION**

This module marks the concluding aspect of exposure into the management of various challenges identified in Module I. The search light has made a broad spectrum into meeting communicational, behavioral and emotional, physical and health-related challenges in early childhood.

Speech and language needs are central to every other challenges earlier discussed. In the same vein, the emotional and behavioral adjustment a child can attain is a function of the health of the child. All of these factors are capable of determining the degree of success and self-actualization a child can attain.

The possible needs were identified in:

#### **Module 2**

- Units 2:      Speech and Language
- 3:      Physical and Health-related needs
- 4:      Behavioral and Emotional Needs

In this module, you shall be exposed to how to meet the challenges identified earlier. This module will include:

- Units 1:      Speech and language challenges
- 2:      Behavioral and Emotional challenges
- 3:      Physical and Health-Related challenges.

## **UNIT 1 MEETING SPECIAL EDUCATIONAL NEEDS OF CHILDREN WITH SPEECH AND LANGUAGE CHALLENGES IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Role of the Teacher and the Therapist
  - 3.2 Prevention of Communication ‘Problems’ (Challenges)
  - 3.3 Intervention
  - 3.4 Relaxation Therapy and Behavioral Modification
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

You may wish to review the background to this topic presented in Unit 6 and observe closely the relationship between speech, language and communication.

The activities here will be shared among the primary task of prevention and intervention of speech and language challenges. Identification of the classes will not be focused but the principles adaptable in early childhood and even beyond the level. The activities to some extent are virtually generalisable .

### **2.0 OBJECTIVES**

You should be able to

- Identify your role in the process involved in meeting speech and language challenges in early childhood.
- State components of activities for prevention of communication challenges
- Develop programme of intervention based on types of speech and language challenges in early childhood.
- Apply relaxation therapy as a strategy of intervention in children’s speech and language challenges.

### **3.0 MAIN CONTENT**

#### **3.1 Role of the Teacher and the Therapist**

- Confirm assessment report from varied settings. Play situation, home and general observation. This report should take cognizance of the cognitive ability of the child.
- Implement recommendations included in the report/prescription
- Liaise with parents
- Create conducive speech environment
- Record progress
- Determine strategy meeting specific needs
- Avoid any act of labeling /stigmatization and reinforce accordingly.

#### **3.2 Prevention of Communication ‘Problems’ (challenges)**

The stages involved in speech and language development is such that they move from one stage of ‘very raw’ and unrefined state to another. Sometimes, for lack of appropriate response from teachers, parents and therapist, a raw state turns out to be ‘permanent’. This is the essence of prevention. It is meant to prevent raw speech behaviour which should be transient from becoming become a permanent behaviour. This is achievable through:

- Speech modeling (attend to speech pattern e.g. voice modulation and vocabulary usage)
- Create awareness through participation and provide feedback.
- Develop listening skills through
  - Actual listening
  - Situation where the child is the target and response is expected from the child
  - Selective listening: this is the ability to select the real message from other irrelevant part of the speech – power point listening
  - Listening comprehension: This refers to ability to comprehend in totality what was conveyed through speech.

To aid these skills, it may be necessary to introduce listening games e.g. cassette player, story telling, group reading, designated time for children’s discussion of topical issues e.g. debate.

- Expansion  
This is the process involved in detailing a child's expression e.g. where is the cat? Do not accept the response "room". Expand to "You mean the cat is inside the room, under the bed ..."
- Encourage verbalisation  
This may involve verbal labeling and symbolic expression.

### 3.3 INTERVENTION

There will be need to put up a programme for an already identified case of speech and language challenge.

- Identify speech behaviour that require correction
- Put in place procedure for implementation
- Evaluate gains focusing on
  - increase in verbalization
  - reduction in frustration and failure
  - utilize feedback
  - evaluate yourself.

### 3.4 Relaxation Therapy and Behavioral modification

- Relaxation therapy is generally regarded as a careful removal of stress from the mind of the child undergoing therapy. Teacher should bear in mind that the respective child has experienced failure, embarrassment possibly poor self concept resulting from his poor speech and language. The teacher should be to the child, a role model. The sessions should be pleasant, success anticipated, guaranteed and reinforcement attached. For example, place hand on the child, establish eye contact for stressed nerve to go down. Possibly, get a pet name. The teacher needs to be creative and comely in using relaxation therapy. No cane at all.

Behavioral modification related approach was discussed in unit 12 as an approach used in meeting challenges of specific learning disabilities. It is suffice to add here that, the approach essentially in special education mostly involves contingency contracting. It involves the establishment of a clear – carefully written contract in which the student is rewarded.

It is important to be sure that the skill is present in the child and the effort is to stimulate response. A hearing impaired child cannot respond to behavioral modification for a sound below the

threshold but can respond to lip-reading of words spoken before the mirror one-on-one or face to face.

The steps involved are:

- Identify the precise behaviour and desired levels of performance e.g. thank you after successive presentation of sweet or Hallelujah three seconds after a word from the facilitator.
- Make sure the child has prerequisite skills e.g. can the child hear, see your lips, clear about what is expected after prompting?
- Set the stage where expected behaviour can occur e.g. create a conducive environment. For instance, not a noisy environment where sound perception is being behaviorally modified.

Before the commencement, obtain a baseline of the particular behaviour e.g. the child has only been responding to pronounced word only once after ten promptings – and so on.

#### **4.0 CONCLUSION**

The processes involved in meeting speech and learning challenges are so interesting and open for creative approach on the side of therapist, teacher and parents. However, one should feel enthusiastic in carrying out the activities. The most rewarding aspect is that one can observe, and clearly see success being attained through ones efforts.

The methods that have been discussed here are to aid the caregiver to respond to any emerging trend towards disruption of learning process. In the same light grand effort can be put into intervening in an already established case. In addition to the steps, it is possible to use medication as a method of responding to speech and language challenges. The aim is to relax the nerves of the child to allow for response.

#### **5.0 SUMMARY**

In this unit, you have learnt that

- The role of teacher/therapist involves both assisting in the assessment, reporting implementation and evaluation of speech and language needs in early childhood.
- It is important to create a speech and language environment both for prevention and intervention purposes
- Through the use of prescribed drugs, relaxation and behavioral therapies, a child's needs can be met in speech and language challenges.

## **6.0 TUTOR-MARKED ASSIGNMENT**

Study and state 15 stages of language development from conception to 6 years, from a Child Development/Psychology text book or encyclopedia of your choice, Cite Reference

## **7.0 REFERENCES/FURTHER READINGS**

Gearheart, B.R. (1980) *Special Education for the 1980* St. Louis: The C.V. Mosby Company.

Safford P.L (1978) *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.)

## **UNIT 2 MEETING SPECIAL EDUCATIONAL NEEDS OF CHILDREN WITH BEHAVIOURAL AND EMOTIONAL CHALLENGES IN EARLY CHILDHOOD**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Role of the Teacher
  - 3.2 Biophysical Intervention Theory
  - 3.3 Service Delivery Placement
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

Discussing this topic sometimes give the impression that the teacher has very little role to play in this matter. This is due to the fact that causative factors are outside the domain of the teacher. They are sometimes social factors, abuses and biological. Although one would have agreed that experts such as psychiatrist, psychologists and therapists are those who are to work with them but since, the teacher has a role to play in the educational development of these children, they therefore have a big role in working towards meeting the needs of these children.

In the light of this assertion, rather than concentrating only on the classroom activities of the teacher, we shall be examining virtually all the methods and highlight the relative role of teacher/caregiver of children in early childhood. Limited attention will be given to what would be termed as educational setting with a view to be specific in the conscious provision

Above all, it is important to really question the position of care for children with emotional and behavioral challenges in Nigerian schools. Generally, apart from minimal management which is purely administrative, punitive in nature and often dismissal from school, there is hardly a very conscious effort to treat them as learners with special educational needs. It is expected that the exposure through this content will stimulate service delivery to this category of children we have neglected.

## 2.0 OBJECTIVES

After studying this unit, you should be able to:

- Identify the role of the teacher in the intervention of children with emotional and behavioral needs in early childhood.
- Relate specific intervention to the expected role of the teacher;
- Obtain insight into intervention and modify
- Monitor outcomes of intervention and modify Obtain insight into different intervention.

## 3.0 MAIN CONTENT

### 3.1 Role of the Teacher

In conjunction with parents, therapists and administrators, it is expected that an agreement will be reached on:

- Which behaviour and psychological environment is being targeted
- Identify substitutable behaviour and
- The acquisition process.

In addition to the above, Safford (1978) listed twelve things that could help a teacher release some of the intense emotional pressure he or she may experience in the process of working with these children. You should recall that adult sometimes is tempted not to see anything 'good' in a child with behavioral and emotional needs. They are sometimes regarded as pupils who should be outside the school. To cope, these suggestions might be of great assistance to the teacher.

- Be objective about self and what to do as well as what the child does.
- Share problems and experiences regularly with colleagues, parents and administrators through conferences formally and informally.
- Obtain feedback from observers of the child and suggestions from parents, teachers and administrators
- Consult with psychologist
- Loan out the child for sometime into other teachers class and environment then collate feedback on particular trait being addressed
- Use some observational techniques e.g. feedback, interaction, Analysis and other objective recording systems
- Maintain personal identity, interests, relationships and out-of-

school life.

- Literature, theaters, good films, music, and art, may somehow become more meaningful to the teacher when it comes to the issue of these children. People in different community are gradually getting used to using these media as tools for integration and communicative models.
- Maintain a sense of humor
- Above all, maintain a very strict sense of professionalism while retaining the personality of the teacher. Do not seek reinforcement and assurance from the children rather, provide them with assurance and solid ground to fall on.

### **3.2 Having being able to cope with working with these children, the role of the teacher includes**

#### **(a) Biophysical Intervention Theory**

This is executing a medical approach which involves the use of dietary control and nutrition, with megavitamins.

The teacher could initiate a record keeping confirming that children on medication are keeping to their drug schedule.

#### **(b) Psychos-Analytic Intervention**

Some intrinsic factors of old experience alleged to be affecting behaviour. Even though the method is applied by well trained psychiatrist and psychologists, teachers are often found to assist in developing warm and acceptable relationship with the child and other students.

The teacher could organize play therapy (depending on teacher age), music, art activities that allows the child to express anger, hostility and other bottled up feelings. It is also possible to create an enabling environment for the child to overcome existing underlying conflict.

## (c) Behavioral Intervention

This is basically the believe of behaviorists. It is believed that behaviors are learnt and can be unlearned. The intervention could be through modeling or behaviour shaping.

*Modeling:* The demonstration of behaviour by one individual to be imitated by another. If rewarded, it is repeated.

*Shaping* This is gradual rewarding of the tiniest element of an expected behaviour e.g. calling “baba” before a mirror.

Teachers are very dynamic implementers of this model of intervention. Skills can be improved upon as they are done daily

## (d) Sociologic Intervention

The method is a product of the dynamics of the societal structure around the child, the interactions and the way peoples are organised. Invariably, it has effect on the child thereby resulting in undesirable behaviour.

The role of the teacher may include organizing psycho-drama to meet the specific needs. In addition it is expected that time will be allocated to focus group discussion to allow for value re-orientation.

## (e) Ecologic Intervention

This seeks to control the environment so as to affect the variables that influence the child. For instance, the residential programme, where time is allocated and children are made to observe routines. This is highly suitable in schools and remand home (in Nigeria called child welfare centre)

**3.3 Service Delivery Placement**

On the long run, the totality of setting adaptable for a child with behavioral and emotional challenges in early childhood can be summarised as stated below.

- Special position in the service delivery centre
- Unstructured classes and open space
- Regular class placement
- Regular class placement plus consultative service
- Regular class placement with resource room services
- Self contained class placement
- Residential placement

## 4.0 CONCLUSIONS

The role of the teacher is very critical in this intervention strategy. Basically, creating the environment for the prescribed intervention is the actual role expected of the teacher. This includes activities such as play therapy, etc. This is meant to assist the child to express and let out tension and ill feelings, wishes and fears.

## 5.0 SUMMARY

In this unit you learnt that:

- The teacher is an in-between for the child, parents and the therapists or professionals working with the child.
- You have definite role to play in the intervention programme
- You are to ensure that the child follows during prescription if under moderation.
- You assist in the targeting of behaviour to be modified.
- You are to collate observations and discuss with other colleagues and administrators formerly and informally

## 6.0 TUTOR-MARKED ASSIGNMENT

Using one of the intervention strategies highlighted in this unit, identify one case study to which your choice of strategy can be applied. Write out your experience. This should be a short term intervention.

## 7.0 REFERENCES/FURTHER READINGS

Gearheart, B.R. (1980) *Special Education for the 1980* St. Louis: The C.V. Mosby Company.

Safford P.L (1978) *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.)

### **UNIT 3 MEETING SPECIAL EDUCATIONAL NEEDS OF CHILDREN WITH PHYSICAL AND HEALTH RELATED CHALLENGES IN EARLY CHILDHOOD**

#### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Contents
  - 3.1 Referral and Teacher's Role
  - 3.2 Use of Specialists
  - 3.3 Principle of Total Maximum Integration
  - 3.4 Managing Epileptic Seizure
  - 3.5 Multiple Challenges
  - 3.6 Additional Curriculum in Pre-School
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References/Further Readings

#### **1.0 INTRODUCTION**

The background to this final unit on meeting special education needs can be found in units 4.7 and 8. In these units, we established that:

- Category of children considered are of very low in audience in the school system.
- Referral is always from the medial/orthopedic physician
- These are various surgical procedure involved in meeting their needs
- Yet there are some environmental, educational and psychological implications which the teacher will need to keep abreast in order to get the best out of them.

This section deals with general consideration, specific principles and curricular issues brothing on physical and health-related challenges during childhood and a few years beyond. Consequences of physical and health challenges may not amper performances cognitively; however, they have a way of affecting access, assertiveness, psychological expression and self concept especially when they cognately occur from early childhood.

## **2.0 OBJECTIVES**

After studying this unit, you should be able to:

- Identify the source(s) of referral and the role of the teacher.
- State the professional and specialist involved in working with the children.
- Imitate mouse that will put in place full integration of the child
- Manage epithetic seizure in the class.
- Identify children with multiple challenges with a view to meeting their needs.
- Institute additional curriculum for the child in pre-school

## **3.0 MAIN CONTENT**

### **3.1 Referral and Teacher's Role**

Usually referral always proceed from

- Pediatrician
- Medical faculties and hospital settings
- Psychologists
- physiotherapists

The teacher is expected to

- Acquire enough knowledge on feeding, toileting, allergy, parental expectations
- Establish open communication with parent
- Obtain medical report on safety, use of hand, leg, mobility to prevent injury from accident
- Prepare other parents before admission process is concluded and also prepare the children.

### **3.2 Use of Specialists**

They may include

- Psychologist
- Speech therapists
- Physiotherapists
- Occupation therapist

Their efforts are geared towards supporting the process of service delivery; coordinate referrals, interpret information/therapy; monitor the child's progress and assist on-the-spot teaching.

### **3.3 Principles of Total Maximum Integration**

- Use of adaptive equipment: Among other include wheelchairs, crutches, special adjustable chair and table.
- Building Modification: Wide doorways; nonskid floors; handrails, toilet facilities well adapted for accessibility;
- Integrated classroom with little support from specialist.

Sometimes, it may not be possible to provide for children with physical challenges if the facilities are not adapted. But it is important (and the advocacy now in Nigeria) that the totality of the classroom system should be made physically-friendly, however, a starting point is to study the existing facility and the current child on admission and his needs be met.

#### **SELF ASSESSMENT EXERCISE**

Identify a school/setting where a physically challenged is being attended to and observe the status; suggest other things that you feel are missing based on your knowledge or interview with the child.

### **3.4 Managing Epileptic Seizure**

The following suggestions provided by the Epileptic Foundation of America may be of help.

- Remain calm. Others will assume the same emotional expression as the teacher/facilitator/caregiver.
- Do not try to restrain the child. It is a circle experience which must be completed.
- Clear the area to avoid injury against hard objects. Try not to interfere with movement in any way.
- Do not put anything with the teeth. If the mouth is already open, a soft object such as handkerchief may be placed between the side teeth
- You do not need to call a doctor
- Allow for rest after seizure
- Teach other on the origin of seizure and that it is not infectious, even if the saliva is swallowed by a non-victim (Gearheart, 1980)

Additional suggestion was made to include:

Ensuring the child is positioned to allow for breathing. See Aina, et al (1993), p 198.

### 3.5 Multiple Challenges

This is in reality a combination of challenges. For instance visual with hearing. However, in general, these are issues of challenges that predispose a child to multi plurality of challenges. For instance, children with cerebral palsy have so many dimensions to their needs which cut across physical, language and emotional challenges. The important point in dealing with children with multiple needs is to make provision for their needs simultaneously. You may have to determine the degree to which each of the challenges is present in order to vary the provision of needs.

### 3.6 Additional Curriculum in Pre-School

- Develop motor abilities in the child through special materials, special aids and support for mobility.
- Develop language and speech, especially in the cerebral-palsy child. The child should perceive oral language from a functional perspective. Develop in the child the psychological capacity to explore the environment through use of auditory and visual discrimination.
- Develop social and emotional adjustments in the child at home and within the centre of service delivery.
- Promote conceptual development that has integrated all the senses into making deductions and production for learning
- Promote emotional support desirable for the child's progress
- Create awareness of self in space and within the environment.  
e.g.

Head and shoulders

Knee and toes

Head and ears

Mouth and nose

Head, shoulders, knee and toes.

- Mastery of activities of daily living e.g. eating, bathing, dressing etc.
- Teach the whole child.

The truth is that the visibility of the handicapping condition should not make the child obtain less from the setting. The child is as equally intellectual, emotional as well as physical.

#### **4.0 CONCLUSION**

This unit has exposed us to a group of children with the most heterogeneous features, almost each with its uniqueness. However, it is very clear that the specific need will warrant service delivery. The teacher's role essentially is being on the spot and also providing necessary linkage with parent's specialists and the children in the same setting. In their own case, there is need to provide the environment as a contributor to the overall success of the initiative.

In all the challenges may be seen from the neurological sense, musculoskeletal, respiratory and even metabolic. It is really a challenge to work with the children in this category and the preparation and acceptance must go further than an accident. The features are outlined and should be imbibed by facilitators to avoid loss of confidence.

#### **5.0 SUMMARY**

In this unit, you have learnt that:

- There are other professionals working with the children who would serve as referrals.

#### **6.0 TUTOR MARKED ASSIGNMENT**

Identify those who are qualified refer a child for expertise management and the role of a teacher in referral

#### **7.0 REFERENCES/FURTHER READINGS**

Aina T.A, Etta, F.E. and Zeltlin, M.F. (1992) (Eds) *Childhood Development and Nutrition in Nigeria: A textbook for Education, Health and social Service Professionals* 1<sup>st</sup> Ed. Nigeria: FGN and UNICEF.

Dunn, L.M (1973) *Exceptional Children in the Schools: Special Education in Transition* New York: Holt, Rinehart and Winston Inc.

Gearheart, B.R. (1980) *Special Education for the 1980* St. Loius: The C.V. Mosby Company.

Safford P.L (1978) *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.)

## **MODULE 5            CONTEMPORARY ISSUES OF SPECIAL EDUCATION NEEDS IN EARLY CHILDHOOD**

### **INTRODUCTION**

The concept of meeting special education needs both in the developed and developing nations dated back to the early times of writings of the Scriptures. Among early philosophers and empires also, various views were held which resulted in either total rejection or partial commitment to the care of persons with special needs. Events took a new turn in the 14<sup>th</sup> and 16<sup>th</sup> centuries when the need for heritage based on development became an issue in the Roman Empire. Further developments were recorded in France and Europe in general with the individual efforts of Pedro Ponce De Leon, Jean Itard, Edward Seguin, Juan Martin Pablo Bonet and other. International competition between the growing powers; Russia, the United States, Germany, France, Britain, Spain added a new wave resulting in rapid development of institutions from the middle of 16<sup>th</sup> century. The missionaries, on the other hand provided a stable ground for whatever sacrifices the disciplined will require.

The idea of early childhood started cropping into special education with the emphasis paid on justification for early childhood education as a basis for long lasting development and quality life as against early childhood abuses.

In Nigeria, it was not until the middle of the '70s before the wave of education got its hold on persons with special need. Even at that, the basic age of most children ranges from 8 – 14 years due to traditional attitude of sending children with special needs to grand mother in the country side for custody. The attitude has changed tremendously now. However, there are several strategies for both prevention and intervention in early childhood years which are still alien to our system.

In this module therefore, efforts has been made to build up relevant issues covering prenatal intervention; the vital role of parents in the process of advocacy; institutionalization of service delivery for children with special needs; the vogue of information and communication Technology (ICT) and the supportive index of research and development. It is expected that these content could spur interest into future exploration of special education content within the framework of whatever chosen endeavour of the learners at this level.

Unit1            Prenatal Development, Intervention and Habilitation  
Unit 2            Institutionalizing Special Education Service Delivery in  
Nigeria

- Unit 3 Information and Communication Technology (ICT) and  
Special Education in Early Childhood
- Unit 4 Special Education Research and Development in  
Perspective

## **UNIT 1 PRENATAL DEVELOPMENTS, INTERVENTION AND HABILITATION**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Stages of Child Development
  - 3.2 Factors Contributing to Evolution of Special Needs during Prenatal Development
  - 3.3 Habilitation
  - 3.4 Focused Group Discussion
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

Factors affecting eventful pregnancy and early childhood years in Nigeria varies, it includes a case of inadequate enlightenment on the importance of the period; unwanted pregnancy; harmful traditional practices,; poverty; social insecurity; drug abuse and low patronage of quality health care facilities. As a result, Nigeria is rated as one of the highest sets of nations in the world with high maternal death and infant mortality (Fred – Adegbulugbe, 2005)

The prenatal period is very vital to the survival of the newborn. If the period termed early childhood would have to be comprehensively attended to, then focus should also be placed adequately on the prenatal period. The amount of information available to society matters both at the formal and informal levels. This is the crux of the issues discussed in this unit. It empowers the teacher and caregivers in early childhood with adequate knowledge with which to sensitize everyone that has to do with the business of conception, delivery and management of the newborn.

## 2.0 OBJECTIVES

After studying this unit you should be able to:

- Identify stages of child development during the prenatal stage to birth
- State factors affecting the period
- Develop relevant content that could help educate parents and the community at large
- Constitute a panel of discussant on the issue of prenatal care in the geo-political zones of the nation.

## 3.0 MAIN CONTENT

### 3.1 Stages of Child Development

There are four periods that can be identified:

- The period of ovum (fertilization to about two weeks)  
This is the time when the egg produced in the ovary moves down the oviduct (fallopian tube) towards the uterus. Several stages of cell merger and new formations occur at this state
- Period of embryo (third week to eight weeks). At this stage the
- placenta and umbilical chord develop, helping the ovum to obtain
- supplies from the mother.
- The period of fetus (Third month after conception to birth). The fetus increases in size and capacity growth until age of independent existence in the womb. The amniotic fluid protects at this stage. The fetus can be viable if delivered twenty-eight weeks after conception.

The period leading to birth/delivery, termed **Prenatal** period is also very important since factors abounds that can determine the health of the child subsequently.

### 3.2 Factors Contributing to Evolution of Special Needs during Prenatal Development

- Age of mother: Teenager (below 14 years) and women above forty-five years of age. Result: Down's Syndrome
- Nutritional status of mother: inadequate nutrition.
- Genetic influence emanating from the contribution of the father and the mother
- Drugs and radioactive rays: Exposure of mother to X-Rays during pregnancy, especially the first trimester.

- Psychological state of mother. This affects the fetus as well.  
They may be in form of personality and emotional issues that are prevalent in the mother. The state of the mind can have a direct influence on the fetus.

### **3.3 Habilitation**

This has to do with appropriate re-education process for society on issues having direct and indirect influences on the prenatal and early childhood period. The factors and contents of the re-education discussion are:

- Careful handling of pregnant women
- Special diets
- Avoidance of use of unquantified traditional herbs.
- Reduce work load on farm
- Debunk superstitious practices
- Women empowerment
- Popularization of immunization schedules
- Hospital records should be regularized
- Record and follow-up of newborn under difficult circumstances.  
E.g. premature birth
- Provision of early childhood history and event for  
community Nurses and Primary Health Service providers
- Eventful pregnancy e.g. pre-eclampsia (pregnancy – induced –  
hypertension should be addressed appropriately).

### **3.4 Focused Group Discussion**

This can serve as an avenue for habilitation. Organise mothers selected according to their geo-political origin-six-from Nigeria and discuss relevant arrangement of pregnant women in their area of origin. Collate contributions to assist you in identifying practices prevalent in the area represented. This can be broken down to local government level and lastly, community level discussions.

## **4.0 CONCLUSION**

The unit has exposed you to factors influencing prenatal period and the stages of the development. You have also been sensitized with relevant information that could assist in maintaining healthy early childhood development. The activities involving women from the six geo-political zones in Nigeria has enriched your understanding of what obtains across the Federation.

## 5.0 SUMMARY

In this unit you have learnt that:

- There are four specific stages in the prenatal period
- There are factors which could be inherent in the mother, environment and the delivery period which can affect the state of the newborn.
- Appropriate education is lacking and that adequate provision of the content can help to reduce the eventful incidence in early childhood. You have a lot to learn from women across the nation and that your re-education process can start with them.

## 6.0 TUTOR-MARKED ASSESSMENT

“Eradication of Special needs in children below 9 by the year 2015 -. Strategies for policy and social awareness”. Discuss

## 7.0 REFERENCES/FURTHER READINGS

Aina T.A, Etta, F.E. and Zeltlin, M.F. (Eds) (1992) *Childhood Development and Nutrition in Nigeria: A textbook for Education, Health and social Service Professionals* 1<sup>st</sup> Ed. Nigeria: FGN and UNICEF

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Shonibare, D.O. (2001, October). The Nigeria Woman in Education and Special Education Needs in the 21<sup>st</sup> Century JOWICE Vol 5, 8 – 21

UNESCO, (1985) Programme for the Advancement of Women 1076 – 1986: Ten years towards equality. July 1985

## **UNIT 2      INSTITUTIONALISING SPECIAL EDUCATION SERVICE DELIVERY IN NIGERIA**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Contemporary Special Education Coordination in other Settings
  - 3.2 Scope of Proposal for Nigeria
  - 3.3 The starting Point
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

Special Education Service Delivery awareness in Nigeria reached the peak in 1979 with the United Nations declaration of International Year for Disable Persons and the period spanning 1980 and 1990 as the decade for the disabled. Many unreached categories of the group were reached. The declaration touched on institutional growth, policy formulations, manpower development and talent showcase took place. With the period elapsing, it has been observed by myriad of professionals that there is a missing gap in the service delivery across all the levels of care. The gap observed is lack of a Commission for this vital aspect of our personnel resources. If established, it would take care of issues from early childhood years until the stage of employment and even retirement.

This unit is therefore aimed at sensitizing mature learners at this level to issues having bearing along the need for a commission. Examples abound in our system: the Nomadic Education Commission; Women Commission; Universal Basic Education Commission; Niger Delta Development Commission (NDDC) etc. are good indicators to what a commission can achieve.

### **2.0 OBJECTIVES**

After studying this unit, you should be able to:

- Put forward reasons for sustainable institution of special education service delivery in Nigeria

- Identify components of special education institutions highlighted in the unit.
- Develop a strategy for institutionalizing special education service delivery in Nigeria
- Justify approach to institutionalization of special education service delivery as proposed.

### **3.0 MAIN CONTENT**

#### **3.1 Contemporary Special Education Coordination in other Settings**

Dunn (1973) identified two basic points for identification of settings:

- a) Regular School and Home: using them as a point of referral and feedback channels
- b) These flows into special education evaluation and prescriptive work-up-service
- c) Related to the child are:
  - Psychological assessment and treatment
  - Hearing and speech assessment and treatment
  - Medical/neurological assessment and treatment
  - Environmental study (home and community environment and its modification).
- d) Directly related to the home factor are:
  - (a) The school environment and its modification.  
The details of
  - (b) above include:
    - 1) Initial screening
    - 2) Referral
    - 3) Intensive special education assessment and effective intervention determination
    - 4) Conference including – parents, agents of special education and general education to critically examine placement and institutional programme
    - 5) Implementation of placement and intervention
- e) For all these to be done; alternatives could be found in
  - Boarding facilities
  - Learning centers instructions

- Resource Room
- Preschool Institution
- Hospital Instruction
- Special day class instruction
- Teacher support programmes

This format establishes very precise connection between the home, schools and service center with necessary impact of professionals.

However, the dimension of prenatal/very early childhood does not seem to have received detailed attention.

The model presented by Onwuegbu (1980) has the National Bureau of Special Education covering the segment with distinct functions e.g.

a. Teaching

- Curriculum and materials
- Staff employment and development
- Practicing
- Research findings
- Recommendation

b. Research

- Organisation
- Statistics
- Methodology
- Workshop/Seminar
- Area of Needs

c. Supportive Services

- Screening
- Resource and Itinerant Services
- Audiology Service
- Psychological Services
- Rehabilitation
- Therapeutic Services
- Speech
- Placement

d. Scholarship

- Personnel
- Handicapped
- Handicapped/nonhandicapped

- Gifted
- e. Facilities
- Determine
  - Manufacture
  - Purchase
  - Distribute
  - Commission, equip and books etc.

This model has a wider consideration, however as it was in Dunn, a very detail concentration was not put in place for prenatal and very early childhood period.

### **3.2 Scope of Proposal for Nigeria**

It is therefore proposed that if special education service delivery in Nigeria would have to be effective, the gaps observed in the models discussed above would have to be provided for:

- Provide for early childhood stage, including prenatal
- Inter ministerial in outlook – Health, Education, Welfare, Employment, Legal and Planning
- Establishment of a Commission with far-reaching resource and personnel base overview should be put in place.
- Parental involvement should be considered with all other stakeholders.

### **3.3 The Starting Point**

- National Stakeholders Conference

This should involve:

- Parents and all those interested.
- Conference Working Adult with Special Needs
- Parents of persons with special needs
- Professionals
- Government bureaucrats

The outcome of the conference should pave way for the establishment of a commission. The commission among other things should oversee issues of persons with special education needs from pregnancy etc.

The goal of the conference should include:  
Contributions in the area of;

- vision
- expectations
- and plans.

#### **4.0 CONCLUSION**

This unit has presented detailed overview of what is a required procedure that could result in the institutionalization of service delivery in special education. It has covered issues of empowerment, teacher training and identification in early childhood. You should therefore be able to develop a critical position on the issue as it affects persons with special needs including early childhood stage.

#### **5.0 SUMMARY**

You have been able to gain insight into:

- Justification for a Commission for special needs education to cater for all the aspects of service delivery
- Cases of other institution as presented in this unit
- Plausible options available for Nigeria in institutionalizing special education service delivery
- The starting point which can culminate in the establishment of a Commission.
- The role parents, persons with special needs, professionals, government officials and the community can play in moving special education service delivery forward.

#### **6.0 TUTOR-MARKED ASSIGNMENT**

Present an address you will read as the Chairman of a Federal Initiative on Institutionalizing Special Education Service Delivery in Nigeria by 2015. Not less than three page address.

#### **7.0 REFERENCES/FURTHER READINGS**

Dunn, L.M (1973) *Exceptional Children in the Schools: Speech Education in Transition* New York: Holt, Rinehart and Winston Inc.

Shonibare, D.O. (In Press) *Current Status of Cumulative Model for Economic Empowerment and Development of Persons with special Needs in Nigeria.* Journal of National Council on Exceptional Children.

### **UNIT 3      INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) AND SPECIAL EDUCATION IN EARLY CHILDHOOD**

#### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 The place of Technology in Special Education Service Delivery
  - 3.2 Internet Special Education Resources
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References/Further Readings

#### **1.0 INTRODUCTION**

The emergence of use of computers has affected all facets of human endeavour. In education it has greatly affected learning rate, process and content.

It is important that even though mass special education was introduced into Nigeria in the '70s, the performance of persons with special needs in public examinations is still very poor, notwithstanding individual achievements. For instance Senior Secondary Schools in Kano in 1993/94, 1994/1995 recorded very poor performance in the record of more than fifty students with special needs who registered for the examinations.

The use of Computers with the visually challenged, the deaf and all the other categories of persons with special needs can affect achievement. The exposure to computers can affect the world of information; expose users to various hitherto latent skills can enhance their competencies. Jaws for windows, is popular software for the blind which is still not popular all over the federation. Games and learning packages are basically popularized but to what extent are they being utilized for instructional purposes in our schools?

This unit is therefore to encourage caregivers and teachers to further explore the use of computers and internet services to improve on the competencies of children in early childhood so as to bridge the hidden consequences of needs from early childhood challenges.

This unit essentially is a sensitization material meant to motivate you to interact with available materials on the theoretical framework for early childhood and the teaching methods on the internet for children in all the categories covered so far in this course. In other words, you will be requested to generate more sources of information leading to your further empowerment through the internet. Such websites bearing on Early Childhood Education, Children-at-Risk, Child Development, Specific Learning Disabilities and the Physically Challenged are other possible enriching website areas that could be of help.

## **2.0 OBJECTIVES**

At the end of this unit you should be able to:

- List the importance of use of computers with children with challenges in early childhood;
- Obtain lists of websites on which special education software can be obtained with different categories of children in need;
- Initiate moves in your area of operation to use computer with persons with special needs.

## **3.0 MAIN CONTENT**

### **3.1 The Place of Technology in Special Education Service Delivery**

The use of appropriate technology for persons with special needs can go a long way to:

- Stimulate learning in early childhood;
- Accelerate the inclusion of education development and growth of increase access to education;
- Increase information flow and social integration.

There is no doubt that the advantages accruing from internet access is virtually unlimited. Software issues are however a limiting issue sometimes. Therefore, efforts are put in place here to review the software available for use with children.

### **3.2 Internet Special Education Resources**

Web page – [www.iser.com/special-needs-software](http://www.iser.com/special-needs-software) for children/people with learning disabilities such as Autism, Downs Syndrome, Dyslexia, vision impaired, hearing etc, examples of this software include:

- **ABA Materials** – A software designed specifically to teach children with learning delays and difficulties such as Autism, PDD and Down’s Syndrome
- **Canvastic Desktop Publishing** – A student focused graphics/text publishing tool for schools. Perfect for special Needs Students because its capabilities “Grow with the User’s” abilities.
- **Docu Trac Software** - Clinical documentation software and Practise Management Software for Behavioural Health Professionals
- **Equidel computhera** - Compu Thera offers a seven-step gradual discrete approach for reading for children with Autism, ADHD, Down Syndrome and others who are visual learners.
- **Intellitools** - IntelliTools inc. is a pioneer in learning solutions for classrooms and homes, producing software and adaptive hardware products for kids with learning challenges.
- **Laureate Systems** – Specially designed for individuals with Autism, Language Learning Disabilities, Development Disabilities, Physical Impairments, Traumatic Head Injury ...

### **SELF ASSESSMENT EXERCISE**

Visit internet to search children-at-risk and the website address provided in this unit. Make further enquiries for additional web information.

### **4.0 CONCLUSION**

It is expected that at the end of this unit, you have been sensitized to explore the website on children-at-risk and access information on software for children with special needs

### **5.0 SUMMARY**

In this unit, you have been exposed to the importance of technology as a channel to increasing skills, information and stimulate general learning in children. In addition, you have searched the web and update knowledge on the education of persons with special education needs in early childhood especially with specific learning challenges – Autism, dyslexia and so on.

### **6.0 TUTOR-MARKED ASSIGNMENT**

Discuss the impact of technology in the field of special education. Search the web and explain the concept of children – at - Risk.

## 7.0 REFERENCES/FURTHER READINGS

ETF (2006, March). Technologically based Education and use of ICTs by Learners with Special Needs. A paper presented at the workshop organized by ETF at Le Meridian Hotel Abuja.

## **UNIT 4 SPECIAL EDUCATION RESEARCH AND DEVELOPMENT IN PERSPECTIVE**

### **CONTENTS**

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
  - 3.1 Curriculum and Instruction Related Studies
  - 3.2 Psycho-Social Dimension
  - 3.3 How Many Nigerians are Physically Challenged?
  - 3.4 Diagnostic Tests
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor Marked Assignment
- 7.0 References/Further Readings

### **1.0 INTRODUCTION**

Just like in every facet of Nigeria society, the process of educational research in special education is evolving. An apt insight is visible in the fact that most practices adopted here are foreign grown, nurtured and developed, only for us to imbibe them. Sometimes, there are no relevant, organized and accessible information on incidence and other characteristics of the sample population in Nigeria. These are carry over of lack of systematic incursion into research and development.

This unit is essentially introduced to enable teachers and caregivers of children in early childhood capsule on the issues that were highlighted and possibly be able to identify a learning area, an issue or a behaviour which has drawn their greatest attention in the course of the study for further investigation. The effort is to evaluate what is presently on ground and stimulate ideas for the future development of special education needs in early childhood.

### **2.0 OBJECTIVES**

At the end of studying this unit, you should be able to:

- Discuss curriculum related-issues in special needs education in early childhood.
- Identify areas of research available for consideration in early childhood
- State factors that could lead to more social integration in Nigeria for parents, community and persons with special needs.

### **3.0 MAIN CONTENT**

#### **3.1 Curriculum and Instruction Related Studies**

In recent times, the content of curriculum and delivery strategies both within the regular system and with children with special needs is being questioned. The issue of skills not being matched with content and the amount of pre-vocational and vocational orientation not being infused into the education is a major limitation in the curriculum process. For instance, what are the preparatory skills put in place to stimulate maximum development for a congenitally visually challenged child in the area of mobility and orientation, reading and writing? What are the institutional provisions available to cater for the low vision child in the school setting? What are the sustainable provisions made for the production of Braille text, its orthography, library consumption and the legalization of its production and support by all stakeholders? In the same light, how much of the residual hearing in a hard-of-hearing child is being utilized through intensive speech and voice training. These vital ingredients are not properly enhanced in the curriculum delivery as they are presently constituted. If available, they are accidental discharges in a few states, and not a policy matter, enforced with vigorous commitment and determination. It is sometimes even perceived as a favour being expressed to persons with special needs rather than being a process of fundamental development and right of the child. The question of status can be determined through need assessment and absolute commitment to research processes.

#### **3.2 Psycho-Social Dimension**

##### – Recreation

Even though one should recognize that the level of participation in general sports by persons with special needs has improved with the Paralympics and even the inclusion strategies adopted recently, it is important to examine the process responsible for producing participation. The essence of recreation is to develop a child's physical endowment, create leisure and all-round development. One's interaction with children with special needs reveals very limited options are available to them e.g. the blind, deaf, and even the physically challenged. The options can be researched into even from early childhood period. The developments for stimulation should be a product of research.

– Counseling

The questions are focused on:

- How available and responsive are counseling services for parents of children with special needs from the moment they are identified as being at-risk (pregnancy)?
- How available are counseling services on options available at their disposal immediately after identifying their child as being challenged?
- How integrated is the service delivery into community needs?
- The answers to these questions are matters of research on need assessment of parents and community.

– Career Orientation

We need to identify and relate factors that can consummate the development of the child into choosing a career. These are a function of development of skills from early childhood periods.

These skills can be adequately factorized from outcome of research findings.

– Social Participation

What is the mobilization procedure in place for parents, community and society at large in the politics and self-development initiatives in society?

### **3.3 How Many Nigerians are physically challenged?**

These are questions which require answers across the board.

- By Age
- Types
- Sex
- Education
- Status
- Profession
- Social awareness
- Geopolitical Zones etc.

We have not been able to absolutely delineate our population on the basis of these characteristics. This can be a further inroad into research initiative, options and interest.

### 3.4 Diagnostic Tests

- How early can we detect challenges in early childhood?
- How comprehensively are the services provided, for instance
  - Early – Prenatal, at birth or pre-lingually
  - Are they legally supported?
  - Are they individualized? (to meet individual needs)
  - Are they technologically based?
  - Are they responsive to health-related findings?
  - Are they sustainability over time, regime (politically)? etc.

In other words are the diagnoses procedures supportive enough for programme initiative, intervention and management? Are they accessible?

These are areas of researches that can draw our attention for consideration.

### 4.0 CONCLUSION

In this unit, you have been exposed to a general overview on areas, where research can be initiated and the development that can result from them in general especially in early childhood.

### 5.0 SUMMARY

In this unit, you learnt that

- This unit is to create a stimulating environment in you for further studies in early childhood education
- There are many areas of instruction that are not yet adapted for persons with special needs in early childhood.
- Recreational opportunities for children with special needs in early childhood are limited and so should be explored for further development.
- Parents require more opportunities for counseling and societal response during pregnancy and when a newborn is suspected to be challenged.
- There are skills yet unplanned for in children that could assist them in later life.
- Toy development should be based on research findings
- Social participation of both parents of persons with special needs and those in needs will lead o improvement in perception

## 6.0 TUTOR-MARKED ASSIGNMENT

Assess the role of persons with special needs in the Community/school/society/association you belong to

Or

Identify an adult with Special Need, e.g. visual, psychomotor, hearing, gifted, talented etc and produce a write up on his challenges, strategies and vision/personal aspiration

## 7.0 REFERENCES/FURTHER READINGS

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