

SELECTED FORMS OF SUPPORTING A CHILD WITH INTELLECTUAL DISABILITIES IN AN INTEGRATED CLASS

ANNA ZAMKOWSKA

Faculty of Teaching, Technical University of Radom, Poland.

Received: 05.02.2008.

Accepted: 29.10.2008.

Professional Paper

UDK: 376.4

Summary: *The study presented in the article focuses on describing different forms of educational support offered to a child with intellectual disabilities in an integrated class on a school and a class level. The study sample consisted of 18 schools. Data gathering was performed using head teacher and class teacher questionnaires. The study results showed that the level of support provided on a school level was reasonably high. All surveyed schools employed special educators, and support teams were organised in the majority of them. Moreover, both the class and the support teachers' competencies were on a high level. Teachers applied various methods and techniques of assessing a child's needs and abilities, and tried to adapt the teaching process and assessment to a child's individual abilities. They used varied therapeutic methods, diverse strategies of enhancing a child's motivation. They also cooperated with specialists in diagnosing a child.*

Key words: *support, mild intellectual disability, integrated class*

INTRODUCTION

Political changes that took place in Poland after 1989 provided the basis for the reform of the whole educational system, including development in the special educational provision. These changes were embodied in various Education Acts. The most crucial was the 1991 Act, which still forms the shape of an ongoing educational reform. The changes in special education legislation made at the beginning of 90. inspired both parents and teachers to take a number of initiatives that resulted in the establishment of first integrated settings. Due to the lack of specific instructions, these first integrated kindergartens and schools varied as to the form of admission of children with disabilities and their organizational framework. They modelled their system both on foreign patterns and self-developed solutions adjusted to Polish conditions. Finally, in 1995, integrated education, as a new form of provision, was introduced into Polish educational system with its specific organisational framework.

The largest group of special educational needs children included in Polish educational system are these with mild intellectual disabilities (GUS

2006). Intellectual disabilities usually determine specific ways of development in every area of a child's life in terms of his/her social as well as academic achievements. This specific profile of development defines the child's special educational needs that should be recognized and met by the suitable educational provision. The study presented in the article focuses on describing different forms of educational support offered to a child with intellectual disabilities in an integrated class - currently one of the most popular forms of educating children with disabilities in Poland. Two levels of support were taken into consideration: a school level and a class level support. The study sample consisted of 18 schools. Data gathering was performed using head teacher and class teacher questionnaires. The study results showed that the level of support provided in the schools in question was reasonably high.

METHOD

Aim of the study

A survey of elementary school head teachers and elementary education teachers was conduc-

ted to identify their perception of availability of various kinds of support for integrated students with mild intellectual disabilities in their schools and classrooms.

Variables

The variables taken into consideration in the study concerned the sources, as well as types and levels of support given to students with mild intellectual disabilities in an integrated class. The following set of variables was specified:

1. school characteristic: type of school, experience in working with children with disabilities, localization (rural/urban schools);
2. a level of support offered on a school level: specialists employed in a school, support teams, and cooperation with other schools educating children with disabilities;
3. a level of support offered on a class level:
4. reduced number of pupils in a class,
5. a level of support provided by the teachers:
 - perceived level of expertise in special education;
 - diagnostic competence: areas and methods of diagnosing a child;
 - teaching competence: modification of the teaching process, methods and criteria of assessment;
 - innovative competence: the adjustment of the educational process to a child's special needs and abilities, the use of different kinds of therapy;
 - interpersonal competence: cooperation with specialists.

Measurement Instruments

Personal structured interviews with school head teachers served to gather data about a kind of support available on the school level. The questionnaire, which was specifically developed for this study, contained 11 questions, both open and closed ended. The close ended questions included yes/no questions, semi opened questions, and scaled questions (rank-order scale). The categories

taken into consideration concerned the level of support available for students with special educational needs in integrated school in terms of the employment of specialists, the creation of support teams and cooperation with other institutions.

The structured questionnaire for teachers was also specifically developed for this study and contained 28 questions, both open and closed ended. The close ended questions included yes/no questions, semi opened questions, and scaled questions (Likert scale). The questionnaire concerned a number of categories of competence helpful in teaching students with disabilities, i.e. diagnostic, teaching innovative and interpersonal competence as well as expertise in special education.

Examination organization

The list of integrated schools and ordinary schools with integrated classes was made available by the Centre for Psychological and Pedagogical Support. The criteria of selection were that a school has integrated classes and there is at least one student with mild intellectual disabilities in a class.

In most schools, it was the deputy head teacher who was in charge of integrated education, so he/she was the interviewed one. The interviewers answered the questions willingly, usually adding some extra information about their school.

The questionnaires for teachers were distributed personally. Before they were asked to fill in the questionnaire, the teachers were informed about the aim of the study. The completed questionnaires were sent to the researcher by mail.

RESULTS

Description of the schools and the respondents

The research was conducted in eighteen elementary schools in three different provinces and included sixteen urban schools (89%) and two rural schools (11%). The average experience of schools in working with children with disabilities was the mean of 6,7 years, with five schools having 10 or more years of experience in this area.

The study sample consisted of 52 female

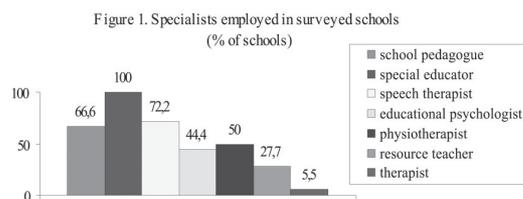
teachers of elementary schools conducting integrated classes, 27 of whom were class teachers and 25 support teachers. The class teachers had a mean of 19,5 years of teaching experience (range=8-28) and support teachers a mean of 5,7 years of teaching experience (range=1-16). Their experience in working with disabled children was slightly shorter. The class teachers had a mean of 12,03 years (range=0,75-26) and support teachers a mean of 5,07 years (range=0,75-17) of teaching experience in this area.

All class teachers and 96% of the support teachers reported holding masters degree, and only one support teacher reported holding a bachelor's degree. Moreover, 30% of the class teachers and 44% of the support teachers completed post-graduate studies.

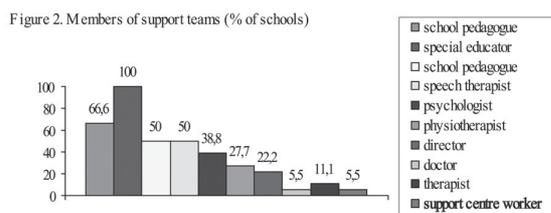
School level support

The main forms of support offered on a school level are as follows: specialists' support, organizing a support team, and cooperation with other schools educating children with special educational needs.

Figure 1 shows that all the schools employed special educators, and six of them even more than one (from 2 to 5 special educators). They worked mainly as support and resource teachers. Majority of the surveyed schools (72,2%) employed also speech therapists and school pedagogues (66,6%).



Support teams were organised in 85% of schools. These teams usually included teachers, directors and specialists specified in the graphic below.



Majority of the schools having support teams reported that in all cases a special educator was a member of the team. In 66% of the schools, teams included class teachers, and in half of them, speech therapists and school pedagogues.

Class level support- class teacher, support teacher

Support available on a class level was described in terms of a reduced number of pupils in a class and the teacher's competence.

According to the regulations, the number of students in an integrated class should range between 15 and 20, with 3 to 5 students with disabilities, the number of whom can be reduced in justified cases (MNES 2001). In all surveyed schools this rule was kept.

Another regulation (MNES 2005) specifies that integrated settings are obliged to provide appropriate educational environment (teaching aids and equipment), and curriculum, in order to meet a child's special educational needs. Preschools or schools that run integrated classes are allowed to employ additional teachers qualified in special education and other specialists in order to co-organise the educational process. Their role is to support the disabled children as well as cooperate with the class teacher. They support children by recognizing their special educational needs and abilities, conducting resource room activities, as well as developing and providing different forms of educational and psychological support to the children and their families. Support teachers and specialists play an important role in assisting a regular teacher in organizing the educational process as well educating children with disabilities. They cooperate with class teachers on the selection or development of the curriculum, its adaptation to special educational needs and abilities of the disabled children as well as taking classes. In some cases they develop and carry out individual educational plans. These plans should determine what kind of out-class support is needed and what activities teachers and specialists should do together in order to support a disabled child. Support teachers and specialists may also

take part in lessons conducted by other teachers and help teachers to select appropriate methods of work with disabled children.

Providing a child with special needs with proper quality support requires a wide range of teacher's competence. J. Bąbka (2001) specifies that an integrated class teacher should have suitable expertise in special education as well as diagnostic, innovative, interpersonal and educational competence.

A. Expertise in special education

Effective work with students with intellectual disabilities requires of teachers to have expertise in special education, particularly about the specificity of their development in different areas, and methods of its stimulation in the areas of delays and deficits. Therefore, class teachers were asked to assess the level of their expertise in special education. Since it was evident that all the support teachers had necessary qualifications to work with children with special educational needs, this item was omitted in their questionnaire. Majority of the class teachers responded that their expertise in special education was "rather good" (63%) or "definitely good" (22,2%).

Figure 3. Class teachers' opinion about their level of expertise in special education (in %)



B. Diagnostic competence

Supporting a child with special needs requires comprehensive recognition of his/her health condition, the level of their physical and psychological development, their abilities and family situation. Therefore, the teachers were asked to list in a hierarchical order the areas of a child's development that have to be initially recognized by them.

The survey shows that in the initial assessment the majority of the teachers (92%) took into consideration all areas of a child's development that were listed in the following hierarchical order:

- 6) communication,
- 7) behavior,
- 8) thinking process,
- 9) visual and aural perception,
- 10) spatial imagination,
- 11) motor sphere,
- 12) literacy.

The teachers reported using different methods and techniques of assessing a child's needs and abilities. Apart from reviewing student's documentation (e.g. statutory assessment), participants applied observation of a child in different task and social situations (71%). Some reported using other methods, like interviewing parents (38%), testing (27%), recognising student's family situation (23%), analysing his/her products (13%), interviewing specialists (13%), other teachers (10%) and the pupil (8%).

Figure 4. Methods of assessing child's needs and abilities



About half of the teachers (46%) reported that each specialist diagnosed a child separately from other members of the staff, only within the area of his/her specialization and for the need of his/her therapy. The same percentage of respondents indicated that an assessment is made by a support team. Very few individuals indicated that recognition of a child's needs and abilities is performed by a teacher alone (15%) or in cooperation with a support teacher (11.5%) only.

C. Teaching competence

Intellectual disabilities as well as lack of appropriate stimulation in family environment determines difficulties in child's functioning across all areas of his/her development. Therefore, an elementary education student, especially from grades 1-3, requires special support and resources provided in the classroom. In general this support assumes the adaptation of the educational process

to special abilities and needs of an individual, that is specialists' support as well as the introduction of necessary changes in the curriculum, teaching strategies and aids.

Curriculum adaptation

According to the Polish law (MNES 2005), schools with integrated classes should guarantee students with disabilities the implementation of recommendations specified in a statutory assessment as well as a curriculum adapted to their individual educational needs and psychophysical abilities. In the case of mentally retarded students, curriculum changes are allowed, using a special school curriculum. A modified curriculum may be applied to all or only some of school subjects. It is also possible to introduce some additional classes to the child's lesson plan, such as resource room classes, physiotherapy exercises, speech therapy or group therapy (Boreczko-Aksiucik 1996, p. 140).

The study shows that the majority of teachers (73%) applied common curriculum adapted to child's special educational needs as specified in a statutory assessment. Only some developed individual educational plans (11.5%). The same percentage of participants used a special school curriculum and only one of them applied common curriculum without any adaptations.

Selection of suitable teaching procedures

The surveyed teachers tried to use various strategies to adapt lessons to special needs and abilities of a child with intellectual disabilities. The list of these strategies put in hierarchical order is specified below:

- 1) asking a child to perform a task adjusted to his/her abilities,
- 2) using physical and concrete representation of abstract concepts,
- 3) allowing to experience/recognize objects in multi sensory way,
- 4) teaching theory in connection with practice,
- 5) adapting activity to child's interests,

- 6) giving short and precise prompts,
- 7) simplifying requests,
- 8) explaining incomprehensible words,
- 9) giving additional instructions,
- 10) giving an opportunity to choose exercises,
- 11) extending the time of object exposition.

Motivating a student to learn

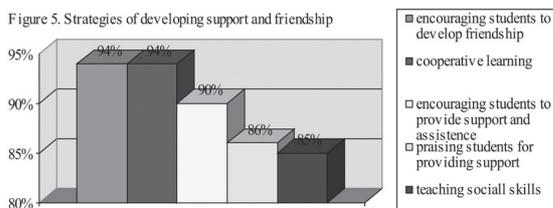
Students with intellectual disabilities experience failure more often than their typical peers, have lower level of motivation, get discouraged more easily, and lack endurance. Therefore, it is necessary for a teacher to use different strategies of motivating these students to do their best to think and work independently, and some of the most recommended strategies are cooperative and collaborative learning (Lewis, Doorlag 1991, Westwood 2002).

The surveyed respondents were asked to arrange the strategies they use to enhance child's motivation in a hierarchical order. Their answers are listed below:

- 1) praising (emphasizing child's success, descriptive praise, a stamp in an exercise book, displaying child's work in the class),
- 2) creating opportunity to experience success,
- 3) showing interest (eye contact, getting closer to a child, gestures, facial expression),
- 4) encouraging to continue his/her work,
- 5) grading demands,
- 6) systematic monitoring child's performance,
- 7) using negative reinforcement (ignoring inappropriate behavior, showing disapproval),
- 8) giving a task or a function.

Moreover, all the teachers reported encouraging other students to be helpers for those with disabilities by cooperative learning (94%), encouraging students to provide support and assistance (90%) and praising students for providing support (86%). The respondents also tried to include the disabled children in peer circles by encouraging

students to develop friendship with their disabled peers (94%) and increasing the social skills of special students that are useful in developing peer relationships (84,6 %).



Methods and criteria of assessment

Methods and criteria of assessing disabled students' achievements should not differ, if possible, from those applied to typical students. In justified cases it is possible to reduce the level of demands in all or some school subjects. These cases concern mainly children with mental retardation because of their lower intellectual and oral abilities. The reduction of demands is usually recommended in a statutory assessment. Following these recommendations all the teachers participating in the research tried to adapt their demands to the child's individual abilities by modifying the curriculum demands (61,5%) and teaching strategies (40%), as well as introducing individualized assessment (36,5%) and homework (29%). The necessary modifications concerned basic skills such as literacy and numeracy.

D. Innovative competence

Majority of the class (85%) and support (96%) teachers develop their innovative competence by taking part in supplementary courses and post-graduate studies in special education. The additional training was mainly devoted to the specificity of development of children with special educational needs as well as methods of working with them and development of integrated provision.

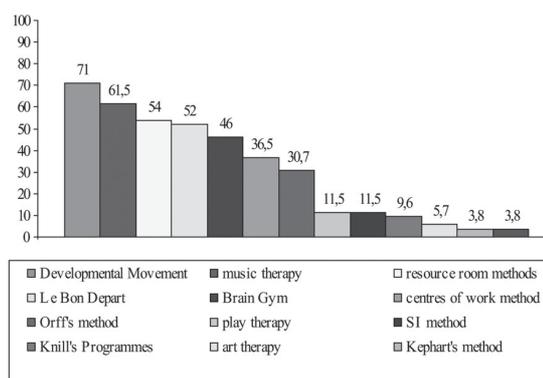
Therefore, the teachers participating in the study were asked to mark therapeutic methods they use to support children with intellectual disabilities in their classes. Figure 6 shows that majority of them used Veronica Sherborne Developmental Movement (71%) and elements of

music therapy (61,5%). About half of respondents implemented different resource room methods and Le Bon Départ Method modified in Poland by Marta Bogdanowicz.

E. Interpersonal competence

In the frame of cooperative competence, the surveyed respondents were asked to list the members of the staff they cooperate with in order to provide support for the disabled children. They reported cooperating with speech therapists (88%), psychologists (73%), physiotherapists (52%), resource room teachers (46%), therapists (23%), school pedagogues (13%) and special educators (17%).

Figure 6. Therapy methods (% of teachers)



Conclusion

The research concerned the level of support available at both school levels as well as class levels in schools conducting integrated classes. The following findings are relevant. First, specialist support offered on a school level seems to be sufficient, because all the surveyed schools employed special educators, and support teams were organised in majority of them.

Secondly, class level support appears to be reasonable. The teachers reported "rather good" and "definitely good" expertise in special education. The research showed that both class and support teachers' competence was on a high level. They applied different methods and techniques of assessing a child's needs and abilities, and tried to adapt the teaching process and assessment to

a child's individual abilities. Moreover, they used various strategies to enhance a child's motivation as well as diverse therapeutic methods. They also cooperated with specialists in diagnosing a child. Unfortunately, not in all schools were they

included in support teams. As teachers play an important role in diagnosing and supporting a child on everyday basis, it is recommended that class teachers should be involved in support and diagnosing teams operating in all schools.

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