CHAPTER -VI

SUMMARY

INTRODUCTION

The human civilization, at various stages of its development, has always endeavored to grapple with the myriad challenges of disability. Disability, surely, is a disadvantage for the individuals who endure it. But it is also a bigger disadvantage as well as a challenge for the society in any part of the world, which has so far not been able to offer an ideal platform in many parts of the world to the persons with disabilities. Persons with disabilities are unable to perform their normal activities of daily living. The disability may be physical, sensory or intellectual impairment of a person that hinders his or her performance of activities of daily living, education, work and full participation. It is the functional consequences of an impairment or change in the body or human functioning. The extent to which disability effects a person's life depends very much on the environment in which a person lives-social, culture, psychological and physical (IDEA, 1997).

Out of all the types of disabilities, Mental Retardation (MR) poses greater challenges than the others due to intellectual disability. Some children and adult persons so clearly deficient in academic, social and in self-care skills that it is obvious to anybody who interact with them that they require special services and educational programming. They experience pervasive and substantial deficits in most area of development and functioning. The persons with mental retardation have a condition of arrested or incomplete development of mind, which is specially characterized by sub-normality of intelligence, thus restricting or causing lack of ability in performing certain activities in their life. One of the key abilities for human beings to live an independent life is to take decisions independently, whereas the persons with mental retardation unfortunately are not endowed with. The major feature of mental retardation is delayed development. Even in the family, birth of an intellectually impaired produces greater pressure of extra demands of childcare, greater financial burden and all the worries and tension. The presence of a child with
mental retardation in the family calls for a lot of adjustment on the part of parents and the family members (Peshawaria & Menon, 1991). The responsibilities associated with the care of children with mental retardation may impact the parent’s psychological, physical & financial well-being over time (Seligman & Meyerson 1982; Ventura & Boxx, 1983; Gallagher et. al., 1983; Quine & Paul, 1985).

Different terms have been used by professionals from time to time for these people with mental retardation. Centuries ago the terms used for these people were idiots and fools. More recent terms include mental deficiency, mental subnormality, mentally challenged, and developmental disability etc. However, the latest term used by the various experts is mentally challenged instead of mental retardation. As this is a challenge for the parents to accept these persons as an important member of the family. This is also a challenge for the parents and teachers to train them in functional activities to make them independent lives. This is a challenge for the community and the whole society to accept and help these persons to live their life as normal as possible. Historically, persons with mental retardation have been underestimated and segregated from the society. Human history is replete with examples that during the early days of development of human civilization, persons with disabilities were and even eliminated. Centuries ago, the persons with mental retardation were considered as sub-human, unspeakable objects, menace to the society and objects of ridicule. Children who were born with defects were allowed to die at birth or in infancy. In the middle Ages, persons with disabilities were often objects of amusement, and were used for entertainment. More often, they were derided, imprisoned, or executed. Then came a phase when they were given charity, care and protection in various parts of the earth. The church began to foster human care for people with disabilities and to provide asylums for them. However, education for children with mental retardation first begins with the attempt by a French physician Jean Marc Gaspard Itard (1775-1838), by educating an eleven year old boy who has been found living as a savage in the woods. Thus during the nineteenth century, European physicians like Itard, Seguin and Montessori pioneered systematic efforts to treat and educate handicapped children.
In the present time, all over the world various provisions have been made with the aim to mobilize the resources to provide various services to persons with mental retardation and to bring them into the main stream of social life. The Indian Government also started the National Institute for the Mentally Handicapped (NIMH) in 1984 in order to develop manpower and materials to train persons with mental retardation. In order to control the quality of the programme and to accredit organizations in this field, the Government of India formed the Rehabilitation Council of India (RCI) in 1985.

After the independence, one important turning point in this direction came when the National Policy on Education (1986), gave emphasis on the education of children with mild disabilities in regular schools and the children with severe disabilities in special schools with hostel facilities in district head quarters.

The Persons with Disabilities Act 1995 came into enforcement on February 7, 1996 as an important land mark and significant step in the direction to ensure full participation of persons with disabilities in the nation building. The National Trust Act, 1999 has made provision for guardians for those who have applied and residential facilities by organization that are expected to maintain minimum standards prescribed by the trust in terms of space, staff, furniture, rehabilitation and medical facilities.

From the above it is clear that there has been steady growth in the services for persons with mental retardation in the country. Various professionals are of the view that mental retardation is a condition which cannot be cured. But when prevention of disability is not possible, curation becomes the objective. When prevention and curation are not possible, rehabilitation becomes vital. Rehabilitation is a broad term and education is a part of it. The person with mental retardation can be helped to learn many things.

Education for All Handicapped Children requires that state and local education agencies ensure that all children who are handicapped be identified and evaluated; that a comprehensive, non- discriminatory, multi-disciplinary educational assessment be made; that a written Individualized Educational Programme (IEP)
be developed and maintained for each child who has been determined to be handicapped. The role of Individualized Educational Programme on participation and accommodation is in state assessment. It was quoted that Individualized Educational Programme is both an important process and a document in decision-making concerning students; participation and accommodation in assessment (Shriner & Destenfand, 2003).

The mentally retarded children have special needs, in their adaptive behaviour skills which basically include motor skills, self-help skills, communication skills, social interaction, functional academics, domestic behaviour, community orientation, recreation & leisure time activities, and vocational activities. Every activity of the person with mental retardation has a meaning in life, which they can learn through Individualized Educational Programme (IEP) supported by related services, viz., audiology services, council services, early identification and assessment of disabilities in children, medical services, occupational therapy orientation and mobility services, parents counseling and training, physiotherapy, psychological services, recreational rehabilitation, school health services, social work services in schools, speech-language, pathology services and transportation.

In the term Individualized Educational Programme, individualization refers to the instructions appropriate to the individual whether or not is accomplished on a one to one basis. When we talk of Individualized Educational Programme, we should not have a misconception that a special educator can carry out an Individualized Educational Programme for only one person at a time. In fact, Individualized Educational Programme may be effectively carried out in a classroom set up (in Group Setting). Individualization can be accomplished through one to one or one to two ratios in small groups or even occasionally in large groups. Grouping children based on the range of the activities in which they need to be trained would enhance effective implementation of the Individualized Educational Programme system in a classroom environment (Jeyachandran P. et al. Madras Developmental Programming System, 1992).
NEED OF THE STUDY

The education of the mentally challenged has been accepted slowly in India as an important activity that requires special facilities and adoption of specially prepared curricula and teaching strategies. The effectiveness of Individualized Educational Programme in group setting has been explored and assessed in many countries of the world in training the mentally retarded persons as one of the strategy, which if found effective, may be introduced into training and education of mentally challenged in India. A variety of positive benefits is expected to occur from the use of group methodology, including the promotion of observational learning, facilities of over learning and generalization, the teaching of turn taking, increment in better use of instructional time, more efficient student management and increment in peer interaction.

Being in service in the field of mental retardation for more than 13 years, the investigator felt that implementing the Individualized Educational Programme in group setting could increase effectiveness of the same. It has been a common phenomenon that every child learns various skills more efficiently and easily in a peer group. Participation with others in group training is expected the spontaneous development of social reinforcers as well as group enthusiasm among the mentally challenged children. Very few studies related to Individualized Educational Programme in group setting are available in the field of mental retardation in India. Therefore, it has been expected that the findings of study would encourage the consideration of group experiences for the students with mentally challenged in the field of special education. The results of the study would also be significant and expected to provide the input for charting an entirely new teaching and learning programme for the mentally challenged children. All these factors and the facilitating conditions motivate the investigator to study the EFFECT OF INDIVIDUALIZED EDUCATIONAL PROGRAMME IN GROUP SETTING ON LEARNING OF ADAPTIVE BEHAVIOUR SKILLS IN MENTALLY CHALLENGED CHILDREN.
OPERATIONAL DEFINITIONS OF THE TERMS USED

The terms used in the study have been defined as under:

Mental Retardation (Mentally Challenged)

"It is a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills. This disability originates before age 18 years" (Luckasson et al. AAMR, 2002).

Individualized Educational Programme

Individualized Educational Programme is defined as a document, written by a team of professionals and parents, to provide student with handicap an appropriate intervention.

Group Setting

In the present study the Individualized Educational Programme has been accomplished on one to ten ratios in groups. The grouping is based on the assessment made on the basis of Madras Developmental Programming System- Behaviour Scale because the investigator has used MDPS- Behavioural Scale –an assessment tool to assess the adaptive behaviour skills.

Adaptive Behaviour Skills

Heber (1961) described adaptive behaviour as, "the effectiveness with which the individual copes with the nature and social demands of his environment."

As per Grossman (1983, p. 42), "Adaptive behaviour refers to what people do to take care of them and to relate to others in daily living rather than the abstract potential implied by intelligence."

In the present study, adaptive behaviour skills have included the following areas:

- **Motor Skills**: Gross motor and Fine motor.
- **Self-Help Skills**: Eating, Dressing, Grooming, Toileting skills.

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- **Communication Skills**: Receptive & Expressive Language.

- **Social Interaction**: Social skills i.e. receiving guests, using items of others with permission etc.

- **Functional Academic Skills**: Reading, Writing, Number, Time, Money etc.

- **Domestic Behaviour**: folding clothes, putting them in drawer, making beds, sorting vegetables, sweeping floor etc.

- **Community Orientation**: finding way self from one place to another within a familiar building, identifying a policeman, postman, fireman etc. interacting with strangers in public, crossing residential street intersections, etc.

- **Recreation & Leisure Time activities**: watching TV without disturbing others, playing indoor games, participating in group activities like singing, dancing etc.

- **Vocational activities**: Pre-vocational skills such as participating in a single activity for 10 minutes, assembling two-part objects that fit together, performing an assigned task for half an hour, etc.

**VARIABLES INVOLVED**

In the present study, Individualized Educational Programme and Group Teaching Lesson Plan constituted the independent variables, whereas adaptive behavioural skills viz. Motor Skills, Self-help Skills, Communication Skills, Social Interaction, Functional Academics, Domestic Behaviour, Community Orientation, Recreation & Leisure Time activities and Vocational activities constituted the dependent variables.

**OBJECTIVES OF THE STUDY**

The main objectives of the study have given below:

1. To identify the mentally challenged children having I.Q. 35 to 49 of age group 7 to 10 years.


To prepare the Individualized Educational Programme for each and every mentally challenged child of experimental group.

To prepare the lesson plan based on Individualized Educational Programmes in group setting.

To implement the lesson plan in group setting for six months only on experimental group.


To compare the mean gain scores of adaptive behaviour skills viz. Motor Skills, Self-help Skills, Communication Skills, Social Interaction, Functional Academics, Domestic Behaviour, Community orientation, Recreation &
Leisure Time activities and Vocational activities in mentally challenged children of experimental and control group after experimental stage.

HYPOTHESES OF THE STUDY

I. Adaptive Behaviour Skills in Mentally Challenged Children before Experimental Stage

The following hypotheses ($H_{01.1} \text{ to } H_{01.9}$) were framed in relation to Objective 3 of the study i.e. to compare the adaptive behaviour skills in mentally challenged children of experimental and control group before experimental stage.

$H_{01.1}$ There is no significant difference in the mean scores of motor skills (gross motor and fine motor) in mentally challenged children of experimental and control group before experimental stage.

$H_{01.2}$ There is no significant difference in the mean scores of self-help skills (meal time activities, dressing, grooming and toileting skills) in mentally challenged children of experimental and control group before experimental stage.

$H_{01.3}$ There is no significant difference in the mean scores of communication skills (receptive and expressive languages) in mentally challenged children of experimental and control group before experimental stage.

$H_{01.4}$ There is no significant difference in the mean scores of social interaction in mentally challenged children of experimental and control group before experimental stage.

$H_{01.5}$ There is no significant difference in the mean scores of functional academic skills (reading, writing, numbering, time and money skills) in mentally challenged children of experimental and control group before experimental stage.

$H_{01.6}$ There is no significant difference in the mean scores of domestic behaviour in mentally challenged children of experimental and control group before experimental stage.
There is no significant difference in the mean scores of community orientation in mentally challenged children of experimental and control group before experimental stage.

There is no significant difference in the mean scores of recreation & leisure time activities in mentally challenged children of experimental and control group before experimental stage.

There is no significant difference in the mean scores of vocational activities in mentally challenged children of experimental and control group before experimental stage.

2. Adaptive Behaviour Skills in Mentally Challenged Children after Experimental Stage

The following hypotheses (Ho2.1, Ho2.2) were framed in relation to Objective 8 of the study i.e. to compare the adaptive behaviour skills in mentally challenged children of experimental and control group after experimental stage.

There is no significant difference in the mean scores of motor skills (gross motor and fine motor) in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

There is no significant difference in the mean scores of self-help skills (meal time activities, dressing, grooming and toileting skills) in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

There is no significant difference in the mean scores of communication skills (receptive and expressive languages) in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.
There is no significant difference in the mean scores of social interaction in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

There is no significant difference in the mean scores of functional academic skills (reading, writing, numbering, time and money skills) in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

There is no significant difference in the mean scores of domestic behaviour in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

There is no significant difference in the mean scores of community orientation in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

There is no significant difference in the mean scores of recreation & leisure time activities in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

There is no significant difference in the mean scores of vocational activities in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

Mean Gain Scores of Adaptive Behaviour Skills in Mentally Challenged Children after Experimental Stage

The following hypotheses ($H_{0.1-0.9}$) were framed in relation to Objective 9 i.e. to compare the mean gain scores of adaptive behaviour skills in mentally challenged children of experimental and control group after experimental stage.
H03.1 There is no significant difference in the mean gain scores of motor skills (gross motor and fine motor) in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

H03.2 There is no significant difference in the mean gain scores of self-help skills (meal time activities, dressing, grooming and toileting skills) in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

H03.3 There is no significant difference in the mean gain scores of communication skills (receptive and expressive languages) in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

H03.4 There is no significant difference in the mean gain scores of social interaction in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

H03.5 There is no significant difference in the mean gain scores of functional academic skills (reading, writing, numbering, time and money skills) in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

H03.6 There is no significant difference in the mean gain scores of domestic behaviour skills in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

H03.7 There is no significant difference in the mean gain scores of community orientation skills in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.
setting as compared to those of mentally challenged children without training in group setting after experimental stage.

\( H_{03.8} \) There is no significant difference in the mean gain scores of recreation & leisure time activities in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

\( H_{03.9} \) There is no significant difference in the mean gain scores of vocational activities in mentally challenged children with training in group setting as compared to those of mentally challenged children without training in group setting after experimental stage.

**DELIMITATIONS**

Keeping in view the time available and limited resources, the present study has the following delimitations:

1. Only those mentally challenged children have been taken in the present study who have been diagnosed as mentally challenged by the authority of institutions and enrolled in the institutions of mentally challenged children located in Haryana.

2. The present study has been conducted on mentally challenged children with I.Q. 35 to 49.

3. The study has been delimited to the mentally challenged children of age group 7 to 10 years.

4. The study has also been delimited to 10 mentally challenged in one group i.e., 1: 10, teacher- student ratio.

5. Only those mentally challenged children have been taken for study who are not hyperactive and who have no epileptic problem.

**CHAPTERISATION SCHEME**

This study is developed in six chapters. The Chapter 1 is Introduction, which includes need of the Study, objectives, hypothesis and delimitations of the study. The
chapter 2 is devoted to the Review of the Related Literature. In chapter 3, the Design of the study, variable involved, sample, tools and statistical techniques has been presented. The chapter 4 deals with the Analysis and Interpretation of data along with the discussion of results. In the chapter 5 the Findings, Educational Implications of the study and Suggestions for Further Research has been worked out. The chapter 6 is devoted to the Summary of the study.

DESIGN OF THE STUDY

The purpose of the present study is an attempt to assess the effect of Individualized Educational Programme (IEP) in group setting on learning of adaptive behaviour skills viz. Motor Skills, Self-help Skills, Communication Skills, Social Interaction, Functional Academics, Domestic Behaviour, Community Orientation, Recreation & Leisure Time activities, and Vocational activities regarding mentally challenged children in Haryana. In this study, both the pre-test and post-test design was used and this was carried out in the following three stages.

At the first stage, current level of all the above stated adaptive behaviour skills in mentally challenged children of both the groups i.e., experimental and control groups, was assessed with the help of Madras Developmental Programming System (MDPS) - Behavioural Scale.

At the second stage, on the basis of assessment of the current level, Individualized Educational Programme (IEP) of each and every mentally challenged child of experimental group was developed in all adaptive behaviour skills as per their unique needs. Based on Individualized Educational Programmes of ten students of one group, lesson plans in group setting (Group Teaching Lesson Plan) for each skill area were developed and implemented on the group for a period of six months. In this way, 90 Group Teaching Lesson Plans on 18 skill areas were developed for all the five groups (10 subjects in each group) for 3 months and these were reviewed quarterly for next 90 Group Teaching Lesson Plans for next 3 months. No Individualized Educational Programme and lesson plan for group setting was developed for the mentally challenged children of control group.

At the third stage, all the adaptive behaviour skills in mentally challenged
children of both the groups i.e., experimental and control groups, were evaluated with the help of Madras Developmental Programming System (MDPS). All these three stages are also being presented in Table-1.

**TABLE - 1**

**Design of the Study**

<table>
<thead>
<tr>
<th>Stages</th>
<th>Experimental Group</th>
<th>Control Group</th>
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<tbody>
<tr>
<td><strong>Experimental Stage</strong></td>
<td>Individualized Educational Programme was developed of each subject and based on Individualized Educational Programmes of ten students of one group, lesson plans in group setting (Group Teaching Lesson Plan) for each skill area were developed and implemented on the group for a period of six months.</td>
<td>No Individualized Educational Programme and Lesson Plan in group setting (Group Teaching Lesson Plan) were developed and implemented on group.</td>
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</table>

For developing an appropriate Individualized Educational Programme (IEP), it was kept in mind that it explored each student’s needs diagnostically so that an appropriate programme could be developed. In the present study, the diagnostic process was followed as presented in Figure-1 to develop appropriate Individualized Educational Programmes (IEPs) and Group Teaching Lesson Plan to implement in group setting.
Identification & Screening

Moderate Mental Retardation

Behavioural assessment

Evaluation & Review

Procedure

General Background Information

Assessment of Current Level of Functioning

Setting Behavioural Objective

Setting Annual Goal

Fig.-1: The Diagnostic Process
SAMPLE OF THE STUDY

The sample of the study comprised 100 mentally challenged children of age group 7 to 10 years and having IQ 35-49, who were selected out of approximate 600 mentally challenged children enrolled in various institutions of mentally challenged located in Haryana state through purposive sampling technique. Out of these 100 mentally challenged children, 50 children formed the control group and 50 children formed the experimental group. However, the sample was equated on the basis of a few variables of the subjects such as IQ (35-49), level of mental retardation (moderate), and age (7 to 10 years).

TOOLS USED

The following tools were used to collect data in the present study:

1. Seguin Form Board Test (SFBT) by Edward Seguin
2. Vineland Social Maturity Scale (VSMS) by Malin (Indian Adaptation)
4. Case History Performa developed by the investigator itself.
5. Individualized Educational Programme (IEP) developed by the investigator herself.
6. Group Teaching Lesson Plan developed by the investigator herself.

PROCEDURE FOR DATA COLLECTION

In any type of research, the data are gathered so that hypotheses formulated at the planning stage may be tested. Collection of factual information or data required adaptation of a systematic procedure, because as per Whittery (1950), ‘Data are the things we think with. They are the raw material of reflection until by comparison, combination and evaluation they are stepped up to higher levels of generalization, where again they serve as basic material for further and higher thinking’. It also
required that the collection of relevant data must be adequate in quality and quantity and as reliable and valid as possible'.

The present study was conducted in three stages, detail of which is given below:

**Pre-testing Stage**

Initially, at the pre-testing stage, the investigator collected the general background information about all the 100 mentally challenged children who have been diagnosed as moderate by the school authorities at the time of admission. The general background information taken from the parents as well as special educators of the all the subjects have been recorded on a Case History Performa which helped the investigator in development of Individualized Educational Programme and Group Teaching Lesson Plan for them. To maintain ethical norms, permission and consent was taken from the Heads of the concerned institutes as well as the parents of the subjects to collect the data for the present study. In this regard, special care has also been taken so that the feelings of the subjects as well as their parents may not get hurt. During the pre-testing stage, Madras Developmental Programming System (MDPS) –Behavioural Scale was administered on all the subjects to assess their adaptive behaviour skills viz. Motor Skills (Gross and Fine motor), Self-help Skills (Meal time activities, Dressing, Grooming and Toileting), Communication Skills (Receptive and Expressive Language), Social Interaction, Functional Academic skills (Reading, Writing, Number, Time and Money), Domestic Behaviour, Community Orientation, Recreation & Leisure Time activities and Vocational activities. The scores, thus, obtained for each skill of every subject were recorded both graphically and numerically in the Behavioural Profile of MDPS. All the 100 mentally challenged children were further equally divided into two groups i.e. experiment group and control group. The subjects of both the groups were taken from the separate institutions intentionally so that the subjects belonging to control group may not feel ignored as no Individualized Educational Programme and Group Teaching Lesson Plan was developed for them.
Experimental Stage

On the basis of assessment of the current level in 18 adaptive behaviour skills viz. Motor Skills (Gross and Fine motor), Self-help Skills (Meal time activities, Dressing, Grooming and Toileting), Communication Skills (Receptive and Expressive Language), Social Interaction, Functional Academic skills (Reading, Writing, Number, Time and Money), Domestic Behaviour, Community Orientation, Recreation & Leisure Time activities and Vocational activities (Total 18 skill areas), of the subjects, Individualized Educational Programme in each skill area for every subject of experimental group was systematically developed in each skill for three months by using all its six components explained under section 3.4.5 in the same chapter. The needs, requirements and priorities were also taken into consideration while developing systematic Individualized Educational Programme of each subject (A specimen copy of Individualized Educational Programme of all ten subjects of one group has been given in Appendix-V). Based on the Individualized Educational Programme of every subject of one group of ten subjects, Group Teaching Lesson Plan on each skill was developed by using its components as mentioned under section 3.4.6 in the same chapter. After developing Individualized Educational Programme and Group Teaching Lesson Plan, all the special educators of the concerned institutions, where the experimental training was carried out, were made aware of the objectives and nature of the experimental training to be conducted. These special educators were also given special instructions and guidance for implementing the Group Teaching Lesson Plan, which was based on the Individualized Educational Programmes, on the group of ten subjects and it was implemented in the group setting of experimental group for 3 months. Objectives were quarterly evaluated to see the progress of subjects. The Individualized Educational Programme of each subject of experimental group and Group Teaching Lesson Plan was reviewed for planning of the next quarter. However, this procedure was continued for six months. In this way, 90 Group Teaching Lesson Plans on 18 skill areas were developed for all the five groups (10 subjects in each group) for 3 months and these were reviewed quarterly for next 90 Group Teaching Lesson Plans for next 3 months. Details of these 18 skill areas have been given in Section 1.11 of
Chapter-I. A specimen copy of Group Teaching Lesson Plan for one group of ten mentally challenged children based on their Individualized Educational Programmes (as given in Appendix- V) was developed, which has been given in detail at Appendix- VI.

However no Individualized Educational Programme and Group Teaching Lesson Plan was developed for the subjects of control group and hence, no special training was given to them.

The medium of training was Hindi. Training was given to each subject in group setting of experimental group for five hours daily in all the adaptive behaviour skills 30 to 40 minutes were given for one skill area per day and their performance was recorded every month. Appropriate and accurate instructional materials were prepared and used for training according to the target behaviour of the subjects of the entire group.

Post-testing Stage

After the training, of six months, each subject of both the groups i.e., experimental and control groups, was again evaluated individually to record their progress in all the adaptive behaviour skills with the help of Madras Developmental Programming System (MDPS)-Behavioural scale and recorded numerically and graphically on its Behavioural Profile. This was done to check whether the subjects of experimental group have achieved the pre-determined set of objectives of Individualized Educational Programme or not. The mean gain scores were also recorded for both the experimental and control groups of the subjects.

STATISTICAL TECHNIQUES USED

Raw scores carry no weight and meaning by themselves, unless statistical techniques are employed to test the significance of the scores. In order to fulfill the objectives of the study, the following statistical techniques were employed for data analysis: (1) Mean, (2) Standard Deviation, (3) t-test. As the hypotheses of the present study were null, two tailed test was employed for testing the significance of difference between the mean scores of all the Adaptive Behaviour Skills.
FINDINGS OF THE STUDY

1. Findings Related to Motor Skills in Mentally Challenged Children

- No significant difference was found in the mean scores of motor skills in mentally challenged children of control and experimental groups at the pre-testing stage. It means that both the groups are similar in performing the motor skills at the pre-testing stage.

- The mean scores of motor skills in mentally challenged children of experimental group children are significantly higher than that of control group at post-test stage. This implies that after the implementation of Individualized Educational Programmes in group setting, there is massive improvement in the performance of motor skills among mentally challenged children of experimental group.

- Mentally challenged children of experimental group exhibit significantly higher mean gain scores of motor skills than that of the mentally challenged children of control group.

2. Findings Related to Self-Help Skills in Mentally Challenged Children

- No significant difference was found in the mean scores of self-help skills in mentally challenged children of control and experimental groups at the pre-testing stage. This implies that both the groups have similar self-help skills at the pre-testing stage.

- The mean scores of self-help skills in mentally challenged children of experimental group have significantly higher mean scores than that of control group children at post-test stage. This leads to the inference that the subjects of experimental group exhibited better improvement in their self-help skills than their counterparts.

- Higher mean gain scores of self-help skills in case of mentally challenged children of experimental group give rise to the interpretation that the proper training in group setting may prove beneficial in the case of mentally...
challenged children to enable them to be independent for performing their personal activities of daily living to some extent.

3. Findings Related to Communication Skills in Mentally Challenged Children

- No significant difference was found in the mean scores of communication skills in mentally challenged children of control and experimental group at the pre-test stage. This implies that both the groups are similar in performing their communication skills at the pre-test stage.

- With respect to communication skills, mentally challenged children of experimental group have significantly higher mean scores than that of children of control group at post-test stage. This leads to the inference that the children of experimental group have improved their communication skills after getting training in group setting as compared to those of control group.

- There is significant difference in the mean gain scores of communication skills in mentally challenged children of both the groups. Higher mean gain scores in case of mentally challenged children of experimental group gives rise to interpretation that training in group setting is very beneficial in enabling the mentally challenged children to improve their communication skills to some extent.

4. Findings Related to Social Interaction in Mentally Challenged Children

- At the pre-test stage, no significant difference was found in mean scores of social interaction in mentally challenged children of control and experimental group. This leads to the conclusion that both the groups of mentally challenged children performed their social interaction skills in a similar way.

- At post-test stage, the mean scores of social interaction in the subjects of experimental group are significantly higher than subjects of control group. This shows that proper training in group setting of mentally challenged children help them to rehabilitate comfortably in the society.

- Higher mean gain scores of social interaction in case of mentally challenged
children of experimental group leads to the inference that systematic training in group setting is beneficial to such type of children to become them socially adequate. They could learn complex socially adaptation skills if they are trained properly and systematically.

5. Findings Related to Functional Academic Skills in Mentally Challenged Children

- At the pre-test stage, no significant difference was found in mean scores of functional academic skills i.e. reading, writing, numbering, time and money, in mentally challenged children of control and experimental group. This leads to the conclusion that both the groups of mentally challenged children performed their functional academic skills in a similar way.

- At post-test stage, the mean scores of functional academic skills in the subjects of experimental group are higher than subjects of control group. This shows that proper training in group setting of mentally challenged children is more beneficial to them to learn their academic skills.

- Higher mean gain scores of functional academic skills of mentally challenged children of experimental group leads to the inference that systematic training in group setting is beneficial in enabling these children to improve their functional academic skills to some extent.

6. Findings Related to Domestic Behaviour in Mentally Challenged Children

- At the pre-test stage, no significant difference was found in mean scores of domestic behaviour in mentally challenged children of control and experimental group. This leads to the conclusion that both the groups of mentally challenged children performed their domestic behaviour in a similar way.

- At post-test stage, the mean scores of domestic behaviour in the subjects of experimental group are higher than subjects of control group. This shows that proper training in group setting of mentally challenged children is more beneficial to them to learn their domestic behaviour.
7. Findings Related to Community Orientation in Mentally Challenged Children

- No significant difference was found in the mean scores of community orientation in mentally challenged children of control and experimental groups at the pre-testing stage. It means that both the groups are similar in performing the community orientation at the pre-testing stage.

- The mean scores of community orientation in mentally challenged children of experimental group children are higher than that of control group at post-test stage. This implies that after the implementation of Individualized Educational Programmes in group setting, there is an improvement in the performance of community orientation among mentally challenged children of experimental group.

- Higher mean gain scores of community orientation of mentally challenged children of experimental group gives rise to the interpretation that they could learn community orientation if they are trained properly and systematically in group setting.

8. Findings Related to Recreation and Leisure Time Activities in Mentally Challenged Children

- No significant difference was found in the mean scores of recreation and leisure time activities skills in mentally challenged children of control and experimental groups at the pre-testing stage. This implies that both the groups have similar recreation and leisure time activities at the pre-testing stage.

- The mean scores of recreation and leisure time activities in mentally challenged children of experimental group have higher mean scores than that of control group children at post-test stage. This leads to the inference that the subjects of experimental group exhibited better improvement in their
recreation and leisure time activities than their counterparts.

- Higher mean gain scores of recreation and leisure time activities of mentally challenged children of experimental group gives rise to the interpretation that they could learn recreation and leisure time activities if they are trained properly and systematically in group setting.

9. **Findings Related to Vocational Activities in Mentally Challenged Children**

- No significant difference was found in the mean scores of vocational activities in mentally challenged children of control and experimental group at the pre-test stage. This implies that both the groups are similar in performing their vocational activities at the pre-test stage.

- With respect to vocational activities, mentally challenged children of experimental group have significantly higher mean scores than that of children of control group at post-test stage. This leads to the inference that the children of experimental group have improved their vocational activities after getting training as compared to those of control group.

- There is significant difference in the mean gain scores of vocational activities in mentally challenged children of both the groups. This shows that proper training in group setting of mentally challenged children help them to rehabilitate comfortably in the society as wage earning members whether in a sheltered workshop situation or in an open placement situation.

**EDUCATIONAL IMPLICATIONS**

From the preceding section, it is clear that the findings of the present study are effective in enhancing the efficiency of almost all the subjects and have a variety of social and positive benefits which encourage the consideration of group experiences for students who are mentally challenged. Thus they facilitate many valuable and important educational implications for special educators, parents, siblings, local and legal guardians, school authorities, psychologists, pediatricians, counselors, social workers, doctors, psychiatrists, vocational instructors, and the community at last.
The present study revealed that implementation of Individualized Educational Programmes in group setting on learning of adaptive behaviour skills viz. Motor Skills, Self-help Skills, Communication Skills, Social Interaction, Functional Academics, Domestic Behaviour, Community Orientation, Recreation & Leisure Time activities, and Vocational activities, promotes observational learning, and facilitates maintenance and generalization among mentally challenged children. This group methodology increased peer interaction among the subjects. Use of group methodology is also supported by Oliver & Scott (1981) and Stevens & Rosenshine’s (1981) who’s review of best practices found the importance of “academic engaged time” and its relationship to higher achievement levels. It was further revealed that the teaching of turn-taking increased better use of instructional time and efficient student management.

Teaching lessons to the entire class at one time increased the control of special educator as well as instructional time for each child in the class room. Special educators, thus, supervise each child throughout entire periods (i.e., all children are visible at all times), provide constant instruction (of a large group nature), and manage students by exercising direct control. This study also revealed that systematic planning of instructions for a group can facilitate special educators for effective implementation of Individualized Educational Programmes in group setting.

In the present study, all the special educators were given instructions and guidance for implementing the Individualized Educational Programme in group setting and it was found that their teaching skills, awareness of all the special techniques & methods and having knowledge how to use instructional materials and methods effectively facilitated in implementing the IEP in group setting. Here, special educator is expected to be flexible, humorous and attractive through way of talking, fluctuation in voice and facial expressions according to the concept. She / he must have skills to co-ordinate with other members of inter-disciplinary team.

Positive benefits have also been revealed under some conditions such as, when size of groups are dependent on student’s characteristics and content taught,
groups are based on current levels of specific skills, there is a combination of small
group and whole class instruction.

Use of variety of behavioural techniques, teaching methods, instructional
materials, stages of learning, principles of teaching and steps of concept development
in the present study proved the effectiveness of teaching process in group setting.
Multi-sensory approach, peer tutoring and co-operative learning methods were most
effective methods of teaching in group setting as they enhanced the proficiency and
maintenance of learning activities among the subjects. Salend (1990) also supported
peer tutoring and to ensure its effectiveness, teacher need to monitor the programme
carefully. Use of picture colouring, matching words and pictures, drawing, and
picture finding etc, would be very effective instructional materials to adopt in
teaching the mentally challenged.

It was observed that group consciousness developed among mentally
challenged children as they learnt to participate in group activities. Language and
communication have their roots in the students' relationship to other people and this
too may require a deliberate teaching strategy, at least initially. Language is very
important for social integration, academic skills (reading, writing, number, time and
money), domestic, community oriented, recreational & leisure time activities and
prevocational activities. Such type of children should be helped to develop their
skills to the fullest extent so that their social integration and later vocational training
could be facilitated.

It was also observed that in order to make the teaching effective and to create
a suitable learning environment in the schools, the school authorities should have the
responsibilities to provide appropriate instructional materials such as computers,
educational softwares, video games, charts and other indoor games etc. to develop
effective teaching skills in group setting. The school authorities should organize
Workshops, Continuing Rehabilitation Programmes and Training Programmes etc
for the parents, teachers separately to update and enhance their knowledge and to
familiar them from the latest development, new trends and innovations in the field.
While dealing with the retarded children every effort should be put in to make the
school more like a home where these children can develop their faculties to the greatest possible extent.

Parents' involvement in the training of their mentally challenged wards constitutes one of the most significant developments in the field of special education. They also need to be aware of the precise teaching methods and strategies being used by the teachers and other professionals to achieve any particular teaching goal.

Thus the parents and teachers need to work together in planning the next developmental step and to remain alert to signs from the child that he may be ready to respond in teaching designed plan to help him in acquiring new skills.

Now, by accepting the fact that the educational progress in the field of mental retardation has been very slow in our country, more emphasis should be laid on research in this field. Hence it is obvious that the present study makes a significant contribution towards the growth of education and training of the mentally challenged persons in the country.

SUGGESTIONS FOR THE FURTHER RESEARCH

Due to paucity of time and resources at the disposal of the investigator, all the aspects of the problem cannot be expected to deal with. Therefore, the present study opens up certain avenues for further research which are briefly listed below:

1. The present study was delimited to mentally handicapped children with IQ 35 to 49. There is a need to carry out this study on mentally handicapped children with different IQs i.e 50 to 69 and 20 to 34.

2. The present study was delimited to mentally handicapped children of age group 7 to 10 years (primary-II group). Similar study can be conducted on mentally handicapped children of different age groups i.e. 3 to 6 years (pre-primary), 11-14 years (secondary), 15-18 years (pre-vocational-I & II)

3. Similar study can also be conducted on mentally handicapped children in relation to their demographic variables such as gender, locality, socio-economic status etc.
4. Similar study can be conducted on the mentally handicapped children having additional disabilities such as visual impairment, hearing impairment, orthopedic disabilities etc.

5. The present study was conducted on a few districts located in Haryana. Similar study can also be extended to other districts and states.

6. Similar study can also be conducted to see the impact of behaviour modification programme on learning of functional skills in mentally retarded children.

7. Similar studies can also be conducted to see the effect of Individualized Educational Programme in inclusive set-up (group of handicapped and non-handicapped) on learning of adaptive behaviour skills in mentally handicapped children.

8. Similar studies can also be conducted to see the effect of co-operative learning on the academic achievement of students with mental retardation in inclusive set-up.

9. Similar studies can also be conducted to see the effect of classroom organization and management on the development of daily schedules and instructional lesson plans for mentally challenged persons.

The list which has been given above is, however, not exhaustive, but illustrative. There are vast areas in this field, which have been so far remained, unexplored and any attempt to delve deep in them may both be rewarding and instructive. If the present study is able to provide thinking in this direction, the efforts of the investigator would have been amply rewarded.