CHAPTER II
PILOT STUDY AND METHODOLOGY

2.0.0 INTRODUCTION

2.1.0 PILOT STUDY

2.2.0 THE FINAL STUDY
   2.2.1 The Description of the Group
   2.2.2 Development of the Curriculum

2.3.0 THE TOOLS

2.4.0 DATA COLLECTION

2.5.0 ANALYSIS OF THE DATA

2.6.0 THE CASE STUDY
CHAPTER II

PILOT STUDY AND METHODOLOGY

2.0.0 INTRODUCTION

This chapter deals with the methodology of conducting this study. It includes a pilot study and the final study. The study is both experimental and descriptive in nature. The final study has two parts: (i) Study of the home background of the subjects and (ii) developing and studying the curriculum offered to the group. The first part of the final study is based on the content analysis, while the second part is based on pretest, intermittent test, post-test and weekly evaluation of the programme.

The entire study was conducted in two phases as mentioned above. These phases were: namely, (i) the initial phase, viz., construction of the tool and conduction of the pilot study; and (ii) the final phase, viz., conduction of final study. The tools were prepared during the pilot project. The final study was guided by the experiences gained during the pilot study. It was conducted in two stages, (i) preparing the group for learning, and (ii) the actual implementation of the programme to enhance their learning.
The following Table 2.1 indicates the schematic presentation of the study.

### TABLE 2.1

**Schematic Presentation of Different Phases of the Study**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Task</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction of tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I The Initial Phase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Interview Guide (for parents).</td>
<td>1. To study home background of the subjects.</td>
<td></td>
</tr>
<tr>
<td>(2) Periodical Development Evaluation Tool</td>
<td>2. To measure skills achieved by the subjects.</td>
<td></td>
</tr>
<tr>
<td>(3) Cage Observation Records.</td>
<td>3. To develop case study.</td>
<td></td>
</tr>
<tr>
<td>Pilot Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. To check reliability and validity of tool.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II The Final Phase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The individual treatment.</td>
<td>1. To study home environment.</td>
<td></td>
</tr>
<tr>
<td>(2) The group treatment.</td>
<td>2. To develop curriculum for children.</td>
<td></td>
</tr>
<tr>
<td>3. To develop case study.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.1.0 PILOT STUDY

Preliminary trial for any research measure is essential to plan a sound research plan as it includes testing procedures. It provides a research worker with scientific concrete ideas and clues which are seen usually through pilot study. It also provides enough guidelines for taking concrete decisions to proceed with the main study. It makes possible for testing the tool for reliability and applicability of the tool. Hurried approach in the field of education for developmentally handicapped is not advisable. Keeping these points in view, the investigator felt it necessary to conduct a pilot study for systematic decisions for conducting the final study.

Objectives

The pilot study was planned with the following objectives:

(i) To find out the tentative answers to the questions mentioned below, which lead to the formation of precise objectives in the main study.

(a) To what extent is it necessary to gather the information regarding the home environment in the present study, if so, why? Is parent contact necessary for
this purpose?

(b) Are there any possibilities of training them in developing skills in the children? If so, how?

(c) What type of curriculum would be suitable for each child?

(ii) To develop reliable and valid tools related to the criterion variables.

Methods and Procedure

The pilot study was conducted in two parts: Study of home environment of non-normal and the development of the programme. The data regarding the home environment was obtained by interviewing the parents who happened to be in the institution or by contacting parents through home visits. In order to obtain systematic and relevant data interview guide was used. The information related to parents' status, socio-economic background, family dynamics, child's early history and parents' interest in the child were obtained. A few parents were also involved in designing the programme with a view to knowing the possibilities of utilizing resources of parents and the families. The parents suggested the activities like arranging field visits, collecting material for the
activities and arranging for the birthday gifts for the children.

In order to obtain the information regarding the programme and its effect on the children an experiment was conducted by implementing a pre-school oriented curriculum for a small group of children. The group consisted of seven to fourteen year old children in the category of educable and trainable. The children were observed before and after the programme in order to study the possibilities of training them. The case observation record and the periodical developmental evaluation tools were used in order to study the curriculum and its impact on the children.

Overall Observations of the Pilot Study

The first part of the study included the questions related to the two aspects of home environments: (i) child's home background and (ii) need of parental contact. Working experience with the parents of intellectually non-normal children revealed that the home has greater influence on the behaviour of the child. For instance, a child having no parents or the parents being divorced, appeared withdrawn, inactive or attention seeker. The child having authoritarian or dominating parents expressed his internal conflicts through negative adjustment.
They demonstrated behaviour like quarrelling, beating, spitting, etc. These types of data helped the investigator to understand the internal conflicts in the children in order to select a suitable technique of handling them during the programme. Motivating technique was adopted to activate the children during the programme instead of a negative approach. It was observed that some of the children whose parents had high expectations from them, were often frustrated and left the activities in the middle and refused to try again.

The data regarding parents' interest in the children, revealed that the parents showed concern about their children. The parents' interest and concern was evident through their cooperation in training a child, providing medical treatment, teaching 3 R's, developing socio-emotional skills, sending the children to the schools, etc. All the parents while discussing their difficulties regarding the training of their children expressed a strong desire to receive guidance and help. They felt that they were not sure when and how their help was required. Thus, the first part of the study indicated the need to include home environment in the present study in order to understand the difficulties faced by these children and the need of parental contact.

The second part of the study dealt with the
effectiveness of the programme. In other words, it was aimed at obtaining answers to three problems: (i) possibility of the programme being beneficial to the children, (ii) developing studies with a view to understanding and strengthening the processes of learning, and (iii) formulation of the curriculum. The observation reports of each individual case and also of the group showed positive response to the programme. Majority of the children participated actively in all the activities offered to them. Three children out of the five showed some gain in physical and socio-emotional skills. However, it was observed that these children needed individual attention and care. It was also observed that two children indicated difficulties in adjustment, and therefore, they could not adjust to the programme offered to the group. The experts in the related field were consulted for guidance in order to help these children. They suggested an indepth study of these children. The reasons for the maladjustment to the programme were: (i) children had adjustment difficulty; (ii) they needed individual attention and care, and (iii) they often had multiple disabilities like speech defect, physical deformity and intellectual handicap. It was necessary to develop case study in order to formulate curriculum based on individual and group needs.

The need for developing curriculum was felt in order to plan activities having specific objectives and
observe its effect on the children. It was also observed that the formulation of the curriculum developed awareness regarding the selective and suitable activities which need to be repeated in order to strengthen learning in children. It saved time and minimized confusion during implementation of the programme. In this manner, a suitable curriculum was prepared with a view to facilitate maximum learning in the children. Thus, the observation revealed that the study of home environment and the need-based programme were necessary in order to maximize the impact of the programme on developing skills in the children.

Guidelines for the Final Study

The experiences of the pilot study lead the investigator to arrive at the following guidelines:
(i) Since non-normal children are likely to be handicapped on several dimensions (physical, emotional, social, intellectual, and communication) the sample size had to be restricted to ten children, (ii) it was felt that developing programmes with day school children was very difficult. Therefore, a residential institution should be selected to conduct the experiment for the final study. It would also ensure the complete cooperation of the institution and also regular attendance of the children, (iii) since (intellectually) non-normal children take
longer time to learn, it is necessary to conduct the experiment for a longer period. This was especially true with the non-normal children in order to have reliable results, (iv) the observations should be done by a trained person while the investigator is busy conducting the programme. This will provide more reliable data, (v) individual treatment is essential in order to prepare the group for learning, (vi) a fortnight programme planning is essential in order to avoid confusion and direct the activities with specific purpose. In certain cases it should be flexible in order to make it meaningful for the purpose it is framed, (vii) unstructured interview guide is necessary in order to collect systematic information regarding the home environment, and (viii) home visits are essential to obtain first hand information about his natural home setting and parent child relationships.

2.2.0 THE FINAL STUDY

The Procedure

The residential institution for the non-normal children was selected as per the guidelines obtained during the pilot study. Owing to the need of cooperation from the institution and the need of regular attendance of the children, a particular institution at Baroda was considered for the study. The institutional observation and the report revealed that there was a need of scientific
information so as to develop suitable curriculum to meet the learning needs of children. Finally, considering all these factors, the "Home for Mentally Deficient Children (HMDC)" situated in the city of Baroda was selected to conduct the present study.

The Sample

The sample for the present study comprised the trainable and educable category of subjects and their parents. The selection of the sample was done by considering those subjects who had registered up to the year 1975 in this particular residential institution. The institution enrolled total twenty-five children who belonged to the trainable and educable category. Ten subjects of these twenty-five were recommended by the concerned authorities, because they were unmanageable and posed adjustment problems. The other ten subjects were selected by the investigator after observing them for two weeks. These children showed better chances of progress.

The subjects of trainable and educable category, were considered eligible if they satisfied the following criteria:

(i) Status: Belonging to the residential institutional set up,

(ii) Age range: Seven to fourteen years,
(iii) Sex: Male,

(iv) Developmental level of clinical diagnosis: 
Trainable and educable category, indicated 
by clinical report of the institution,

(v) Prognosis: Capable of developing (a) person­ 
al competence, (b) socio-emotional skills,

(vi) Untrained in the daily living activities 
such as bathing, brushing teeth, washing 
face, etc.

On the basis of the above criteria, finally, 
twenty subjects were considered to start with for the present 
study.

But towards the end of the study, the investigator 
was left with only ten subjects because (1) five cases 
developed skin disease and were not continued and (2) the 
other five dropped out of the institution. Thus, the total 
sample finally consisted of ten children. Out of these ten 
children, seven were of trainable and three were of 
educable categories. The investigator decided to conduct 
the study with a small group of ten subjects for the 
following reasons: (i) Ten subjects were easier to handle 
as they had diversity and multiplicity of problems, 
(ii) development of detailed case study was possible only 
when the number was small, and (iii) development of
curriculum based on an individual and group needs was feasible only for a small group. There are studies and literature recommending small sample for an experimental study as these children are characterized by multiple disabilities like adjustment problems, physical disabilities and communication gaps.

Ahmed (1968), in planning on educational programme, had recommended that the classes of brain damaged children should consist of smaller group. The important characteristics of a brain damaged child are hyperactivity and distractivity. Das (1973) and Smith (1971) expressed their opinion that the individualized instructions and assessment are required to teach the individual child and control his behaviour. They further emphasized that this would be possible for a teacher, only when the group is small. Schattner (1971) and Mallick (1970) also expressed similar opinion. They emphasized that teachers need to know each child well in order to built an effective programme.

It is, thus, essential to have a small sample in order to obtain more systematic observations and also to increase the possibilities of developing talents in each one of them. The Table 2.2 indicates the characteristics of the sample.
TABLE 2.2
Characteristics of the Sample

<table>
<thead>
<tr>
<th>Subject</th>
<th>Year of admission</th>
<th>Present age</th>
<th>Category</th>
<th>Overall Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1975</td>
<td>8</td>
<td>Trainable</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>1974</td>
<td>11</td>
<td>Trainable</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1975</td>
<td>8</td>
<td>Trainable</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1974</td>
<td>12</td>
<td>Trainable</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1975</td>
<td>13</td>
<td>Trainable</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1974</td>
<td>11</td>
<td>Trainable</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>1974</td>
<td>10</td>
<td>Trainable</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>1973</td>
<td>14</td>
<td>Educable</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>1974</td>
<td>13</td>
<td>Educable</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>1974</td>
<td>14</td>
<td>Educable</td>
<td></td>
</tr>
</tbody>
</table>

2.2.1 The Description of the Group

All these children were male and belonged to the age group of 7 - 14 years. They all came to the institution from the nearby villages and few from cities. Seven of the inmates were brought to the institution by their parents or guardians in absence of parents. While the other three were referred cases. These were committed by the court to other institutions as they were found roaming aimlessly on the railway station or pick-pocketing. Later on, they were
referred to this institution.

Seven of the children were clinically categorized as trainable and the other three as educable. The clinical report had no record of their I.Q., but they had classified them as educable and trainable. Six children belonged to the age group of 8 - 11 years and four under the age group of 12 - 14 years.

(i) **The Multiple Disabilities:** Physical disability (organic defect): This was found only in one child, the toes of both the feet were joint. No other disabilities were reported in the medical report. In relation to speech defect, one ten year old child could hear normally but could not speak properly i.e. he could make only some sounds. He used sign language to communicate his feelings. Other two children aged twelve and fourteen years were able to communicate but their speech was partially defective (not clear). Another twelve and fourteen year old child stammered and so avoided for any verbal interaction with other children and adults. Other seven could speak but they refrained from communicating freely.

(ii) **Behavioural Disorder:** The institution report of five children showed that these children were unmanageable and could not work in one place as they preferred to move about aimlessly. They were found restless, destructive and aggressive towards other children. Three children were usually lying down or sitting in the corner. They showed no
interest in either play or work. Eight of them gave no attention to personal cleanliness like brushing teeth, taking bath, washing hands, using toilet, etc.

Two of the children were comparatively better adjusted as they responded to the instruction given by the authorities. Thus, majority of the children had adjustment difficulties within the institutional set-up. It required careful treatment plan which would, to some extent, satisfy the emotional needs and facilitate maximum learning in them.

2.2.2 Development of the Curriculum

The curriculum designed in the present study aimed at developing overall development of a child. It was formulated with a purpose to providing individual and group treatment to facilitate maximum participation in the group. Seventy activities were identified and prepared with a view to encourage development in physical, socio-emotional and communication areas. Activity analysis was done with the help of four experts in the related fields. Preliminary tryout was done in another institution. The list of the activities was finally prepared and checked by the experts before it was implemented. A detailed description of these activities has been given in Chapter III - "Curriculum".
2.3.0 THE TOOLS

On account of having very limited exposure to varied situations, the children were unable to respond to structured testing. Any tool measuring the overall development of a child in various dimensions, namely, physical, emotional, social, intellectual and communication was not available in the market. Hence the investigator decided to plan, develop and adopt her own tool. The tools in the present study were prepared with a view to cover two parts of the study: (i) home environment and overall development of a subject. Three tools, namely, (i) Interview Guide for the parents, (ii) Periodical Developmental Evaluation and (iii) Case Observation Record, were prepared. In case of institutional data, the institutional observation schedule was also developed.

(i) Interview Guide

This tool was prepared with a view to collecting background data about the child and the parents. The items included in the Interview Guide consisted of early development of a subject, recognition of mental subnormality, training a child at home, parent's interest and difficulties faced by them. The items prepared for those major aspects guided the investigator to collect systematic detailed information about the child and the parents. The changes in the items were made after administering it with
three parents who were not the part of the sample of the present study. The main outlines of the interview guide for the parents are as follows:

(i) Home: Location, space, ventilation, facility, rented/owned and neighbourhood, etc.

(ii) Child: Basic data, developmental history, health, treatment, education and his visits to home.

(iii) Parents: Parents background information, their understanding about the mental subnormality, expectations, anxiety, difficulties and help required.

(iv) Services: Their satisfaction and dissatisfaction about existing services and suggestions to improve it.

(v) Parents' role and leadership for the betterment of the services.

(ii) Periodical Developmental Evaluation (PDE)

This tool measured the expected skills in the non-normal (developmentally handicapped) children.

The following standardized tools were referred as resource in order to obtain uniformity and consistency in
the content. Although, it was necessary to modify the scale for the practical utility of the tool. The following areas, namely, physical, emotional, social, intellectual and communication were included. (i) The Vinland Social Maturity Scale (1935), (ii) The Weschlers Intelligence Performance Scale (1949), and (iii) The Provisional Manual for Developmental Schedule (1969). Institute, Ahmedabad). Different subareas of these tools were considered as under:

(i) Provisional Manual for Developmental Schedule (1965) - Eating habits, dressing, expression of ideas, naming days and weeks, etc.

(ii) Vinland Social Maturity Scale (1935) - Communication, discipline, self awareness, habits, relationship, etc.

(iii) Weschlers Intelligence Scale (WISC: 1949) for pre-primary and primary children - general information, verbal vocabulary and socialization skills, etc.

Thus, considering major areas of development and its component, the tool was drafted with several items.
(iii) Case Observation Record (COR)

This tool was prepared with a view to:

(i) gathering the information about the overall development of the case, in the areas like: their interaction in various situations such as free play activity, music sessions, field visits, story telling, etc. activities (experiences);

(ii) knowing their performance in the various activities and also their likes and dislikes;

(iii) planning out suitable treatment for each child by studying the difficulties faced by him.

The tool, namely, the Case Observation Record (COR) was divided into four sections. These are:

(i) Activities for developing physical skills involving (a) gross motor skills and (b) finer muscle skills;

(ii) Mental development including (a) sensorial experiences, (b) concept formation and (c) general awareness;

(iii) Socio-emotional responses; and

(iv) Communication.
The subitems under major area were related to the process of learning. The performance of the subject in respective items was scored on three point scale i.e. good, satisfactory and poor, or always, sometimes and at times. The descriptive information was also recorded.

(iv) Institutional Observation Schedule

This tool aimed at obtaining the required information about the institution in a systematic and an organized form. The information was concerned about (i) the institutional philosophy, objectives, administration and its finance; and (ii) the subjects. Following guidelines were prepared to collect the detailed information.

1. The history of the institution,
2. Its objectives and administrative system,
3. Location and physical condition of the institution,
4. Residential and educational facilities,
5. Programme - daily schedule,
6. Group and individual behaviours, and
7. Relationship of the individual and the group.

Reliability and Validity

An effort was made to establish reliability and validity of the tool by following means. The content validity was obtained by checking and rechecking the
content with the help of experts and trying it out in pilot project. The experts from related discipline (social worker, special education teacher, psychiatrist, child development worker) were consulted at every stage during the preparation of this tool. The suggested changes were incorporated in the tool and it was again tried out to see its practical applicability. For instance, some of the skills were considered difficult to achieve by these children. The behaviour of these children were studied by giving various activities. Again, discussions were held with the experts. Finally, the tool was administered after the approval of the experts and, thus, content validity was obtained.

Inter-observer reliability was obtained by comparing the ratings of the two trained personnel to record data during the experiment. This was done with a view to controlling the subjectivity and enabling the investigator to conduct the programme effectively. The period of the final study was increased to a longer duration of six months. The observations were carried on alternative days in order to check the reliability. The data in between were also checked by the experts to examine the reliability of the observers. Although statistical reliability coefficient was not obtained, an effort was made to check reliability through discussions with the experts.
2.4.0 DATA COLLECTION

The data concerning the parents and the subjects were collected separately but simultaneously. The sources for gathering information were: (i) Case Record files; (ii) the authorities concerned; and (iii) the subjects and their parents. They were collected by the investigator with the help of trained observers and the teacher of the institution. The investigator conducted the programme and collected the descriptive information immediately after the completion of the programme. The teacher gathered information on periodical developmental evaluation. This information was collected during the programme. The observers observed the activity treatment application and collected the information by the case observation record. Data in the present study were collected about (i) background information of institution, (ii) individual treatment, (iii) the group treatment, and (iv) the parents. The observation and the interview technique were employed to collect the data.

Information regarding the institution was obtained by interviewing the concerned authorities and by observing the normal functioning of the institution. It was done during the initial period of the programme. The report was prepared considering its objectives, finance, staff, activities for training, rehabilitation and general
participation of the group in the activities planned by
the institution. Individual treatment consisted of the
overall observation of the subjects in five major areas
of development: physical, emotional, social, intellectual
and communication. The information in these five areas
were recorded after the activities of the day were over.
The information related to the four areas were collected
through observation. The information obtained were related
to (i) the observation of the subject, (ii) the approach
adopted, and (iii) its effect on the subject. The group
treatment includes the data about conducting the experi­
ment and its effect on the children. The data with refer­
ence to effect was collected in two aspects, namely, (i)
the skills developed in subjects and (ii) the programme
causin the effect. The detail discussion on group treat­
ment has been presented in Chapter III.

The information regarding the home background was
obtained through interview guide prepared for the parents.
It was collected through an unstructured free conversation.
In order to get maximum information, home visits were made.
The rapport with the parents was established while clari­
fying the purpose of the visit. It was emphasized that
their cooperation was valuable and very necessary. In
order to maintain the continuity in the conversation, the
parents were explained about the type of information
required by the investigator. Thus, efforts were made to
prepare them to give complete details about their children.

2.5.0 ANALYSIS OF THE DATA

The data were finally categorized into three major areas. They are: (i) Individual Case Data, (ii) the Group Data, and (iii) the Home Environment. Individual case data comprised the details learning process with reference to individual learning and group treatment offered during the programme. The group data included the evaluation of group learning and formulating curriculum. The third area consists of the synthesis of information obtained for home environment. The data were analysed both qualitatively and quantitatively.

Quantitative Analysis: The performance in the programme was measured groupwise and dimensionwise. Simple statistical techniques like mean, standard deviation and analysis of variance were used to study the overall development of the subject due to the programme provided for a period of twenty weeks.

Qualitative Analysis: An intensive case study was developed to understand and examine the behaviour of individual subject within the treatment period of twenty weeks. The data obtained about home environment of the subjects were included in the case study. The other informations were compiled separately.
THE CASE STUDY

The case study was an in-depth study of every individual subject which emphasizes the process of learning. It is developed with a view to understanding the overall developmental level of the subject, factors affecting normal development and treatment required to improve skills in him. It also aimed at studying the effect of treatment on an individual subject. The 'format' of a case study is explained in Table 2.3. The complete detailed information is given in Chapter VI.

| TABLE 2.3 |
| Formation of the Case Study |

<table>
<thead>
<tr>
<th>Phase</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Selection of Case</td>
<td>Criteria</td>
</tr>
<tr>
<td>a. Age 7 - 14</td>
<td></td>
</tr>
<tr>
<td>b. Clinically classified as mentally retarded.</td>
<td></td>
</tr>
<tr>
<td>2. Home Environment</td>
<td>Information</td>
</tr>
<tr>
<td>a. All about family</td>
<td></td>
</tr>
<tr>
<td>b. Parents</td>
<td></td>
</tr>
<tr>
<td>c. Siblings</td>
<td></td>
</tr>
<tr>
<td>d. Family illness</td>
<td></td>
</tr>
<tr>
<td>e. Difficulties</td>
<td></td>
</tr>
<tr>
<td>3. Observation of Case</td>
<td>Major aspects</td>
</tr>
<tr>
<td>a. Physical</td>
<td></td>
</tr>
<tr>
<td>b. Communication and speech</td>
<td></td>
</tr>
<tr>
<td>c. Emotional - social</td>
<td></td>
</tr>
<tr>
<td>d. Intellectual skills</td>
<td></td>
</tr>
<tr>
<td>4. Investigation Factors</td>
<td>Based on</td>
</tr>
<tr>
<td>a. Institutional climate</td>
<td></td>
</tr>
<tr>
<td>b. Observation of subject and home</td>
<td></td>
</tr>
<tr>
<td>c. Discussion with expert</td>
<td></td>
</tr>
<tr>
<td>d. Factors studied</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 2.3 (Contd.)

<table>
<thead>
<tr>
<th>Phase</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Method</td>
<td>a. Individual applied</td>
</tr>
<tr>
<td></td>
<td>b. Group</td>
</tr>
<tr>
<td><strong>6. Evaluation</strong></td>
<td></td>
</tr>
<tr>
<td>Technique</td>
<td>a. Observation report by authorities</td>
</tr>
<tr>
<td></td>
<td>b. Observation by teacher and student trainee</td>
</tr>
<tr>
<td></td>
<td>c. Quantitative analysis</td>
</tr>
<tr>
<td><strong>7. Presentation of Information</strong></td>
<td></td>
</tr>
<tr>
<td>Guidelines</td>
<td>a. Observation of the subject</td>
</tr>
<tr>
<td></td>
<td>b. Investigation factors</td>
</tr>
<tr>
<td></td>
<td>c. Treatment</td>
</tr>
<tr>
<td></td>
<td>d. Evaluation</td>
</tr>
<tr>
<td></td>
<td>- qualitative</td>
</tr>
</tbody>
</table>

Based upon the case studies of all the subjects, some broad discussions and conclusions were worked out.