VI. INTEGRATED INTERVENTION THROUGH
MULTI-LEVEL TEACHING

Implementation

Programme implementation is always the most crucial phase of any intervention, but it becomes all the more challenging when there is a great diversity within the target sample. The present investigation was carried out in regular nursery classes and AW centres in integrated settings, so an integrated curriculum (PCC) was chosen as the intervention model. The most distinguishing aspect of this curriculum is that it can be implemented on children with diverse abilities in a common classroom setting. This is made possible because of its instructional technique called ‘Multi-Level Teaching’. Integration in education being a recent move in India, a brief description of the curriculum with reference to ‘Multi-Level Teaching’ system has been given for perusal of educators and researchers who are interested in, or entrusted with developing curriculums for integrated class settings.
Portage Classroom Curriculum (PCC)

Portage Classroom Curriculum, developed by the Portage Project staff in Wisconsin, U.S.A. in the year 1987, is designed to be used in a classroom setting to teach children developmental skills that are essential to placement and maintenance in a regular kindergarten classroom. The curriculum is implemented through Multi-Level Teaching which means "systematically integrating skills within several domains into a single activity for a group of diverse children" (PCC manual, p. 45). Children do not demonstrate skills in fragments. "Programming for the integration of skills within activities allows teachers to address the unique needs of children within one activity. 'Multi-Level Teaching' integrates skills to provide functional approach which builds complexity and generalization across skill domains" (PCC Manual, p. 1).

This curriculum has been successfully field tested with children enrolled in early childhood special education classes, Head Start programmes, day care centres and programmes for at-risk etc. This
curriculum has been designed to be implemented with “groups of children which may be cross-age and cross categorical groupings” (PCC Manual, p. 3).

**Implementation of Multi-Level Teaching System**

With the integration of handicapped with the non-handicapped children, the need arises to make adaptations in the teaching programme and method. This system requires teachers to expand their techniques so that all children participate in the activities. Outlined are three techniques that should be the guiding principles for teachers for successful implementation of the Multi-Level Teaching system: (a) partial participation, (b) the right to take risks, and (c) the buddy or helper system.

**Partial Participation**

This principle requires the handicapped children to participate in activities to the maximum possible extent. Instead of excluding handicapped children from complex activities, the teachers should encourage partial participation which means that the
child performs only part of the activity, does it for a shorter duration, or does the task with his or her non-handicapped peer (PCC Manual, p. 46).

This guideline was put into maximum use while conducting the curriculum activities. Teachers were constantly motivated to make every child participate in all the activities. The MR and DD children were encouraged to perform a task to their maximum possible ability, and for the remaining part their normal counterparts used to be called to assist them which they did willingly sometimes by holding the pencil together and assisting them to scribble, helping them apply glue and pasting something on a paper, or holding their hand and assisting them on an obstacle course and so on.

**Right to take Risks**

This technique requires teachers to make adaptations in the activities so that handicapped children can also participate without getting injured. The teacher can provide supervision to the handicapped children while performing any task that
The present investigation was limited to children with mild mental retardation only so this technique was not used much, except for the activities where scissors were used for cutting papers. During such tasks these children were provided precut materials and care was taken that they do not harm themselves by using their peers' materials.

**The Buddy or Helper System**

This technique ensures maximum participation of handicapped children as this implies assistance and supervision to handicapped children by their normal peers in such a way that enhances skills for both children. The system allows for flexibility and adaptations on individual basis and aims at optimal performance by a child (PCC Manual, p. 46).

The buddy system remained the most useful technique throughout the intervention programme. One reason for this was the shortage of caregivers,
nevertheless this proved beneficial for the helper as well as for the one being helped. The normal children performed some of the difficult tasks twice which acted as an immediate reinforcement for them. The ones being helped performed part of an activity independently, the rest with some assistance (which was positively better than not doing it at all) or got reinforcement on the same task by watching someone doing it again. The normal children used to be very enthusiastic about assisting their counterparts who could not do a particular task, as this gave them more confidence over themselves, and also provided them an opportunity to use the toys and other teaching aids again.

Apart from these techniques, the curriculum also contains guidelines for children with different disabilities, but only the guidelines for mentally retarded children have been mentioned as other disabilities are out of scope for this investigation. These guidelines are: (a) use of concrete materials; (b) opportunities for repetition; (c) use of cue redundancy namely, consistent use of some action and words for introducing a regularly occurring task;
(d) giving simple directions, one step at a time; and
(e) providing information for all channels namely auditory, visual, and tactile.

While dealing with the MR and DD children the above mentioned guidelines were taken into consideration. They were repeatedly shown an activity being performed by different groups. While they watched an activity, the AWWs or the investigator used to relate to them the activity in progress. Attractive teaching aids kept the children interested in the curriculum activities.

Due to shortage of teachers, and consequently higher pupil-teacher ratio in the classes, written individualized educational plans were not made for each child; instead the teachers and AWWs were provided with the pretest results of all the assessment devices used in the investigation. These were used as ready reckoners by teachers and AWWs while carrying out the curriculum activities and conducting remedial activities on basic relational concepts. On the basis of initial assessment on PCCh, age ranges for children’s developmental levels
were established. Heterogeneous groups were formed by keeping children with varying abilities in one group, for example one group comprised 6 to 8 children (depending upon the number of children in a class or centre) of which one child was deficient in communication skills, another excelled in the motor domain, a third was good in the cognitive domain, while the fourth who was not upto the mark in the self help domain, the sixth who might be functioning in a higher developmental age range and the other in a lower developmental age range and so on. This was done with a view of incorporating the buddy system in the programme and making all the groups balanced for conducting curriculum activities.

To facilitate the working of teachers and AWWs, different coloured tags were used to represent different developmental domains. White, red, green, yellow and blue colours represented the Self Help, Motor, Cognition, Social Emotional, and Communication domains respectively. While conducting curriculum activities these tags were pinned onto the shirts of those children who needed more reinforcement in any particular domain. Each activity was conducted twice
or thrice in a class, depending upon the number of children in a particular class or AW centre. For conducting the activities one group was taken at one time, due to shortage of staff and materials required for the activity. This gave the children a chance to perform as well as to observe others performing the same activity which provided adequate reinforcement and helped children acquire new skills.

Problems Encountered

Despite taking every care for smooth conduct of the curriculum activities, certain problems were encountered in programme implementation. These problems related mainly to shortage of materials used for the activities. For each activity two sets of aids were made (one each for the nursery school and the AW centres), and activities were planned in such a way that one section or AW centre performed a particular activity on one day. Problem used to arise with children demanding to see the aids or perform a previously done activity, for which materials were not readily available with the teachers and AWWs. While conducting activities, some
children used to insist on performing an activity again and again with the other groups which sometimes lead to indiscipline and mismanagement in the class. This system required the teachers and AWWs to plan for the activities in advance so that no time was wasted at the time of carrying out the activity, and there was no indiscipline in the classroom. Despite having their weekly plan and teaching aids in advance, many a times the teachers were found ill prepared for the activities, as they had to carry out their routine activities also.

**Suggestions**

The problems encountered in carrying out the intervention programme through Multi-Level Teaching can be overcome by implementing the following suggestions:

1. The teachers or caregivers should be given on-job training for dealing effectively in a blended class. IEDC being a priority programme in the Policy on Education (1986), it would be beneficial to introduce a short course for teaching in integrated
class settings at graduate and post-graduate levels in all the teacher training colleges of Education as a pre-service training.

2. The teacher to pupil ratio should be increased in order to achieve adequate teacher-pupil interaction.

3. If activity centered curriculums are to be put into practice it is imperative that adequate teaching aids are made in advance. For ICDS centres in particular, some aid in the form of free stationery, educational games and other play materials should be provided by the government.

4. Teachers or caregivers should be constantly motivated to improve the quality of their instruction. Encouragement in the form of an increment in the salary, or a commendation certificate from the concerned authorities can boost the morale of teachers or caregivers.

Notwithstanding all these limitations, the intervention programme could be conducted smoothly and yielded very encouraging results which have been discussed in subsequent chapters.