In making a plan to facilitate the learning of others, whether as a teacher of young children or as an educator of teachers of young children, it is helpful to review some basic assumptions about the process of teaching and learning.

Learning is a life long process through which we assign meaning to the events and circumstances we experience. The meaning that we attach to what we see, hear, feel, touch, taste, or smell comes out of all that has gone before - all of our accumulated knowledge, experience, beliefs and values, culture, attitudes and disposition, goals, needs and wants of the movement.

**Learning Implies Change.**

It involves taking something new and fitting it into our previous beliefs and knowledge. Sometimes that is simply a matter of deepening our understanding and reinforcing what we already know, but at other times it may mean readjusting or discarding some of our previous knowledge or beliefs.

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Learning is individual.

The process of learning is never identical for two individuals. Just as each of us has an image of the world based on our experiences, we also have individual and characteristic ways of taking in and processing information from those experiences.

Learning involves feeling as well as intellect.

Learning and feeling are inseparable. We learn what we value. Since learning involves change and risk taking, it also requires the basis of trust, a supportive climate and some sense of confidence.

Introduction

In recent years, a great deal of attention has been given to competency-based education. The competency based approach to instruction is an ideal system based upon a well developed theory about how people learn. It is humanistic and person centred, and its most important aspect is the significance given to individualized learning. The learner knows in the beginning what he has to learn and that there is a continuous system for evaluating attainment of competency.

Rationale.

This module is designed to help the caregivers to understand the process of child development and determine
whether children require special services for their educational needs. A caregiver who has to take care of children with special needs must know the needs of these children and the ways to serve them. When the caregiver is competent in observing and recording information about a child’s development, he has the foundation for arranging additional evaluation for a child and for planning the child’s programme. In recording useful information, a good understanding of normal child development enables the caregiver to recognize when the development is not occurring as expected. The caregiver needs to know a variety of ways for gathering information as different kinds of information may be required in different situations. After collecting information on a child, the caregiver should be in a position to explain that information to another professional and know where to look for help in getting assessment for children who may have special needs.
Contents of the Instructional Module

This module contains the following:

A. Assessment of caregivers’ knowledge of special needs in children.

B. Basic and special needs competencies - self assessment by caregivers.

C. What the caregiver should know before giving intervention?
   (1) Understanding normal child development.
   (2) Evaluating techniques.
   (3) Identification of children.

D. Parental involvement, caregiver and child’s relationship, and trainer’s orientation for programme implementation.
A. Assessment of Caregivers' knowledge of Special Needs in Children

NAME OF THE TEACHER:

NAME OF THE SCHOOL:

PRETEST SCORE:

POSTTEST SCORE:

Instruction: Please write Y for yes and N for no against the statements.

1. In monitoring the development of a child, the caregiver might find that the child has/does not have special needs.

2. If a child is able to demonstrate 65 to 75% behaviours that most other children of his age can demonstrate, he should be enrolled in a special education programme as soon as possible.

3. To assess that the development of a child is appropriate to his age, a caregiver has to be thoroughly familiar with the developmental processes and ages at which they occur.

4. A caregiver can give a more accurate picture of the
special needs of a child than a professional can.

5. Sometimes because of fear of the testing situation, a child may not perform or demonstrate skills as he/she can do in other situations.

6. It is best to observe the child in a group setting.

7. For children with special needs, skills in different developmental areas progress at the same rate.

8. A caregiver should frequently go through professional reference books in order to identify special needs of a child.

9. A child with special needs can be mainstreamed and at the same time receive services from a special educational programme.

10. Parents of a child should be consulted and their permission obtained before assessing the child.

11. If a child is found to have special needs, special services should be provided to him by the school authorities or by a local social service agency.

12. If a child is suspected to have special needs, the observations of the caregiver only should be used in deciding whether the child should be referred for assessment.

13. To decide finally that a child has special needs, an
assessment should be completed by a team of professionals and caregivers.

14. A caregiver should have an objective approach while observing a child.
B. Basic and Special Needs Competencies

Self Assessment by Caregivers

This self assessment includes certain competencies that are required to measure the pre knowledge base which a caregiver should possess while dealing with children. The basic competencies ought to be in place before beginning to focus on the competencies desired for working with special needs children.

Basic competencies.

In evaluating basic competencies we make sure that the caregiver has the following record maintained for each child: (a) record of immunizations, (b) child’s home address, and (c) emergency contact information, including telephone number and names of the people authorized to call for.

Special needs competencies.

If the caregiver understands the range of normal in each developmental area, it facilitates him to help a child’s movement through the developmental stages and provides a basis for raising concerns about atypical development. A teacher or caregiver should:

1. Understand the usual progress of development in each area, and should be aware when a child’s behaviour is
not consistent with broad developmental norms.

2. Understand the impact of various handicaps on a child’s health.

(a) Use the child’s health history to make appropriate programme adjustments.

(b) Know what health crisis children may have, recognize the signs of an actual crisis and respond appropriately.

3. Understand the impact of handicaps on a child’s development.

(a) Seek information about specific handicaps which children may have.

(b) Be able to describe handicapping conditions generally identified in young children.

4. Understand the process of identification and obtaining services for the special needs child.

(a) Be able to identify which methods of identification are useful in a particular situation.

(b) Be able to list available community resources for screening and assessment.

5. Understand the use of observational data for information and referral.
(a) Be able to utilize a variety of observational methods to get needed information.

(b) Observe a child systematically in order to answer specific questions.

(c) Record observations of child development objectively, and should be non-judgmental in describing and reporting factual data.

6. Understand the use of a developmental checklist.

(a) Use a developmental checklist to obtain information on a child’s present level of functioning, strengths and needs.

(b) Plan group and individual activities in order to observe behaviour in various developmental areas that are included on the developmental checklist.

(c) Be able to summarize information from a developmental checklist in a clear and objective manner.
C. What the Caregiver should know before giving Intervention

The caregiver should be aware of the following aspects before giving intervention to the children: (1) understanding normal child development, (2) evaluating techniques, and (3) identification of children.

1. Understanding normal child development

The normal child development has been discussed in three sessions.

SESSION 1:

**TOPIC OF DISCUSSION:** Normal child development - A review.

**OBJECTIVE:** To explain the application of the knowledge of normal child development to the caregivers.

**TYPE OF SESSION:** A lecture.

**DURATION OF SESSION:** 10 - 15 minutes.

**AIDS USED:** Prepared key concept cards etc.

**CONTENT:** Caregivers working with children who have special needs require some additional information other than the ones who work with normal children. The most important point is understanding normal child development. One should know about normal child development because of the following reasons:
1. When special help is required

The knowledge of developmental yardstick is very essential so as to ascertain at what point the child is not up to the mark.

2. Planning of appropriate care

If the caregiver knows the order in which different skills appear in a child, it helps him to know what skills are to be taught so that they can be reasonably learned by a child at a certain developmental level.

3. Need for planning in all developmental areas

Every child has similar basic needs and being familiar with this range of needs helps the caregiver to understand that he must plan for children's growth in all areas.

4. Applying principles of child development for planning goals

In order to meet all the needs of a child, the caregiver must know how development occurs because these principles apply to the growth of children with special needs as well as the other children, though the degree of development may vary.
SESSION 2:

TOPIC OF DISCUSSION: Developmental milestones - A review.

OBJECTIVE: To explain the various developmental milestones for preschoolers.

TYPE OF SESSION: Group participation.

DURATION OF SESSION: 35 - 40 minutes.

AIDS USED: Drawing paper, sketch pens etc.

CONTENT:

<table>
<thead>
<tr>
<th>Investigator's activity</th>
<th>Caregivers' activity</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will tell the caregivers various kinds of growth and their importance.</td>
<td>Will listen carefully.</td>
<td>The investigator will make the caregivers aware of various terms used for talking about areas of growth namely, 'Self Help', 'Motor', 'Cognition', 'Social Emotional', and 'Communication'.</td>
</tr>
</tbody>
</table>
Investigator’s activity | Caregivers’ activity | Remarks
--- | --- | ---
2. Will ask the caregiver to choose any of the developmental area and draw its relevant picture. | Will draw. | 
3. Will ask some participants to display their drawings and ask the others to guess the areas drawn. | Will participate. | 
SESSION 3:

TOPIC OF DISCUSSION: Developmental milestones - A review.

OBJECTIVE: To explain the various developmental milestones for preschoolers.

TYPE OF SESSION: Lecture.

DURATION OF SESSION: 60 minutes.

AIDS USED: Developmental checklist (PCCh).

CONTENT:

<table>
<thead>
<tr>
<th>Investigator’s activity</th>
<th>Caregivers’ activity</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will give a handout of developmental milestones of children from 2 to 6 years of age.</td>
<td>Will go through the handouts.</td>
<td></td>
</tr>
<tr>
<td>2. Will explain that the development occurs in a certain order and its areas are interdependent.</td>
<td>Will listen.</td>
<td></td>
</tr>
<tr>
<td>3. Will tell that the developmental rate is individual and moves from simple to complex.</td>
<td>Will listen.</td>
<td></td>
</tr>
<tr>
<td>Investigator’s activity</td>
<td>Caregivers’ activity</td>
<td>Remarks</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td>4. Will explain that the development occurs in stages and is influenced by inborn characteristics and experiences.</td>
<td>Will listen.</td>
<td></td>
</tr>
<tr>
<td>5. Will explain that development is a combination of maturation and learning.</td>
<td>Will listen.</td>
<td></td>
</tr>
</tbody>
</table>
2. Evaluating techniques

To obtain the best possible picture of a child in all the developmental areas, a combination of the following testing instruments has been included. The caregivers should be familiar with these in order to monitor the child’s development and identify the special needs of the child, if any.

i. Wechsler Preschool and Primary Scale of Intelligence (WPPSI).

ii. Boehm Test of Basic Concepts - Preschool Version (BTBC-PV).

iii. Portage Classroom Curriculum (PCC).

i. **Wechsler Preschool and Primary Scale of Intelligence (WPPSI).**

The early years of the child are conspicuous for the rapid growth and maturation of the various attributes, traits and abilities which characterize his/her ultimate endowment. The years 4 through 6 are in some ways a nodal period in the intellectual growth of the child. This age period constitutes a well defined landmark in the young child’s mental development. It is also the period when the child is exposed for the first time to some sort of formal education, so a systematic appraisal of his/her mental abilities becomes increasingly important because of impending decisions and plans for his/her future education. The intelligence of the 4 to 6 years old is not primarily sensory-motor or predominantly any thing else. He can
express himself in a variety of ways and do a great many things provided his interests and attention are sufficiently engaged.

The WPPSI is based on the assumption that a 4 to 6 years old child not only possesses the foregoing potentialities, but that they may be systematically appraised through appropriate battery of tests. It consists of subtests each of which when treated separately, may be considered as measuring a different ability, and when combined into a composite score, as a measure of overall or global intellectual capacity.

The WPPSI consist of 11 tests, 6 verbal and 5 performance as mentioned below.

<table>
<thead>
<tr>
<th>VERBAL TESTS</th>
<th>PERFORMANCE TESTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Information.</td>
<td>Animal House.</td>
</tr>
<tr>
<td>ii. Vocabulary.</td>
<td>Picture Completion.</td>
</tr>
<tr>
<td>iii. Arithmetic.</td>
<td>Mazes.</td>
</tr>
<tr>
<td>v. Comprehension.</td>
<td>Block Design.</td>
</tr>
<tr>
<td>vi. Sentences(Supplementary).</td>
<td>-</td>
</tr>
</tbody>
</table>

This test is administered on the children of age group between 4 to 6 1/2 years. However It can also be employed with adjoining age groups (bright 3 year old and dull children, 7 years and over). The most suitable setting for conducting this test is any familiar surrounding, for example, a classroom where the child sits every day.
Separate directions for scoring, timing, discontinuation of the tests are given along with the tests. The raw scores of all the tests are converted into scaled scores which are then converted into IQ. The following broad guidelines may be taken into consideration during administering the tests:

1. Normal response from the child is expected to begin within 15 seconds of the instruction passed on to him. Questions can be repeated except where specifically forbidden.

2. If a child corrects a response either spontaneously or after questioning, the corrected response should be scored.

3. If a child cannot perform a task, simple encouragement may be employed.

4. If a child is unwilling to do a particular test it should be temporarily discontinued. The examiner should go on to the other tests in the scale and come back to that test after completing all the other tests.

5. The score for each item should be accurately recorded.

6. When the first items of a test are not administered the examiner should record the points of those items.

7. The Examiner should check the addition of item points while computing the raw scores of the tests.
8. The Examiner should make certain that the raw scores for each test are accurately transferred to the proper space on the cover of the record form.

9. The Examiner should compute the child’s age carefully after verifying from the authentic records.

**II. Boehm Test of Basic Concepts – Preschool Version (BTBC-PV).**

During the preschool years, children gradually master a variety of basic concepts. When children begin school, knowledge of these basic concepts becomes increasingly critical for understanding what is being communicated in the classroom.

The BTBC-PV has been designed to assess young children’s mastery of basic concepts. This information can be used by the teacher as both an indicator of school readiness and as a guide for planning language instruction. Results from the BTBC-PV can also be used to help teachers identify those concepts that preschoolers have not yet mastered. After determination of a child’s basic concept knowledge, remedial instruction activities can be implemented. Early intervention increases a child’s chance of future academic success.

The BTBC-PV measures the child’s understanding of 26 basic concepts. It consists of 5 warm up items followed by 52 test questions (2 items per concept). This test is administered to
children in the age group between 3 to 5 years. However, it can also be given to bright younger and dull older children. The most suitable setting for conducting this test is any familiar surrounding free from distractions such as mirrors, noise and interesting toys etc. for example, a classroom.

Before the testing begins, the examiner should spend some time to get acquainted with the child, particularly when the examiner is not the child’s teacher or classroom aide. The examiner should establish a rapport with the child and maintain it by praising the child from time to time without indicating whether the child’s answers are right or wrong. Dealing with the child in an open and friendly manner makes the testing experience pleasant for both the child and the examiner.

The class record form serves as an aid to the teacher who intends to engage an entire class in group learning activities. Each child’s name is filled in across the top, with the children’s concept scores checked in the appropriate boxes. The line in which to check a low score (1 or 0) is shaded on the class record form. When the majority of the class has scores in the shaded row for a particular concept, the concept should be listed at the bottom of the form. This serves as a guide for planning group instruction.

The following broad guidelines may be taken into consideration during remediation:

1. Do not introduce too many new concepts at any one time. Statements in which the concept is embedded should be brief and
easy to understand.

2. Provide several examples of each new concept.

3. When presenting examples of one member of a concept pair, give examples of the other members also.

4. Encourage children to name the concept several times to reinforce learning.

5. After introducing concepts, device games in which the concept is pictured, in drawings or photographs, or acted out.

6. Ask questions that require the child to use the concept term.

7. Provide children with immediate feedback on their attempts to understand and apply new concepts.

**iii. Portage Classroom Curriculum (PCC).**

The PCC is composed of a checklist in five (5) areas of development. It measures a child’s skill in each area and aids the teacher in planning what to teach next. The caregiver starts below a child’s probable skill level in each area and asks the child to perform tasks until he cannot perform the listed skill.

The PCC is designed to be used in a classroom setting to assess and teach children skills within a group setting. Its instructional technique is Multi-level teaching which integrates
skills from various domains within a single activity for a group of diverse children.

PCC consists of the following components:

1. 'Checklist' is a developmentally based listing of 276 developmental skills for children from 2 to 6 years of age. It is designed for use in a classroom setting with young typical children and children with mild to moderate handicapping conditions. It can be used effectively for assessing children in preschool programmes, monitoring their progress, grouping them for instructional purposes and developing curricular content.

2. 'Thematic units' provide teachers with suggestions for integrating skills from several domains into activities and can be used with children who demonstrate a wide variety of skill levels.

3. 'Family activity letters' involve the use of household materials and suggest times and places where learning can be enhanced during the natural routine of a family's day. These are written in a letter format with space for individualization.

4. 'Administrative manual' describes checklist administration, curriculum implementation through Multi-level teaching, protective behaviours, data collection, adaptations, home and school communication, family activities and units etc.
3. Identification of children

The caregivers should know the various methods that facilitate observations in the classroom because these can provide the picture of a child that is more comprehensive than that provided by other sources, and enable us to see a child as an individual. The various methods for doing observations are as follows:

a. **Developmental Checklists** can be used for testing as well as observation.

b. **Group Checklists** are convenient to use when information about all the children in a group is required.

c. **Frequency Sampling** is a method of observation that provides information about how often a child engages in certain kinds of behaviour. For some behaviours the frequency of a child’s behaviour is a more significant measure than a single demonstration of ability. While using this method the caregivers need to decide when they will be observing, for how long, in what setting and exactly what behaviour they will be looking for.

d. **Participation Sampling** includes information about how well, and at what level a child has acquired a skill. This works well in situations where behaviours can be described in terms of quality. However, this does not give a complete picture of skills.
e. **Anecdotal Observations** record information about a single event involving a child, the event being selected because it focuses on certain skills or behaviours.

f. **Running Observations** use a narrative style to record information over a predetermined period of time and record as much as possible about a child's skill or behaviour in that time period.

g. **Daily Overview** is used to record a brief, varied summary of the things a child does during the school day.

The method of observation that one chooses to use depends upon the kind of information one wants to get, the amount of time one has, and the values of one's programme. Whatever observation methods one uses, observing will give one a better understanding of the children one works with and better information for evaluating development, doing planning, and making the decisions related to children's needs.
D. Parental involvement, caregiver and child’s relationship, and trainer’s orientation for programme implementation

Parental involvement.

When parents are involved in the child’s programme, many benefits can be realized. The child experiences more consistency between home and school, more attention to and assistance with his/her progress, and increased understanding of his/her abilities or disabilities. The parents benefit by having a knowledge of what and how the child is taught, assistance with identifying and understanding the special needs of a child, and support in accepting and working with the child. The caregiver staff has a better understanding of the child, and is able to offer a programme that truly meets the child’s unique needs.

Caregiver and child’s relationship.

Responsive, positive, nurturing behaviour is perhaps the most critical factor in the caregiver’s relationship with the child. The caregiver who understands and respects each child for what she/he is, creates a classroom climate within which children can grow and learn to appreciate themselves and others.

Trainer’s orientation for programme implementation.

A programme that meets the unique needs of each child is one in which the caregiver understands how to identify and plan
for special needs and how to implement a strategy so that each child grows and learns. This means the caregiver considers his/her responsibility in the child’s success and plans an appropriate environment and schedule, makes adjustments in materials when necessary, modifies her/his interaction and individualizes group activities so that each child learns and is successful.