Scholarly Research Journal for Humanity Science & English Language, Online ISSN 2348-3083, SJ IMPACT FACTOR 2019: 6.251, www.srjis.com PEER REVIEWED & REFEREED JOURNAL, APRIL-MAY, 2021, VOL-9/45



A STUDY OF TEACHING STRATEGIES AND LEARNING MATERIALS FOR MENTALLY RETIRED CHILDREN

Poonam Rani

Research Scholar, Department of Education, Training & Research, Baba Mastnath University, Asthal Bohar, Rohtak, Haryana.

Paper Received On: 25 MAY 2021 Peer Reviewed On: 30 MAY 2021 Published On: 1 JUNE 2021

Abstract

The child with mental retardation has special needs in addition to the regular needs of all children, and parents can find themselves over whelmed by various medical, care giving, financial and educational responsibilities. Government of India, "The National Policy on Mental Handicap", has emphasized the importance of home-based care with parents as partners in the care process. The present paper focused on the study of teaching strategies and learning materials for mentally retired children with prime objectives are (i) To understand teaching strategies the for mentally retired children (ii) To understand the learning materials for mentally retired children. (iii) To discuss the various activities for mentally retired children.

Key Words: Teaching strategies, learning materials, mentally retired children



<u>Scholarly Research Journal's</u> is licensed Based on a work at <u>www.srjis.com</u>

Introduction:

Intellectual disability (ID), once called mental retardation, is characterized by below-average intelligence or mental ability and a lack of skills necessary for day-to-day living. People with intellectual disabilities can and do learn new skills, but they learn them more slowly. There are varying degrees of intellectual disability, from mild to profound. The term "mental retardation" is no longer used, as it's offensive and has a negative tone.

Government of India, "The National Policy on Mental Handicap", has emphasized the importance of home-based care with parents as partners in the care process.

Teaching strategies for mentally retired children:

The child with mental retardation has special teaching –Learning strategies in addition to the regular needs of all children.

Copyright © 2021, Scholarly Research Journal for Humanity Science & English Language

1. Montessori Method

Maria Montessori's multisensory approach came to stay, initially in Chennai and later, all over India. The scope of teaching children with mental retardation was later enlarged to include normal children. In following the multisensory approach, besides hearing and vision, other sensory modalities are also utilized, the tactile sense being depended on much, with focus on children in the pre-school and school stages. Discrimination among weights, colours, sounds, and so on was reinforced to aid in exercising the children's judgment and reasoning.

2. Child centric Project Method-

John Dewey's 'Project Method' envisages a wholehearted and purposeful activity, carried on in a social environment. A significant landmark in the history of methodology of education, Dewey's method implies the principles and fulfills the conditions of a good learning process. Kil Patrick has enunciated this method.

3. Activity Based Participation Method-

Caldwell– Cook Cook, the first person to advocate "way of play" for educating the child. Regarded play as a means of training individuals as individuals, a wonderful technique of making school education interesting and practical.

Teaching strategies for Persons with Mental Retardation Using Behavioral Approach

Teacher-centered process giving way to a child-centred one, has influenced the area of special education with emphasis on the Individualized Education Program (IEP) planning for children with mental retardation. Along with individualized instruction, the teaching strategies introduced are cooperative learning, peer tutoring, computeraided learning (CAL), multi-sensory teaching and clinical-diagnostic teaching.

✓ Procedures–IPP

The individualized program plan (IPP) is based on assessing a person and evolving a baseline at the point of entry into the program, setting goals and objectives in the order of priority and converting the goals and objectives into concrete lesson plans which include the teaching steps, the planning strategies for use, the material selection and finally, evaluation.

✓ Behavioral Technology

Although behavioral technology principles in all cases not only ticked to certain model of teaching, but also incorporated the principle of task analysis, condition of promoting learning

in special integrated setting. At the National Institute of Mentally Handicapped (NIMH), Peshwaria and Venkatesan (1992) developed the "Behavioural Approach in Teaching Mentally Retarded Children" which has been tested in class rooms and at homes. Parents and teachers can develop programs suited to the specific needs of an individual child. The teacher is also acquainted first with the behavioral assessment of the person with reference to the current level of functioning, and the current problem behavior/s. The teacher must then assess each child's performance rather than its deficiency, that is, what he can do rather than what he cannot do. The behavioral assessment tools available in India are: MDPS, NIMH assessment schedule, Functional assessment tools, and problem behavior management system (NIMH). While teaching, the teacher has to identify and analyze problem behavior and use behavioral techniques to manage the same. The details are given in the manual and the teacher has to go through the orientation. Studies done by Narayan, Peshwaria, and Myeredi support its effectiveness. Even though research studies prove the effectiveness of the Behavioral Approach, evaluating on that basis is not yet practiced at every teaching institution.

Curriculum-Diploma in Special Education Curriculum and Teaching Manual

Curriculum should be need based and student centric. Teaching strategies and programming consideration given below are being followed sporadically in some special schools. Teaching Strategies and Programming Considerations Success in educating profoundly and severely handicapped persons require extensive knowledge, a broad range of professional skills, and a positive attitude. Required also is individualization. A sense of humor always helps. Since a successful approach on a day might be the antecedent for a behavioral problem on another, it is important to have a variety of teaching strategies in one's instructional repertoire.

Instructional Programming and Organizational Strategies

Normalization Considerations Age appropriateness: Selected instructional materials and activities must be suitable for non handicapped individuals of the same age and those reflecting the student's cultural and ethnic background as well as the cultural diversity of his society. Age-appropriate reinforcement must be used. Help the student to look and behave as appropriately as possible as those deviant get stigmatized. Involvement in activities with non handicapped peers and interest in their welfare must be encouraged.

Use your voice to communicate, supplemented by gestures whenever possible. Remain calm and poised no matter what. Be familiar with handling assistive devices used by the handicapped. Avoid stereotyped judgments. Do not assume that on account of his handicap, a person is unable to acquire some skills and/or not participate in some activities and events. Assign the student a classroom responsibility no matter how severe his handicap and no matter how small the task. Show appreciation when there is progress or compliance with your request which may be a giant step for the student. A show of warmth, interest, and love will elicit positive response. Flexibility is desirable in carrying out lesson plans, especially, if unexpected negative behavior occurs which requires immediate action. Human Resources Seek the co-operation of other teachers, professionals and support staff. Community helpers can assist in normalizing the lives of your students. Train teacher aides, parents, grandparents, and house parents, as agents of carry-over and practice. Materials Use exciting materials and activities from other disciplines. Use of current materials, toys, games, television shows, and music to motivate the student contribute to success. An element of surprise, suspense and novelty goes a long way.

Instructional Considerations

Change of activities, such as alternating quiet ones with those involving gross motor actions, will maintain the students' interest. If an activity has several steps, practice them in sequence. Physically guide the student through an activity whenever he is unable to do it by himself, providing only enough assistance required to participate in or complete a task. Use pantomime, which helps to isolate the required movements, to demonstrate a skill. Tell the student to observe and imitate your actions. Use peer models whenever practical. Use role playing, puppet play and creative dramatics to stimulate real experiences and to practice skills.

Skill Demonstration

Teach a skill at the time of its functional use, i.e., when it occurs naturally. Due to wide diversity among the handicapped, personalising instruction is essential. Programming in small steps helps the student to be successful.

Instructional Grouping

One-to-one instruction is often not practical in classrooms. Organize your lessons in such a way as to take advantage of the benefits of peer tutoring and buddy systems.

Reverse Programming

When working on some motor skills consisting of a series of separate motor events, program in reverse. For example, the backward chaining approach is helpful in teaching the tying of shoelaces. Starting in the middle of a sequence may also be appropriate for some students.

Task Analysis

Use a task analysis approach whenever possible. Teaching Environment Consider the environment, i.e., the home, the school, in which the teaching activities are to be presented.

Learning Materials (LM) for Persons with Mental Retardation:

It is found in literature that we learn 1.0 percent through taste, 1.5 percent through touch, 3.5 percent through smell, 11.0 percent through hearing, 83.0 percent through sight and we remember 20 percent of what we hear, 30 percent of what we see, 50 percent of what we see and hear, 80 percent of what we see, hear and do. Therefore, the teaching learning process should facilitate active participation of the students. Since students with mental retardation have less ability to grasp, maintain and generalize the learned concepts, extensive use of appropriate learning material is very much warranted. For learning to be more meaningful, students must be provided with experiences of manipulating the material themselves. Learning Aids and Functional Aids Special teachers use both learning aids and functional aids. Once the student learns a concept, the utility of a specific learning aid ceases whereas the same may continue to be used as a functional aid.

Teaching Learning Material for Persons with Mental Retardation

The Department of Special Education, NIMH, had undertaken a project on the development of learning materials, specifically to teach persons with mental retardation. Twelve units of hardware material, four work books and four flip books were developed, designed in a way that the same unit could be used with pre-primary to pre-vocational level students to teach a specific core area and across different core areas depending on the intention of the user. The prototypes were field tested and modified. The same Department also developed software packages on literacy and numeracy under the project on Computer Assisted Instruction. In continuation, development of software packages on Literacy, Numeracy, My Country, Living and Non-living, Health and Hygiene, Sports and Games, Community Utilization is in progress. TLM should be age appropriate, readily available, prepared from local material, inexpensive, attractive and colorful.

References

- 1. WORCHEL TL, WORCHEL P. The parental concept of the mentally retarded child. Am J MentDefic. 1961 May;65:782-8.
- 2. ZUK GH. The religous factor and the role of guilt in parental acceptance of the retarded child. Am J MentDefic. 1959 Jul;64(1):139-47.
- 3. Brust JD, Leonard BJ, Sielaff BH. Maternal time and the care of disabled children. Public Health Nurs. 1992 Sep;9(3):177-84.
- 4. Gathwala.G, Gupta. S. family burden in Mentally Handicapped children. Indian Journal of community medicine 2004;vol 24No.4.
- 5. Booth CL, Kelly JF.Child care and employment in relation to infants' disabilities and risk factors. American Journal of Mental Retardation. 1999; March; 104(2):117-30.
- 6. Marji Erickson Warfield. Employment, Parenting, and Well-Being Among Mothers of Children With Disabilities Retardation2000; Vol. 39, No. 4, pp.297–309.
- 7. Warfield ME. Employment, parenting, and well-being among mothers of children with disabilities. Ment Retard. 2001
- 8. Samuel Bauman. Parents of children with mental retardation: coping mechanisms and support needs. Dissertation submitted to the Faculty of the Graduate School of the University of Maryland, College Park in partial fulfillment of the requirements for the degree of Doctor of Philosophy 2004.