With Children in the

MIDDLE!

Mainstreaming and Inclusion of children with Developmental Disabilities in Learning in Ethiopia

A Training Programme for Teachers in Ethiopian Regular Primary Schools and Kindergartens

(Facilitator's Manual)

in partnership with:

Nia Foundation

Neurodiversity Center Ethiopia

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INFORMATION for delivering this programme

The MIDDLE teacher training programme is aimed at building mainstream school teachers' capacity to better support children with developmental disabilities both in the special unit and regular classes. The programme is best delivered as part of the whole MIDDLE intervention as it assumes that a community-awareness raising session has been conducted and that children with developmental disabilities will be allocated to regular classes or different levels of the special unit depending on their needs and abilities.

The information below is aimed at guiding the overall delivery of this training programme, including content and structure, audience, suggested facilitators and delivery modes, materials needed and recommended schedule, with reference to our pilot study.

Programme structure

The core programme is made of 10 group sessions and one or more visits to other schools, further discussed below. Each core session includes multiple activities (usually 4-6, with the exception of Session 6 which is shorter), including presentations, discussions and group tasks.

This facilitator manual also provides some guidance for 5 group supervision sessions, to be run after the programme, although these were not pilot evaluated. A non-piloted manual for a refresher course, to be run after 6-12 months, is also provided in the toolkit.

Programme duration and schedule

Each of the 10 training sessions is designed to last 2.5-3 hours, with the exception of Session 6, designed to last 60-90 minutes.

We recommend that a maximum of 2 sessions be delivered in a given day, for a total of 5 training days that can be scheduled continuously or over 5 weeks. School visits can be scheduled at trainees, facilitators and hosts' convenience.

Supervision sessions are designed to last 2-3 hours and be delivered at least one week from one another. The refresher course is designed to be delivered in one full day.

Facilitators

While the facilitator manual provides all of the information facilitators are expected to convey to trainees, facilitators should also be able to draw upon their knowledge to answer questions. As such, the programme is best delivered by facilitators with extensive knowledge of school-based support to children with developmental disabilities. In our pilot study facilitators were senior staff at a specialised autism centre.

Session 6 on first-aid should be delivered by a health professional.

Audience/trainees

The programme is mainly designed for primary school teachers in regular and special classes of mainstream schools. It was also considered relevant to kindergarten teachers, who were included in the pilot evaluation.

We recommend that each training delivery round should not include more than 35-40 trainees. However, the aim should be to have all teachers at the school trained, through multiple rounds. Caregivers of enrolled children with developmental disabilities and other staff may also benefit from some training sessions.

Sessions 1-6 should be delivered to the whole trainee group, a mixture of regular class teachers, special unit teachers and kindergarten teachers. Other staff and caregivers of children with DD may also benefit from Sessions 1 and 6. Caregivers may additionally benefit from activity 1 of Session 2 and from Sessions 4 and 5.

Sessions 7-10 should be delivered to special unit teachers and kindergarten teachers. Caregivers may also benefit from attending Sessions 8 and 10.

Training content

Session 1: What are Developmental Disabilities?, Myth Busting, Rights, Inclusion, Raising Child Peers' Awareness

Session 2: Awareness of Needs, Needs Assessment, Identification and Referral

Session 3: General Teaching and Assessment Adaptations, Lesson plans, Creating and Using Teaching Resources

Session 4: Understanding Behaviour, Behavioural Management

Session 5: Safeguarding, Sexual and Reproductive Health

Session 6: First-aid

Session 7: Features of Different Diagnoses, Assessment of Level of Support Needs and Skills

Session 8: Teaching Daily-Living Skills, Chores, Safety Skills, Vocational Skills and Communication

Session 9: Documenting your Work

Session 10: Self-evaluation, Working with and Supporting Caregivers, Self-care

Materials

All sessions include a list of needed materials for delivering it.

This toolkit includes a facilitator manual, a participant manual for trainees attending Sessions 1-6, one for those attending all sessions, a timetable template and other supplementary materials to be printed out separately from manuals, based on session information.

The training programme is supported by slides, therefore a projector or big screen to show them is needed.

A flipchart or board and a marker are useful during discussions and tasks, for facilitators to annotate participants' contributions for everyone to see.

Session 2 invites the use of a real or pretend tambourine for role play. Session 4 invites the use of water bottles, sand/ground, scissors, tape, markers, post-its and ribbons for a material-creating activities. This list can be modified as needed.

Setting

The programme is best delivered in a room with chairs gathered around multiple tables, to facilitate group work. All participants should also be able to see the facilitator, the slides, and any whiteboard/flipchart used.

Recommended delivery of training sessions

Sessions should be delivered in a group setting and facilitators are expected to value trainees' experience and knowledge and encourage their engagement throughout.

Each activity is introduced thoroughly within the facilitators' manual. We provide below some information on the most common activity types and how to deliver them.

Informative sessions. These are presentations the facilitator makes to convey key theory and messages to trainees. The facilitator manual includes the full text of the suggested presentation. Facilitators can choose to follow this word-by-word or use their own words. We nonetheless recommend that presentations remain concise and that any conceptual variations, omissions or additions are considered in a team and/or with stakeholders.

Informative sessions are accompanied by a set of slides, some of which include animations. The manual details how to use animations to emphasise content (e.g. timing of items' appearance).

Many of the informative sessions have an interactive component, as the facilitator is encouraged to ask questions to trainees before showing the relevant slide and delivering our suggested answer. These aim to engage participants and build upon their existing knowledge and practice.

Brainstorming activities. These are brief activities encouraging suggestions from participants on challenges and ways to address them. They typically precede an informative session on the same topic and aim to acknowledge participants' experience and build upon it in the presentation. As such, we recommend that facilitators have as little input as possible in this task and merely facilitate the flow of participants' contributions. It also helps if the facilitator writes all suggestions on the flipchart/board.

In this activities, and all those below, the notes will give facilitators further suggestions for facilitation and responses, rather than being concepts that they are expected to convey.

As brainstorming activities aim to get as many suggestions as possible from as many participants as possible in a short time, facilitators should encourage everyone to participate and keep their contributions brief. We have witnessed that this dynamic is facilitated by a smaller group setting. As such, we recommend that the format is adapted to the participant group as needed. Although group brainstorming activities take longer, we recommend that brainstorming activities are exchanged with group brainstorming activities whenever possible and whenever needed to manage group dynamics.

Group brainstorming activities. These are brainstorming activities where the brainstorming happens in small groups of 4-6 people. Then, one member of each group reports a list of the suggestions brainstormed by the group, which are once again annotated by the facilitator on a flipchart/board. A few brainstorming activities in the manual are specifically setup as group brainstorming activities, but other brainstorming activities can also be conducted as group brainstorming activities.

Discussions. Discussions similarly promote participants' engagement. They typically concern deeper or more articulate questions than brainstorming activities and as such may require longer contributions from participants. It may also be difficult and not necessary for the facilitator to annotate responses. Rather, the facilitator could engage in the discussion, while always valuing and prioritising participants' experiences.

Group work. These are tasks to be conducted in groups of typically 4-6 people. The groups are invited to solve quizzes, build materials, and practice skills they are being taught, such as identification and planning. The group work is usually followed by a discussion. It is not necessary for all groups to report on all task component. It is usually more efficient and engaging if each group reports on part of the task.

These activities are a key component of the programme, responding to teachers' need for practical training.

Role play. In these tasks, a group of participants is invited to role play a class situation. Volunteer or chosen participants are given brief written instructions to create the situation. The short play is usually followed by a task or discussion in which participants are asked to identify challenges in the enacted class environment and ways to address them. Similarly to group work, these activities fulfill the need for practical training.

School visits

One school visit was piloted in our study: a morning visit to an autism centre, organised for special needs education teachers. Following feedback in the study, we recommend that trainees are invited to visit one or more special needs centres focusing on various developmental disabilities (autism, intellectual disability), as well as a mainstream government school that distinguishes itself for good practice in inclusion and/or progression through the special unit, whenever this is available in the area. Intended learning outcomes that should be pursued in the different visits are highlighted in the facilitators' manual.

Feedback also suggests that all trainees should be invited to school visits. However, this may pose organizational challenges, as visits should typically run during school hours, to ensure that trainees can witness professionals at work and children's learning. An alternative for regular class teachers is taking turns to visit the special unit in their school and observe special needs education teachers' work.

SESSION 1: What are Developmental Disabilities?, Myth Busting, Rights, Inclusion, Raising Child Peers' Awareness

Learning Outcomes

- Understanding developmental disabilities and recognising common misconceptions
- Understanding the right and need of children with developmental disabilities for education, inclusion, and equal treatment
- Knowing how to promote inclusion in the classroom by raising peers' awareness of developmental disabilities

Session Summary

Activity	Duration	Activity Type	Materials*
Welcome	10 minutes	Introduction	Separate sheet with bespoke programme timetable
Activity 1	30 minutes	Group Work	
Activity 2	40 minutes	Informative Session	
Activity 3	20 minutes	Discussion	Board/flipchart and marker
Activity 4	20 minutes	Collaborative Brainstorming	Board/flipchart and marker
Activity 5	30 minutes	Informative Session	

*All activities: Slides, manual, projector, notepads and pens for participants

Welcome

Aim: Welcome and introduction

Activity: Introduction

Duration: 10 minutes

Materials: Slides 1-2 on personal device

Description:

After waiting for a few minutes for participants to arrive and collect their manuals, timetable sheets, notepads and pens, welcome participants and give a very brief intro to the course: it's made up of 10 sessions overall, but sessions 7-10 are specifically for SNE teachers and KG teachers; there will also be practical sessions with school visits and supervised practice; the sessions for everyone cover an introduction to developmental disabilities and inclusion, information on needs and identification, teaching and assessment adaptations, behaviour management, safeguarding and first aid; most sessions last up to 3 hours with a 15 minute break; the sessions include informative presentations as well as activities, discussions and group work; this first session follows from the sensitisation session delivered at the school, that many of them might have attended, and expands on what we mean by developmental disabilities, and how to promote an inclusive environment in the school and class.

Activity 1

Aim: Introducing developmental disabilities through recall and discussion

Activity: Group Work

Duration: 30 minutes

Materials: Slides 4-6 on personal device

Description:

1) Divide participants in groups of 4-6 people.
2) Introduce the activity as follows, using slides 4-6: "Our first activity is based on the content from the sensitisation session we delivered to the school community. In case some of you have not attended, don't worry! You will be able to draw from your own knowledge and experience and we'll discuss the correct answers again in the next activity. But first of all let me remind you that developmental disabilities are delays or differences in child development that cause a significant impact on the child's day-to-day functioning, such as autism and intellectual disabilities. We also include in this definition other conditions that can affect cognition, behaviour and communication, such as attention-deficit hyperactivity disorder and communication disabilities that significantly impact the child's ability to communicate. Most of the time, you will not need to know specific differences across the diagnoses, but to be able to know the general needs of this group as a whole and individual needs of the

children. It is very important to note that we are using the term developmental disabilities, and we encourage you to do the same and to ask children, parents and colleagues to do the same. Terms such as mental retardation, deficiency, cretinism, handicap and abnormality are considered discriminatory."

3) Explain that there are two group tasks in this activity (one identification of developmental disabilities and one true/false task) and that you will let them know when it's time to switch.
4) Ask each group to use the first 10 minutes to read the child descriptions on their manuals under Activity 1 and identify those that they think might have a developmental disability. They will then have another 10 minutes for the subsequent task.
5) After 10-12 minutes, switch the slides and let the groups know that it is time for the next task in their manuals, where they are asked to identify which statements are true and which are false.
6) Do not discuss the answers at this point: Activity 2 starts from this.

Vignettes (Task A):

- Addisu is 6 years old. He has difficulties hearing and speaking. He usually understands what people are telling him only when he can see the speaker's face or when the speaker is talking loudly. He also uses fewer words and pronounces them less well than other children his age. The doctors say it's because he has been able to hear less speech than other children. In fact, his speech is getting better now that adults and peers make sure to speak more loudly around him.
- Tizita is 7 years old. She is a very playful and friendly child but she only communicates using few words or short simple sentences. Sometimes she makes sounds that imitate names of things. She may cry, scream or shout when she needs or wants something. She also has difficulties with completing everyday tasks and activities by herself, for example, feeding, dressing, toileting. She is slower to learn things compared to children of the same age.
- Aklilu is 9 years old. He always does very well in oral tests and all his teachers say he is very smart. However, he has trouble reading and writing. When reading out loud, he reads very slowly and gets some words wrong, but you have noticed that he reads better if the writing is bigger and more precise. When writing, he makes many more mistakes than his classmates, and often swaps Amharic characters within a word.
- Samrawit is 5 years old. She speaks the same amount of other children, and even uses many difficult words that she reads in books, but she stutters while talking. This means that she often repeats initial consonant sounds of a word a few times before saying the word. Sometimes she also repeats other sounds within words.
- Lami is 8 years old and he is in a wheelchair. He does not move much and cannot complete some everyday tasks on his own, for example dressing and toileting, drinking or feeding with liquid foods. He speaks the same amount of other children, but has difficulties pronouncing words well. Sometimes he makes sudden

movements with his arms or neck without any apparent reasons. The doctors say that he has difficulties controlling his muscles, including those of the mouth for eating and speaking.

- Gelila is 10 years old. She used to do very well at school, but she has quite suddenly stopped paying attention in class. She also used to be very friendly but now she often isolates herself from her classmates in break times. In class, she is often grumpy and answers rudely to classmates and teachers. Sometimes when at school she bursts into tears without any apparent reasons and refuses to answer when asked about it.
- Tsehay is 11 years old. He does not like to play with other children. He prefers to play by himself. He often repeats the same type of play, activity, or game and may get upset when interrupted. He is very good at keeping his belongings neat. When you call his name, he often doesn't respond, despite not having any hearing difficulties. He sometimes flaps his hands or bangs his head on the wall. He does not like loud noises and may cover his ears when there is one.

Statements (TASK B):

Child development is the process of growing and acquiring new skills.

All typically developing children acquire the same skills at the exact same age.

Children with developmental disabilities acquire some skills much later than other children, or do not acquire them.

Developmental disabilities are punishments for wrongdoing by parents or ancestors, or are curses caused by witchcraft or being possessed by evil spirits.

Developmental disabilities can be caused by bad parenting.

Developmental disabilities are diseases and can be contagious.

Children with developmental disabilities can learn.

Children with developmental disabilities have no difficulties learning.

Children with developmental disabilities can learn new skills, but not academic subjects.

Children with developmental disabilities can have difficulties in day-to-day activities.

Children with developmental disabilities cannot make it in life or be productive members of the society.

Children with developmental disabilities can have difficulties interacting with others.

All children with developmental disabilities misbehave.

Children with developmental disabilities have a right to quality education.

Principals can decide whether or not to include children with developmental disabilities in their school.

Children with developmental disabilities need less love and patience than other children.

Activity 2

Aim: Providing clarifications on general features of developmental disabilities, common myths, and rights of children with developmental disabilities

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 7-18 on personal device

Description:

Using the projected slides (Slides 7-18) and following the notes below, for each slide ask participants by raising hands what groups thought was the right answer (for vignettes, ask, “What groups thought this child had a developmental disability?”, for true/false ask for each statement on the slide “Who thought this was true?”). For questions where there is most disagreement, ask one person from each of the two views “Why did you answer this way? What was your thought process?”. Then click to make the answers appear and proceed with the explanation. Let participants know that their manuals include summary bullet points on this topic.

Notes:

Slide 8

Addisu has a hearing disability and in this training programme we are not focusing on hearing and visual disabilities, that we call sensory disabilities, rather than developmental disabilities. Some children with developmental disabilities may also have a sensory disability, but most children with sensory disability will not have any intellectual or social difficulties. The reason why Addisu currently has some speech difficulties is a consequence of his hearing impairment and some children that cannot hear at all may not learn to talk at all, without necessarily having a developmental disability.

Slide 9

Tizita has a developmental disability, that could be autism or intellectual disability. She has communication difficulties, although I must highlight that this does not mean that she is not friendly. Crying and screaming are behavioural challenges that serve her as communication when she can’t explain that she wants something. She also has some difficulties in learning and day-to-day activities.

Slide 10

This is a very specific learning difficulty. I want to stress that some children may have highly specific challenges, for example in pronouncing words, reading, writing, or counting, without having an intellectual disability or broader social communication or behavioural difficulties, and will always be able to be included in the regular classes. Some contents in this training programme may be also useful to teach these children, but we will focus on developmental disabilities which impact children’s daily functioning, intellectual abilities and social communication and/or that may underlie challenging behaviours.

Slide 11

Once again, this is a very specific difficulty in pronunciation that does not mean the child has a broader social communication disability or an intellectual disability.

Slide 12

Similarly to sensory disabilities, children with developmental disabilities can have physical disabilities or other difficulties in movement, but many children with physical disabilities do not have a developmental disability. Even if a child has motor difficulties that start very early on in childhood and also affect their ability to conduct day-to-day activities, we must not assume that the child has any intellectual difficulties.

Slide 13

Some children may have emotional and psychological conditions such as depression and anxiety, that may manifest with self-isolation or behavioural challenges. These are not developmental disabilities, although children with developmental disability may experience these conditions. One key sign that these behaviours are not due to a developmental disability is the sudden change, while difficulties usually present in early childhood in the case of developmental disabilities. We will not have the ability to cover these psychological conditions in this training programme, but if you ever suspect that a child may have these experiences we recommend to refer them to health services.

Slide 14

Tsehay presents some unusual behaviours that are typical of autism, for example choosing to play on his own, flapping his hands and protecting his hears from noises. Importantly, not all children with autism are the same and the range of behaviours and difficulties vary a lot across developmental disabilities. We will see other examples in future sessions, but in general it is important that you are open to recognise developmental disabilities even when they present differently from the example descriptions in this training programme, and to expect that children with a diagnosed developmental disability may also have different needs and behaviours from these specific examples. For this reason, in the next session we will discuss these needs in a more general way.

Slide 15

These are the solutions to the first three statements. Child development is not just about growing and getting older. It’s about acquiring new skills that allow children and people to function independently.

The second statement was tricky, because it is true that in typical development there are certain key skills, such as sitting, standing, talking, that are acquired by all typically developing children around the same age. But all children are different and will not acquire the exact same skills at exactly the same age: there is a range, and a child may acquire some skills a little later without having a disability. Children with developmental disabilities are part of this variety, and may not acquire some skills, or acquire them much later than

other children. However, this won't necessarily be applicable to all skills: for example, a child with a developmental disability may have difficulties with social skills, but develop day-to-day skills like eating, washing, and getting dressed, at the same pace as other children.

Slide 16

These are three false myths that you may have encountered in the community and therefore may have believed to be true. As well as false, these beliefs can be harmful and cause discrimination and negative attitudes towards children with developmental disabilities and their families. The precise causes of developmental disabilities are unknown, but we know from science and research is that they are a disability. It is nobody's fault and no one should be blamed. This could happen to anyone. They are not punishments, curses, or evil spirits and are not caused by life experiences such as bad parenting. They are also not diseases, but conditions, meaning that people with developmental disabilities need to be accepted as people that behave differently and are not contagious. You cannot get a developmental disability by associating with someone with a developmental disability.

Slide 17

Children with developmental disabilities have some difficulties learning and tend to learn more slowly than other children, but they have the capacity to learn and this applies to practical skills as well as to academic subjects. Like all children, they have their strengths and weaknesses and focusing on practical skills rather than academic subjects may be appropriate for some but not for all: it would be unhelpful to assume that children with developmental disabilities should never learn academic subjects.

As they can learn, people with disabilities can also become productive members of the society. Because children with developmental disabilities often have difficulties in day-to-day activities, such as eating, going to the toilet, self-hygiene and getting dressed, people sometimes assume that they cannot make it in life. Instead, with the right support and assistance, their independence can grow and they can work and have a fulfilled life.

Slide 18

As well as difficulties in intellectual ability, learning, and skills development, children with developmental disabilities can have difficulties in communication skills, which means they may communicate differently and interact differently with people compared to other children. We will talk more about these and other difficulties of children with developmental disabilities in the next session. Some children may also present behavioural challenges, such as screaming and crying, but the second statement here was false, because not all children with developmental disabilities do: many will usually be well-behaved. We will talk more about behaviour in Session 4. Importantly, sometimes it may be difficult to understand and empathise with children with developmental disabilities, when they communicate very differently or present frequent and disruptive behavioural challenges, which is why it may be helpful to remember that children with developmental disabilities do

not choose to misbehave or interact differently: they have a disability that makes them perceive the world, understand things, communicate and express their emotions in a different way. They are children who deserve as much love and patience as all other children and that also need as much love as other children, even if sometimes their way of interacting may show this need less (for example if they often isolate). Also, according to international human rights, children with any disabilities have the right to be treated equally as others and not be discriminated against, and they have a right to quality education. [If asked, refer to the United Nations Convention for the Rights of Persons with Disabilities (2006), Article 24, and Convention for the Rights of the Child (1989), Article 28, and to Article 9 of the Ethiopian constitution that states that "All international agreements ratified by Ethiopia are an integral part of the law of the land"]. By Ethiopian law, they also have the right to attend any government schools, and principals cannot decide to reject children with developmental disabilities, although this often happens in many schools in Ethiopia. [If asked, refer to Article 41 of the Ethiopian constitution that states that "Every Ethiopian national has the right to equal access to publicly funded social services".]

Activity 3

Aim: Sharing personal experiences of working with children with developmental disabilities

Activity: Discussion

Duration: 20 minutes

Materials: Board/flipchart and marker + Slide 19 on personal device

Description:

This is an opportunity for informal discussion. Encourage participants to share any experiences they might have had working with children with developmental disabilities, their challenges and hopes for the future. You may want to note something on the board or flipchart, although it won't be necessary to write down participants' experiences, as the main aim of the activity is giving them an opportunity to share.

Notes:

Try to ensure that a variety of participants get their say using sentences like "Let's hear from someone who has not spoken yet", though without calling a specific participant unless they ask to speak.

Expectations about the training programme may be raised. You don't always have to respond, you can allow the discussion to flow, but at times you may want to reassure participants of what will be covered and/or of the fact that we are aware of greater challenges that are beyond their control and ours and we are hoping to give them some tools for partly addressing them, as well as continuing to advocate for systematic change. For example, about the scarcity of teaching resources you can say: "In Session 3 we will be talking about getting the most from materials that you have available. Of course, realistically this may not solve all of your problems, but hopefully it will help." and about

large class sizes: “Decreasing teacher-students ratio is important and we plan to advocate for it also with your help. However, children with developmental disabilities with milder support needs can be included in regular classes even without receiving indivisualised support. In Session 3, we will discuss teaching adaptations that you can implement in general in the class, to support all children collectively.”

If a participant is expressing strong negative attitudes, you may want to kindly point out where different language could be used, or offer a potential justification (e.g. for a child to have behaved in a certain way). However, be mindful that participants may be reporting particularly challenging experiences, that they had no tools or knowledge to understand or address when they happened. Hopefully the programme will help to change this.

Activity 4

Aim: Exploring strategies to raise peers’ awareness of developmental disabilities and promote inclusion in the classroom by encouraging experience sharing

Activity: Collaborative Brainstorming

Duration: 20 minutes

Materials: Board/flipchart and marker + Slide 20 on personal device

Description:

1) Start by acknowledging that a concern that many parents, teachers and clinicians have about inclusion in regular classes is bullying by other children.
2) Ask participants the following question, that they can also find in their manuals:

What methods would you use to raise other children’s awareness and prevent bullying of children with developmental disabilities?

3) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for a minimum of 10 and a maximum of 15 minutes, depending on the discussion livelihood and on any prior delays on schedule.
4) Briefly summarise what has been said.

Notes:

Try to ensure that a variety of participants get their say using sentences like “Let’s hear from someone who has not spoken yet”, though without calling a specific participant unless they ask to speak. If any suggestions seem impractical to implement or potentially discriminatory or damaging to children with DD or other children you could initially ask if any of the participants has comments on the suggestion. If the issue does not get addressed you could then briefly comment yourself in a non-judgmental way, for example: “I see why you made that suggestion, however such strategy may inadvertently cause further discrimination (because…)”.

Activity 5

Aim: Providing information on strategies to raise peers' awareness of developmental disabilities and promote inclusion in the classroom

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 21-25 on personal device

Description:

Using the projected slides (Slides 21-25) and following the notes below explain how teachers can raise peer children's awareness of developmental disabilities and promote positive behaviour towards children with these conditions. Let participants know that their manuals include summary bullet points on this topic.

Notes:

Children who bully or exclude peers with disabilities may often act this way because they don't understand these disabilities, or have heard negative things about them, such as the myths we talked about earlier, for example on developmental disabilities being a curse. So, they may often need some discussions to raise their awareness. These could often start by generally helping children understand that everyone has their own strengths and weaknesses and it always important to respect others, be kind, and help each other at a time of difficulty. You can make examples in various areas, such as disability, financial difficulties, frequent sickness, to try and make these experiences relatable for the children, without calling out any of them. You can also help them think about how an experience when they were excluded made them feel. We recommend raising awareness on disabilities in general, without giving details on different diagnoses. Then, at a time when any children with disabilities are not in the class, and only you have the child's families consent, you may want to explain some of their specific needs, in an age-appropriate way that helps children understand and accept them and does not emphasise difficulties. For example, say "Tsehay flaps his hands sometimes, even if you may find this behaviour unusual, there is nothing wrong with it and no reason to laugh at it", rather than "Tsehay flaps his hands because it's the only way he can communicate"; and "Tizita may need a bit more time to learn things" rather than "Tizita has learns slowly". You won't need to do this for each of the child's needs, but you may for those differences that peers will encounter and may have negative attitudes against, and to justify some additional support that you provide.

Other ways to continue engaging children and raising awareness, which are already used in some Ethiopian schools, are afternoon mini-medias inclusion clubs. Students leading the school mini-medias can be given materials they can use to produce awareness-raising programmes on developmental disabilities. In inclusion clubs, children can help develop these materials and engage in discussions about inclusion and/or these can simply be clubs where children with disabilities and other children come together to do different activities together.

As well as creating awareness, you can actively promote inclusion and social interaction between children with and without developmental disabilities. For example, using role play of social situations can help both children without disabilities to learn kindness and inclusion and children with social communication difficulties to learn social skills such as greeting and playing with others. You can also facilitate inclusion in the classroom by organising group-work activities for regular lessons. These are also helpful to engage all children in learning and ensure that those with difficulties are supported. We will talk more about group work in Session 3.

Children also like to be given responsibilities and volunteer for tasks, so much that creating roles for supporting children with developmental disabilities could promote their willingness to include them. For example, you can identify some “guardian angels”, “mentors” or “buddies” that take turn to assist a child with developmental disabilities in class and/or at break times, play with them, and help them join into other children’s activities. These children may need additional training and guidance, which for example could happen in the afternoon inclusion club. They will also benefit from praising and in general remember to praise any children when they are inclusive and kind.

Finally, you can be a role model by showing patience, kindness and love to children with developmental disabilities, praising them in class, and entrusting them with small responsibilities, such as distributing papers, to show other children that you rely on the abilities of the child with developmental disabilities.

SESSION 2: Awareness of Needs, Needs Assessment, Identification & Referral

Learning Outcomes

- Understanding common needs of children with developmental disabilities in school and classroom environments
- Recognising and assessing needs of individual children with developmental disabilities in your class
- Identifying developmental concerns in undiagnosed children and referring them to health services

Session Summary

Activity	**Duration**	**Activity Type**	**Materials***
Activity 1	30 minutes	Informative Session	
Activity 2	50 minutes	Group Work	Board/flipchart and marker
Activity 3	40 minutes	Role Play and Discussion	10 Pieces of paper with a role description (5 for each scenario) from Separate Materials Board/flipchart and marker
Activity 4	15 minutes	Collaborative Brainstorming	Board/flipchart and marker
Activity 5	20 minutes	Competency Training Session	

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Providing information on common needs of children with developmental disabilities in school and classroom environments

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 4-11 on personal device

Description:

Using the projected slides (Slides 4-11) and following the notes below, explain common needs of children with developmental disabilities and how they can affect performance and behaviour in school and classroom environments when unaddressed. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.

Notes:

As introduced in Session 1, children with developmental disabilities can have a variety of difficulties and needs and one child with developmental disabilities is never the same of another, just like no child or person in general is ever the same of another.

Firstly, they often have difficulties in intellectual or cognitive functioning. What kind of difficulties do you think these are? [take 1-2 answers, then click for answers to appear and give this brief answer:] They refer to difficulties in reasoning, problem solving, logic, planning, learning, memory, focus. Therefore, they are difficulties that can directly affect a child's schoolwork, for example hindering their abilities in mathematics, or understanding, studying and remembering concepts, or staying concentrated or planning and solving tasks. This is very common across developmental disabilities, but it is important to never assume that a child with developmental disabilities has such difficulties, as there are some children with developmental disabilities that do not have intellectual difficulties, such as often those with attention-deficit hyperactivity disorders and at times those with autism. Of those who do have these difficulties, there is a large variety in their level of difficulty: for example, some may only struggle with harder logic and mathematical tasks, others just with keeping focus or with remembering, while others may have more generalised difficulties in understanding lessons and tasks. Remember that some children may have very specific difficulties in reading or writing or counting, without necessarily having an intellectual disability.

Second, they can have difficulties with practical skills, that can be related to poorly coordinated and/or slow movements, or a difficulty in performing routines. What kind of difficulties do you think these are? [take 1-2 answers, then give this brief answer:] The examples we have here are self-care (such as dressing, practicing personal hygiene), other daily living skills (such as taking taxis, navigating the school, going to the toilet), playing, and using objects (including for example holding pens well to write). Again, all children may be different in the level of support they need to complete these tasks and some may not display these difficulties. Remember that some children may have a physical disability or even motor difficulties without evident physical disabilities, that affect

their ability to carry out practical skills: these children may not have any intellectual disability.

Communication is another area where children with developmental disabilities may struggle. Some children with developmental disabilities may have difficulty understanding communication and they may understand language very literally and struggle to understand jokes, metaphors, or even omitted parts of a sentence: the more you try to avoid abstract and non-literal language and to make instructions explicit, the more they will understand. You can also assign a peer to support communication and ensure the child with developmental disabilities understands instructions. Some children with developmental disabilities may also not speak at all or speak very rarely or only be able to speak a few words or sentences. They may also have difficulties with other methods of communication, such as gesturing and pointing. Attentive observation and parents' input can help to understand child's individual way to communicate. Special needs education teachers will have a session on teaching children communication. When a child who gets included uses alternative communication ways, the special needs education teacher can tell you how you communicate. It is possible that a child who has difficulty speaking or communicating more generally, may have minimal or no intellectual difficulties and be able to understand your verbal communication, so it is important not to assume that they don't.

Social skills include the ability to follow rules (for example class rules or the rules of a game), observe social norms, and develop and demonstrate appropriate interpersonal skills. Could you think of any examples of difficulties of children with developmental disabilities in these areas? [take 1-2 answers, then give this brief answer:] For example, children with developmental disabilities may have difficulties taking turns in an activity, or understanding or predicting other people's feelings and/or intentions, or they may say or do things that are considered socially inappropriate, such as making an unsolicited negative remark or using other people's belongings, without realising this is not appropriate, rather than in an attempt of being naughty.

Children with developmental disabilities may also display behaviours that may be considered challenging in a school environment. For example, they may get distracted, leave a task incomplete or forget school materials more so than other kids, they may be very talkative or move around a lot when it is not appropriate, or they may have emotional outbursts when they cry, or scream a lot. We are going to have one session that will be entirely focused on behaviour management, but what I should say now is that some of these behaviours may happen because the child has unmet needs, has not being able to communicate something or is distressed.

One feature of some children with developmental disabilities that may cause such distress is sensory sensitivity and another is a need for structure in their space and time and difficulties accepting change in routines and transitions between tasks. These difficulties may require some adaptations in both the special and inclusive classes that could greatly improve the child's experience, reduce unwanted behaviour and help them remain focused.

A child with developmental disabilities may be overly sensitive to sensory stimuli or have really little sensitivity to them. He/she may also fluctuate between being over sensitive and under sensitive. A child with developmental disabilities who is under sensitive may get hurt and not notice the pain, or he/she may seek out sensory stimulation, for example by

holding objects very close to see, smell or hear them, constantly moving, making small repetitive movements with their fingers, hands, or feet to get stimulation. Giving the child play-doh or small toys they can play with using their hands during the lesson may help them focus on the lesson. You may also want to provide highly stimulating and engaging classes, using music and visuals. We are going to talk more about this in Session 3.

On the other hand, a child with developmental disabilities may be very sensitive to touch, heat, smell, taste, noise, bright lights and colours, etc. and these sensations may at times distress them. At school, you may notice this because a child may have negative reactions to being touched or to noise or sound (even when not loud), or may get distracted by images, sounds, movement. Therefore, carrying out lessons and activities in a calm environment, with limited disruption, noise, smells and limited images and writing on the walls, can be key to minimize the child's anxiety and distractions. It can also be useful to keep objects in a cupboard or in boxes so that they can be out of sight when not in use: the room will then be less cluttered and the child less likely to be distracted. Your tone of voice or body language may also cause anxiety: speaking calmly and using slower body movements can help.

Earlier I have also mentioned the need for structure that some children may have, and this applies to both space and routines. In terms of the physical structure of a particular room or environment, here are a few suggestions. First, you could use furniture and furnishings that the children enjoy, to make the environment welcoming for everyone. For example, children may like carpets and cushions, which can also help limit noise; fair colours can offer a calming environment; bookshelves, books and posters on the walls may also make the environment more pleasant, as long as it does not create too distracting stimuli as described above (in which case the over sensitive children may prefer more empty walls). Secondly, there could be a "quiet corner" where a child can go to calm down if distressed: in general, it may often be helpful to allow the child to move around the class when they need to. Thirdly, areas of a room could be labelled with words and/or symbols to help a child recognise which activities typically take place in a particular area of the room and what different items and equipment in the room are for.

Time also needs to be organised: structure in routines and activities is important to help children with developmental disabilities predict events and avoid anxiety. Being prepared for a future lesson or task will often help a child with developmental disabilities transition to it with minor distress. To address this need, you can plan children's routines and provide them with aids to understand and follow them. One common way to do this is for children to have one card (with a picture and/or word) for each lesson or activity and place them orderly in a timetable each day, or each hour in case of smaller tasks (e.g. through Velcro or removable tape or in transparent envelopes). This can be done by the teacher and a child with developmental disabilities in front of the whole class, to help everybody keep track. Similarly, sudden changes of routine, or people (classmates, teacher) may distress some children with developmental disabilities. Try to avoid sudden changes as much as possible and when inevitable try to let the child know and prepare them in advance.

Activity 2

Aim: Practicing identifying needs and difficulties of individual children

Activity: Group Work

Duration: 50 minutes

Materials: Board/flipchart and marker + Slides 12-18 on personal device

Description:

1) Divide participants in groups of 4-6 people; ask them to make homogeneous groups where either all participants are regular class teachers or all participants are special needs teachers.
2) Read the three scenarios below using slides 13-15 and let them know that they are in their manuals.
3) Ask each groups to reflect for about 20 minutes on only one scenario: specifically, ask special needs teachers' groups to discuss scenario B and assign scenarios A and C to regular class teachers' groups so that an equal amount of groups have to discuss A and C. Ask the groups to choose a spokesperson to report back their reflections after group work. The discussion questions are written in participants' manuals and are: *What are the specific needs and difficulties of this child that you will need to be mindful of in the classroom? What about at recreational times?*
4) After 20-25 minutes, facilitate a 10-minute plenary discussion using slides 16-18. (the notes include some suggestions of possible answers for each scenario)

Vignettes:

A) Dawit joined your regular class in fifth grade. He finds it hard to focus in class, he is always chatting with other peers, cannot find his books and pencils and often interrupts the teacher. He seems clever and can complete difficult exercises when focused but often makes silly mistakes in his work and sometimes leaves tasks incomplete. Often, when this happens, he has wasted a great amount of the time assigned for the task while looking out the window or at the posters on the walls. He is very good in debating and physical education, and he loves to make jokes. At lunchtime he skips the queue for food and in the playground he is often left out of the games since he does not follow the rules. You have been informed that in the school transport, he talks throughout and often gets up: this makes the driver angry, but Dawit seems to not understand it and he reacts by laughing.

B) Thomas is seven years old and has joined your special unit class. To communicate, he only uses very simple words to describe things that he wants, but he finds it difficult to say complete sentences. For example, when Thomas is hungry, he will rub his tummy and say "hungry" or "food". You have been trying for a few months to teach him the alphabet: when you say the names of the letters, he repeats them, but he seems to forget them a moment later. He is a really loving child who likes to be hugged. However, a few times when he was hugged he unexpectedly jumped back and started crying. He can eat dry biscuits when he brings them from home, but he has trouble eating and drinking anything else on his own. His mum told you he also needs help dressing himself in the morning. He is not yet toilet trained.

C) Lili is in a fourth grade regular class. Her grandmother, who is raising her, told you that she often does school work for most of her time at home. However, she only achieves lower-than-average grades. She seems to do better in tasks where she needs to match or cross a given answer, but she can rarely answer open-ended questions. Sometimes she understands instructions in strange ways. For example, once when you wanted her to take her book from the bag and said “take out your book”, she took the book and ran outside the class. She doesn’t really like to play with other kids. She often plays the same game over and over by herself, either with toys from the classroom or with pens, little stones and other objects. She can do that for a long time! Sometimes she also hold and looks at them very closely, or smell the, or place them in her mouth.

Notes:

Dawit seems to have difficulties with attention, that cause both his disruption in class and his silly mistakes and leaving tasks incomplete. The latter don’t seem to be caused by inability to understand or carry out the tasks as Dawit can complete difficult exercises when focused. To prevent distractions, Dawit needs a plain environment with fewer visual stimuli, and it could be beneficial for him to sit fat from the window. Dawit also seems to have some difficulties following social rules, as lunch, playground and transport situations. His reaction to the driver getting angry may also show a lack of ability in understanding other people’s emotions.

Thomas seems to have great needs in his verbal communication, although he is able to communicate basic needs through both verbal and non-verbal communication. He likely has cognitive difficulties in learning and memory, that cause his struggles in learning the alphabet. He seems to have some sensory sensitivity challenges. The fact that only sometimes he reacts negatively when he is hugged may be because he only is over sensitive certain times (as we have seen that this can be a fluctuating, transitory state) or that at times there may be specific stimuli that are distressing (for example, a stronger smell or perfume, a particular texture of the hugger’s clothing). Finally, Thomas has multiple support needs in practical skills. At school, he will need support to develop eating and toilet skills, and he will need support until he can manage alone. Since he has difficulties with daily living skills, it is also likely that he may have difficulties in other practical skills, such as writing, using objects and playing.

Lili’s difficulty to achieve higher grades despite the hard work can indicate cognitive and learning difficulties, as does the fact that she performs better in tasks where she needs to match or cross a given answer, rather than open-ended questions, that usually require greater memory and/or reasoning abilities. Difficulties with open questions may also be due to difficulties in formulating sentences and communicating. She also has a need for explicit concrete communication to enhance her understanding. She shows little interest in social interaction, which can be a feature of developmental disabilities, but this does not seem to necessarily create problems for her or others. Conversely, her putting objects in her mouth may be risky: this seems to be caused by a need for sensory stimulation that it may be necessary to address in other ways (for example, giving her objects she can play with but not put in her mouth).

Activity 3

Aim: Practicing recognising needs and concerns in class

Activity: Role Play and Discussion

Duration: 40 minutes

Materials: Board/flipchart and marker + 10 Pieces of paper with a role description (5for each scenario) from Separate Materials + Slides 19-24 on personal device

Description:

1) Introduce the activity as follows, using slide 19: “You may not always start your needs assessments from a comprehensive account as the ones provided in the earlier activity, especially when your class includes children whose disability has not been yet identified, or you have not yet reflected on the needs of a child with a developmental disabilities diagnosis. Sometimes, you may first note a specific need or difficulty during a lesson, and it may often be because unaddressed needs have caused a crisis situation, such a child manifesting inappropriate behaviour or being bullied. We are now going to do two brief role play exercises, one situated in a regular class and one in a special class.”
2) Ask one or two regular class teachers to volunteer being the teacher for role play A (acknowledge that most regular classes will have only one teacher, but in this case offer the possibility for two teachers to take this role so that (a) more teachers will have the opportunity to have this experience and (b) you will not be putting one teacher on the spot alone). Give them Role Descriptions A1 and A2 from the Separate Materials.
3) Ask for another 8 volunteers to be children and give them Role Descriptions A3-A5
4) Ask participants to not discuss their Role Descriptions with each other (except from A1 and A2, who have the same role).
5) Ask other participants to observe and/or simulate quiet students in the play and ask the role players to start.
6) After 5-6 minutes of role play, ask the teachers what needs and difficulties they have identified in the class. Then facilitate a 10-minute plenary discussion, using slides 20-24 and inviting other role players and observers to comment. (the notes include some suggestions of possible answers for each scenario)
7) Ask one or two special needs teachers to volunteer being the teacher for role play B and give them Role Descriptions B1 and B2 from the Separate Materials.
8) Ask for another 8 volunteers to be children and give them Role Descriptions B3-B5
9) Repeat points 4-6

Role Descriptions:

A1)

Setting information: Regular class setting. Lidya has a diagnosed developmental disability.

Your Role: Class Teacher

Role Description: You are explaining maths, and you know that Lidya, who is relatively good at other subjects, really does not like maths. While you explain, keep focused on Lidya, to see whether she is paying attention. When you realise she may not be, call her. Call her again until she turns to you. Then, ask her what you were talking about. After she answers, ask other students to practice writing numbers 1 to 100, while you explain the previous part again to Lidya. Then go sit and talk with Lidya and don't look much at the other children.

A2)

Setting information: Regular class setting. Lidya has a diagnosed developmental disability.

Your Role: Class Teacher

Role Description: You are explaining maths, and you know that Lidya, who is relatively good at other subjects, really does not like maths. While you explain, keep focused on Lidya, to see whether she is paying attention. When you realise she may not be, call her. Call her again until she turns to you. Then, ask her what you were talking about. After she answers, ask other students to practice writing numbers 1 to 100, while you explain the previous part again to Lidya. Then go sit and talk with Lidya and don't look much at the other children.

A3)

Setting information: Regular class setting. Lidya has a diagnosed intellectual disability.

Your Role: Lidya (Student with developmental disability)

Role Description: The teacher is talking. You are looking another way silently. The first time the teacher calls you, do as if you have not heard, and keep looking another way. Same the second time. The third time turn to the teacher. When the teacher asks what he/she was talking about say "Numbers, but I stopped listening after I did not understand". While the teachers is sitting with you to explain, at some point you will hear screaming: when this happens put your hands on your ears and start crying as if the noise upsets you.

A4)

Setting information: Regular class setting. Lidya has a diagnosed developmental disability.

Your Role: Terefe (Student with no diagnoses)

Role Description: The teacher is talking and you are listening to the explanation. After the teacher talks to Lidya and goes sit with her, you start writing numbers 1 to 100 on your desk and/or on you hand and arm, rather than on paper. When Dawit comes and tells you it's wrong, you get upset and start screaming.

A5)

Setting information: Regular class setting. Lidya has a diagnosed developmental disability.

Your Role: Dawit (Student with no diagnoses)

Role Description: The teacher is talking and you are listening to the explanation. After the teacher talks to Lidya and goes sit with her, you start writing numbers 1 to 100 on paper. You soon notice that Terefe is writing the numbers on their desk/their hand and you get closer to tell him that he is doing it wrong: he should write on paper.

B1)

Setting information: Special unit class.

Your Role: Class Teacher

Role Description: You are teaching the names of animals. Kidist will be disruptive: ignore her. While you are talking, Tesfaye will communicate to you that he wants to hear a song. You decide to please Tesfaye, and you start singing a song about animals, playing on the *kebero* that he has brought to you. When Mariam starts screaming, you stop singing and playing and ask her “What is happening? You usually love music”.

B2)

Setting information: Special unit class.

Your Role: Class Teacher

Role Description: You are teaching the names of animals. Kidist will be disruptive: ignore her. While you are talking, Tesfaye will communicate to you that he wants to hear a song. You decide to please Tesfaye, and you start singing a song about animals, playing on the *kebero* that he has brought to you. When Mariam starts screaming, you stop singing and playing and ask her “What is happening? You usually love music”.

B3)

Setting information: Special unit class.

Your Role: Tesfaye

Role Description: The teacher is talking. You really like music, so you stand up, go to an (imaginary) pile of toys in a corner and pick a up a (objects that can simbolise a) *kebero*. You go back to the teacher with the *kebero* and say “Song, song”. You are quiet while the teacher sings, but when he/she stops, you start clapping your hands repeatedly.

B4)

Setting information: Special unit class.

Your Role: Mariam

Role Description: The teachers is talking and you are listening silently. When the teacher starts singing, you start screaming “No, no, no”. When the teachers asks you why, you keep saying “No no no” and after a bit answer: “I didn’t know there was music today”.

B5)

Setting information: Special unit class.

Your Role: Kidist

Role Description: When the teacher is talking, repeat everything he/she says. When Tesfaye leaves his sit, go and take his (imaginary) lunch and then start eating it.

Notes:

In scenario A, Lidya, the child with developmental disabilities, seems to have cognitive difficulties, especially in learning and understanding, with a consequent drop in attention. Her reaction to the scream also shows that she can have episodes of high sensitivity to noise and consequently display emotional outbursts. Her full sentence “I stopped listening after I did not understand” reveals that she does not seem to have difficulties communicating (although this is just one sentence). In scenario A, there is also a child who is not diagnosed but presents developmental concerns (prompt this if it does not come up spontaneously: Does anyone think that any of the other children may also have developmental disabilities-like needs?). The fact that Terefe does not understand the implicit “on paper” in the teacher’s sentence show that he may have difficulties understanding abstract and implicit language. His outburst when Dawit upsets him may also be a concern, although of course one episode would not be sufficient to establish that Terefe’s behaviour suggests a developmental disability.

In scenario B, Kidist seems to not be aware of social norms, when repeating the teachers’ words constantly and when taking Tesfaye’s lunch. Tesfaye also partly ignores rules when he stands up without permission. His will for a song may also indicate a high need for sensory stimulation, as does his clapping. The way he communicates his will to the teacher reveals only partial communication skills. Mariam’s reaction is likely due to a strong need for structure and routine and dislike for unplanned changes.

Activity 4

Aim: Exploring needs assessment methods for children with developmental disabilities

Activity: Collaborative Brainstorming

Duration: 15 minutes

Materials: Board/flipchart and marker + Slides 25-26 on personal device

Description:

1) Ask participants the following question, that they can also find in their participants' manuals:
2) *When you know about a child's diagnosis, what can you do to understand the child's needs from the beginning so that you can prevent as much as possible the critical situations seen in the role play scenarios?*
3) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for a minimum of 10 and a maximum of 20 minutes, depending on the discussion livelihood and on any prior delays on schedule. The notes include some suggestions for facilitation.
4) Briefly summarise what has been said, and if needed give a few more suggestions from the notes.
5) Conclude using slide 26 and saying: "Your handbooks include a needs assessment template that you can fill in for a child with developmental disabilities, so that you can remind yourself of their needs later on. There is also a "Strategies" column: for some of them, such as sensory and structure needs, we have already looked at some strategy to address them. We will talk about adaptations for intellectual and communication difficulties in Session 3 and about behavioural management in Session 4. Other boxes we have not talked about, such as strengths, interests, dislikes and reinforcers, may further help you select the specific strategies and adaptations, as will also be clearer in future sessions. For example, it is very important that you highlights the child's strengths, as well as their difficulties: this will help you have a more comprehensive understanding of the child. This kind of assessment will need to be repeated at least at the start of each academic year."

Notes:

While facilitating brainstorming or at the start, you can clarify a few points if needed: the aim of this assessment would be to gain a comprehensive description of the child's needs similar to the scenarios presented in Activity 2; the idea is that, while it can happen that needs manifest in the class through a crisis, this can often be prevented if a few accommodations are put in place following an initial needs assessments; finally, we acknowledge that time and resources may be limited, so we are looking for low-resource assessment strategies that can easily be implemented at low-intensity at the start of each academic year and are likely to be effective in preventing critical situations that would call for additional effort, time, and resources during the school year. Try to ensure that a

variety of participants get their say using sentences like “Let’s hear from someone who has not spoken yet”, though without calling a specific participant unless they ask to speak. Try to ensure that multiple methods are mentioned, rather than a discussion being held on one topic (e.g. caregiver’s help) using sentences like “This is an important discussion. However, could we also hear suggestions of other methods that can be used?”.

After 10-20 minutes, as you summarise answers, you can further discuss these methods that participants may or may not have mentioned. You can observe the child in the playground and at lunch time and talk to parents and caregivers, but don’t forget to also ask children themselves what they need help with. At the start of the year, you can also take some time asking the child questions to assess their understanding, reasoning and communication skills, giving them instructions and see how they respond, ask them to write, draw, play with a ball etc. to observe their practical skills. However, the best way to do this would be integrating it in initial classes, and doing it with multiple students, so as to not single out the child with developmental disabilities in front of others. Moreover, it is often necessary, and recommended, to repeat observations of the child a few times as a child’s abilities may vary depending on the context and you may find that a child has specific abilities some of the time. For cognitive and learning skills, you can assign pupils tasks of different complexity prior to their first graded test, to understand the level and difficulties of all children in the class, including those with developmental disabilities. It would be important to do this at the start of each academic year, as the child’s skills and needs may change.

Activity 5

Aim: Introducing a recommended health referral method

Activity: Competency Training Session

Duration: 20 minutes

Materials: Slides 27-30 on personal device

Description:

Using the projected slides (Slides 27-30) and following the notes below show the health referral form that is also in participants’ manuals and give brief tips on how to write their concerns on it and how to use the health worker’s response if available. Let participants know that their manuals include summary bullet points on this topic.

Notes:

At times you may notice that a child who has no diagnoses and has not previously been flagged as a child with disability has difficulties or differences in the areas we talked about, intellectual, practical, social, communication, sensory sensitivity, need for structure, behaviour. Some teachers in this or other schools have indicated that you usually don’t have a system to flag your concerns about this to health services, so we are introducing this form for you to use as soon as you have a concern. As it may be useful for other types

of health referrals, the form also includes a question on injuries/pain a child may have. The rest is focused on developmental concerns.

After having filled out the form, you will be able to give it to the child's caregiver, who can then take it with them when they take their child to the health facility. Nearby health facilities have been informed about this form. The use of this is that the caregiver will have a written explanation of the teacher's concerns to show to health professionals. It will still be important for you to speak to the caregiver, create a rapport, explain your concerns with compassion and ask about what they may have noticed and what their own plan is, while also letting the caregiver know that you are not a health professional and yours is a concern, not a definite diagnosis, and that a diagnosis from a health professional may help teachers to better address the child's needs at school.

In fact, the checklist lists areas of difficulties, not specific diagnoses, similarly to how we have been discussing these difficulties today and to how we recommended you to assess needs. When completing the checklist, cross all areas in which you have noticed potential concerns. These are indeed concerns, not definite certainties, so don't worry about getting it "wrong". However, try to think about what difficulties and peculiar behaviours the child has, compared to other children: for example, several children may be prone to getting distracted, but ask yourself whether this child has disproportionate difficulties in this area compared to others. You then have a box to provide context and clarifications. This box may be very helpful to the health worker so try to always take a few minutes to write in it. Remember that the health professional will have limited ability to observe the child in their day to day life as you do. We recommend that you avoid discriminatory language and in general try to describe rather than writing general judgements: a rule of thumb for doing this is avoiding the verb "to be" and using activity verbs instead. For example write "the child often pulls classmates' hair when they want something, or pushes them when upset" rather than "the child is aggressive"; write "the child hugs every classmates at the start and at the end of the school day even if it takes a long time and some classmates don't like it" rather than "the child is extremely friendly".

There is then a form for the health worker to complete and send back to you. If you leave this attached to your own form, this may encourage them to complete it. The form asks them to give you tips on addressing the child's needs, and gives them the option to leave their contact details for you. If they do, it will be important that you ensure to keep them confidential.

SESSION 3: General Teaching and Assessment Adaptations, Lesson plans, Creating and Using Teaching Resources

Learning Outcomes

- Understanding the aim and definition of teaching and assessment adaptations
- Choosing and applying adaptations based on children's needs and lesson outcomes
- Planning lessons that employ varied and inclusive teaching methods
- Exploring how low-budget available materials can be used in teaching

Session Summary

Activity	**Duration**	**Activity Type**	**Materials***
Activity 1	15 minutes	Introductory Collaborative Brainstorming	Board/flipchart and marker
Activity 2	40 minutes	Informative Session	
Activity 3	35 minutes	Group Work	Board/flipchart and marker
Activity 4	40 minutes	Group Work	Board/flipchart and marker
Activity 5	50 minutes	Group Work	Board/flipchart and marker (For 40-60 people): 10 0.5l bottles of water 10 empty 0.5l bottles About 2l of sand/ground 10 pairs of scissors 10 tape rolls 10 markers 100 post-its 10 ribbons

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Introducing general adaptations by encouraging experience sharing

Activity: Collaborative Brainstorming

Duration: 15 minutes

Materials: Board/flipchart and marker + Slide 3 on personal device

Description:

1) Ask participants the following question, that they can also find in their participants' manuals:

Based on the needs of children with DD we have been discussing in previous sessions, how do you think you could adapt the teaching content, method and environment to meet their needs? And their assessment/evaluation?

2) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for about 10 minutes. The notes include some suggestions for facilitation.
3) Briefly summarise what has been said.

Notes:

Overall, this session is centered around adaptations in regular classes, but special needs teachers will be able to apply the general concepts to their own teaching. Try to ensure that a variety of participants get their say using sentences like "Let's hear from someone who has not spoken yet", though without calling a specific participant unless they ask to speak.

Follow-up questions that you could use to encourage the discussion are: What activities can you use to make children learn more easily? What resources can you use? How can you adapt your communication? What kind of assessments may be difficult for children with DD and what alternative options could you give them? And what support?

If any suggestions seem impractical to implement or potentially discriminatory or damaging to children with DD or other children you could initially ask if any of the participants has comments on the suggestion. If the issue does not get addressed you could then briefly comment yourself in a non-judgmental way, for example: "I see why you made that suggestion, however such strategy may inadvertently cause children to feel discriminated against".

Activity 2

Aim: Providing information on general adaptations

Activity: Informative Session

Duration: 40 minutes

Materials: Slides 4-18 on personal device

Description:

Using the projected slides (Slides 4-18) and following the notes below, explain the use of adaptations and how they can be implemented in class. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.

Notes:

Adapting the curriculum and teaching method means selecting content, presenting it and promoting learning of it in such a way that it becomes accessible to all children. In other words, it means having in mind at all times that all children, regardless of disabilities, have different levels of understanding, interests and learning abilities, and therefore teaching in a way that gives all of them an opportunity to learn.

In practice, in a regular class, you do not need to know every child's needs in detail and adapt content to individuals: rather, you need to present the content in a variety of ways and allow for learning at multiple levels. For example, some children may learn better by listening to your explanation, others may learn better by seeing a visual representation of what you are explaining, all children will learn better if you present the same content in multiple ways. However, it does help to have an idea of individual needs of some children, especially kids with disabilities, when you are planning your adaptations, to make sure that they also meet their special needs.

We are now going to go in a bit more detail into how specifically you can make adaptations in your day-to-day teaching. Starting with the example I have made, when making adaptations it is very helpful to keep in mind that there are different ways in which children can learn: mainly, visually (seeing pictures and objects, seeing written and visual representations of the lesson), auditorily (listening to the lesson, using auditory mnemonics such as rhymes, listening to music and sounds) and tactilely/kinesthetically (physically moving, playing, touching objects). Importantly, what this means is that all students learn in a variety of ways, which is why we are recommending you to present information in different ways, it does not mean that each students learns only in one way that you should aim to find out for each student.

Everyone also has different attention spans, and in general these can be low, so also for inclusion it is good to teach them in a way that keeps children engaged. Varying the teaching method helps with this too. What are other things you do in your classes to keep children engaged? [just spend 2-3 minutes for a few people to answer] Some good

strategies are stories, songs, and interactive learning (that is, children are actively engaged in the learning process, not just receivers), such as group work, pair work, role play, and crafts. Having pupils' interests in mind is also very helpful to keep them engaged, especially some children with DD. Try to be mindful of children's interests during your lesson, and relate your examples, stories, images, etc. to those interests whenever possible. How could you find out about child's interests? [take 1-2 answers, then give this brief answer:] For example, by asking children themselves in an introductory lesson at the start of the academic year (you could also have them make a poster) or asking parents.

In some more detail, ways you can vary your teaching method and make adaptations are:

Accompany verbal explanations with gestures and board writing. Why can this be useful? [take 1-2 answers, then give this brief answer:] It adds a visual component to the auditory explanation.

When there is a need to read a text, read it out loud / make some children read it out loud. Why can this be useful? [take 1-2 answers, then give this brief answer:] It taps onto auditory learning. It also ensures that all children can follow at the same pace, regardless of their own reading abilities.

Provide pupils with written handouts and show them diagrams and pictures whenever possible, best with clear highlighted and/or colour-coded words/sentences. Why can this be useful? [take 1-2 answers, then give this brief answer:] It taps onto visual learning. It also ensures that all children have some notes of the taught content, regardless of their ability to take notes during class and identify key concepts.

Illustrate your explanation with flashcards (usually cards with an image and a word/short sentence, for example a picture of a tree and the word "tree") and with concrete objects. Why can this be useful? [take 1-2 answers, then give this brief answer:] It taps onto visual learning and can also provide tactile/kinesthetic experiences if the students use the objects themselves (simple examples of this are doing math with objects like sticks or small stones and using letter-shaped objects/cards to form words, but objects can also be helpful for more complex learning). **NB.** that this kind of visual and tactile resources are very useful to facilitate learning for children with DD, not only those with sensory disabilities.

Use existing or made-up stories, songs and rhymes related to the lesson. Why can this be useful? [take 1-2 answers, then give this brief answer:] It can make learning more engaging, more memorable and therefore are useful for all children and particularly those with low attention or memory difficulties. It also stimulates auditory learning.

Use posters for key concepts. Why can this be useful? [take 1-2 answers, then give this brief answer:] The final result support visual learning. If the posters are made by the children this activity also promotes interactive kinesthetic learning. **NB.** As you learnt in Session 2, some children with DD may find very busy and colourful walls distracting or overwhelming; if this is the case in your class, posters can be few and regularly changed depending on current topics being studied.

Organise role plays and other games to consolidate learning. Why can this be useful? [take 1-2 answers, then give this brief answer:] It taps onto kinesthetic learning and makes learning more engaging. Examples may be asking children to enact a scene (e.g. at the restaurant, asking for directions) when learning a topic in English, or using a ball game to take turns in answering questions.

Have children work in group or pairs. Why can this be useful? [take 1-2 answers, then give this brief answer:] It makes learning more engaging and is a good strategy for children to work on specific projects such as posters, crafts, problem-solving, in which case it promotes interactive/experiential and kinesthetic learning. It can also be used for more regular learning and exercises, as group and pair work can create opportunities for (not just) children with DD to receive extra support from their peers. **NB.** As you learnt in Session 2, some children with DD may find noise upsetting; if this is the case in your class, pay extra attention to noise levels during group work, remember to set ground rules before the activity, and monitor the child's needs. Additionally, for some children who struggle with social interaction it may be best to always work in pairs rather than groups.

As well as varying teaching methods, you can adapt your teaching by presenting content at multiple levels (for example, for a list of vocabulary, decide on a standard list to present to students, but also make available a shorter list for those who are struggling to memorise them on which you can focus most of your teaching also, and make available to gifted students extra words on which you are not but that they can learn and use) and ensure that children know what are the key pieces of information to know and skills to have if they are struggling with extra competencies. This is because children all have different academic levels and abilities, also depending on subjects and having clarity on key competencies can prevent them from trying to learn too much and end up learning nothing.

Another thing you can think of is adapting your your communication style. What are some examples of this? [take 2-3 answers, then click to show and describe the suggestions] Some suggestions:

- Do not talk with your back to the class
- Try to make sure as much as possible that anything written is also said orally
- Talk clearly using simple words at all times
- Try to use concrete examples, drawn as much as possible from children's interests and daily life (e.g. two oranges are more than one orange, eating two banana make stomach full than one banana etc.)
- Use one-step instructions (e.g. instead of saying: "Bring the bottle and drink a glass of water", Say "Bring the bottle.", wait for the child to do it, say "Pour water into the glass.", wait for the child to do it, say "Drink the water").
- A peer can be assigned to support a student with DD or other difficulties also outside of designated pair activities, and can also support communication and ensure the child with difficulties understands instructions.

Activity 3

Aim: Applying your understanding of adaptations for different learners

Activity: Group work

Duration: 35 minutes

Materials: Board/flipchart and marker + Slides 19-22 on personal device

Description:

1) Divide participants in groups of 4-6 people
2) Read the two vignettes below showing slides 20 and 21 and let them know that they are in their manuals
3) Ask groups to reflect for about 15 minutes on adaptations that would most benefit children presented in the two vignettes and to choose a spokesperson to then report back their reflections. Ask them to also think about how they could adapt assessments to these children. Both questions are written in participants' manuals.
4) After 15-20 minutes, facilitate a 10-minute plenary discussion. (the notes include some suggestions of possible adaptations for each vignette)
5) Take 5 minutes to give examples of assessment adaptations based on the notes below and using the respective slide (Slide 22)

Vignettes:

A) Hirut joined first grade this year. She is very quiet and rarely responds to the teacher's questions. She does not follow instructions, it appears she does not quite understand them. She does attempt to do what she observes other students do, such as copying what the teacher writes on the board. However, she seems to have difficulties holding her pencil firmly and writes very slowly, so she often cannot copy all words on the board.

B) Bereket is in fourth grade. In previous years he has done well academically but now seems to be finding more difficulties in mathematics. He also gets tired quickly when the teacher explains a lesson, and he tries to chat with other students. He is very good in writing and telling stories.

Notes:

Hirut would benefit from a slower pace and from words being left on the board longer. She probably would be more able to follow instructions if these were 1-step instructions and clear. A supportive peer would be of great help to support her follow through with missed writing, and to demonstrate tasks when she struggles to understand instructions. For questions and assessments she would benefit from a chance to respond in creative ways, for example by drawing; if responding in writing she needs to be allowed extra time; oral assessment would probably not work since she usually does not respond.

Bereket would mostly benefit from group work both to keep him engaged and preventing him for getting distracted and for him to receive peer support in mathematics. He may also greatly benefit from practical teaching of mathematics using visuals and concrete objects. The two strategies could be combined (e.g. division by dividing objects among peers).

Bereket's passion for stories could also be used to make mathematics operations more engaging and concrete/understandable.

Notes for Slide 22

Assessment can be adapted or changed to help students meet the established standards, to evaluate whether students reached key competencies (that for some of them may be the only content they can focus on, as we have previously discussed). You do not necessarily need to pre-establish specific adaptations for specific children: these can be options that are available to students whenever they need them.

- Allowing responses orally instead of in writing
- Allowing responses in other methods (for example drawing, pointing to answers)
- Dividing tasks/assignments into parts and giving children one part at a time (everyone can receive all part, and this strategy can just be used to avoid overwhelming children; alternatively, this can be done by starting with parts that test key competencies, and then allowing children that complete them well and in good time to complete parts testing higher competencies)
- Permit additional time for students to complete assignments or tests when needed
- Assessments might be administered individually and in group
- Give frequent quizzes (e.g., every other day; weekly) that cover specified topics instead of one, long unit exam/test.

Activity 4

Aim: Using adaptations in whole-class lesson plans

Activity: Group work

Duration: 40 minutes

Materials: Board/flipchart and marker + Slides 23-25 on personal device

Description:

1) Introduce the activity as follows: "A great tool to make sure that you use inclusive strategies in your teaching is found in lesson plans, an outline that you can prepare for each lesson by listing the lesson outcomes and planned activities, and in which you can ensure you include all necessary adaptations. While it may seem overwhelming to plan all your lessons in advance in this way, it will greatly improve your confidence in your inclusive teaching, and it will become progressively easier and quicker. So, I am now going to ask you to plan a lesson on a part of English Unit 1 for first graders."
2) Read the aims of the primary school lesson shown below, using slide 24.
3) Divide participants in groups of 4-6 people (can be the same as before or different)

4) Ask the groups to (a) think about different needs of children in their classes and (b) create a lesson plan to teach the given lesson to a class addressing all children's needs. Mention that the given "Learning Activities and Resources" box already includes some strategies, and they can use some as suggestions but should add to it and create a more thorough plan. Ask the groups to discuss for about 15 minutes and also choose a spokesperson to then report back their reflections.
5) After 15-20 minutes, facilitate a 10-minute plenary discussion using slide 25 (there are some suggestions in the notes below, but there is no need to discuss these if the groups have come up with thorough lesson plans).

Lesson:

Lesson drawn from Unit 1 (Greetings) of the English Grade 1 Syllabus

Outcome Competencies	Content/ Language Item	Learning Activities and Resources
Students will be able to: • exchange greetings • say sentences that express their personal details • name some classroom objects	• Good morning/ afternoon • Greetings and telling names (e.g. My name is__. My father's name is__. I'm in grade one.) • Show me a pen, pencil, etc. • Give me a book, bag etc.	• Greet and tell your name and father's name first. • Ask the students to exchange greetings and tell their names and grade in turn. • Teach some greetings in a song. • Name classroom objects and ask children to repeat the name of objects. • Show pictures of the objects and ask students to name them

Lesson Plan Template:

Theme:	Subtheme:

Date	Time	Subject	Class

Number of Pupils			
Boys total	Boys with disability	Girls total	Girls with disability

Time	Step	Teacher's activity	Pupils' activity	Teaching Aids

Notes:

This would be quite a long lesson, that could be divided in two lessons, one for greetings and personal details and one for objects.

The teacher would first of all need to give a brief introduction, explaining the purpose of the lesson and then could give out handouts with the language items for greetings and

giving personal information. The teacher could then say their greeting, their name, their father's name, translating each sentence immediately. They could write the items on the board while saying them again. They could then use a soft small ball to have children repeat the items: one child could say "My name is__. My father's name is__. I'm in grade one." And throw the ball to another who would do the same, etc. A song could follow.

For classroom objects, the teacher could ask each child in turn to pick an object (to give them choice over their learning) by taking it or touching it and the teacher would then write the name on the board, the translation, turn to the class, say the name and everybody would repeat. The child who has chosen the item (or a supportive peer) could then write the name on a sticky note and stick it on the item for reminder in future days. The teacher could then use flashcards with images to ask the children if they remember the name of the item. As they are learning, children would still be able to turn to the board or the sticky notes on the items to answer.

Activity 5

Aim: Creating teaching materials

Activity: Group work

Duration: 50 minutes

Materials: Board/flipchart and marker+ for each group: 1 0.5l bottle of water; 1 empty 0.5l bottle; a couple of handfuls of sand/ground; 1 pair of scissors; 1 tape roll; 1 marker; 10 post-its; 10 ribbons + Slides 26-27 on personal device

Description:

1) Introduce the activity as follows: "As we have discussed, concrete resources are very helpful to enhance engagement and understanding of all children and often particularly of children with DD. We are aware that these resources are often lacking but teaching resources can be built from very common materials! In this next activity we encourage you to try and do this."
2) Divide participants in groups of 4-6 people (can be the same as before or different) and each group: a 0.5l bottle of water, an empty 0.5l bottle, some sand, scissors, tape, a marker, post-its, a ribbon
3) Explain: "In your groups, we ask that you for the next 20 minutes you think about how you can use these materials to teach one class. It must be primary school level but it can be any grade and any primary school subject (Science, English, Mathematics, etc.). At the end of the activity we will ask you for which subject, specific topic and grade you chose to use the resources and how you would use them in the lesson. You can use all items we gave you, or just some of them. You can use them separately or create/build something using the resources together. The most important thing is that you try to really think about teaching a class you would normally teach and try to be as creative as possible with the resources."

4) After 20-25 minutes, ask groups to report their planned use of resources to the whole group and invite others to comment.
5) You can then also encourage further discussion using slide 27 by asking groups in the plenary discussion:

What other day-to-day objects could you have used for your class?

Has this activity given you further ideas on resources you could use in you English lesson plan from Activity 4?

Notes:

Participants may for example have created a vase where they could illustrate the growth of a flower when watered (e.g. using the markers and posters as a flower) or they could have used the objects for counting. More creatively, they could have used materials and drawings to try and illustrate the full water cycle in the environment, the different physical properties of solids and liquids, the fact that the empty bottle is lighter and drops to the ground more slowly than one filled with water or sand, but still more quickly than a post-it. They could even have created an animal or a doll they could use to tell an educational story, etc.

SESSION 4: Understanding Behaviour, Behavioural Management

Learning Outcomes

- Understanding that behavioural challenges usually have a function and/or reason that can be addressed
- Identifying and addressing the reasons and functions of individual children's behavioural challenges
- Managing behavioural challenges and promoting positive behaviour

Session Summary

Activity	Duration	Activity Type	Materials*
Activity 1	30 minutes	Introductory Collaborative Brainstorming	Board/flipchart and marker
Activity 2	30 minutes	Informative Session	
Activity 3	50 minutes	Role Play and Discussion	Board/flipchart and marker Session 4 Separate Materials
Activity 4	15 minutes	Collaborative Brainstorming	Board/flipchart and marker
Activity 5	30 minutes	Informative Session	

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Introducing behavioural challenges by encouraging experience sharing

Activity: Collaborative Brainstorming

Duration: 30 minutes

Materials: Board/flipchart and marker + Slides 3-5 on personal device

Description:

1) Display slide 3 and introduce the activity as follows: “Behaviour is a way of acting in particular situations, and includes ways of acting towards objects or people. Challenging behaviour is any behaviour that stops a child from being with other people, learning new skills, or is harmful for her/him or others. All children show challenging behaviours. However, this is often a greater concern for teachers when it comes to children with developmental disabilities”.
2) Using slide 4, ask participants the following question, that they can also find in their participants’ manuals:

Based on your experience, what are common challenging behaviours that children with developmental disabilities display?

3) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for 5-10 minutes.
4) Using slide 5,sk participants the following question, that they can also find in their participants’ manuals:

Based on your experience and some of the content from the previous sessions, what are common reasons for these challenging behaviours in children with developmental disabilities?

5) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for about 10 minutes.
6) Briefly summarise what has been said.

Notes:

Follow-up questions that you could use to encourage the discussion are: What might they do that may disrupt teaching and other children’s learning? What might they do that is potentially dangerous to them or others? What situations may prompt a child to behave this way? What might he/she be trying to achieve?

Try to ensure that a variety of participants get their say using sentences like “Let’s hear from someone who has not spoken yet”, though without calling a specific participant unless they ask to speak.

If answers to the first questions include behaviours that are not disruptive (to the class or the child’s own learning) or (potentially) harmful, ask the teacher to consider how they can know if they really believe they are challenging behaviours, and bring them back to the

definition displayed on the slide. For example, teachers may not like that a child draws or plays with a pen during the lesson. They may need to find out: is the child listening? Is he/she making noise? If the child is listening and not making noise that disrupts other children, this is probably not a challenging behaviour. Similarly, if a child spends more time than others playing alone, there may be a concern that he/she does not socialise and make friends: however, if the child also spends some time with peers, spending time alone may be a preference that is not a behavioural challenge.

If answers to the second question seem to be overly focused on the nature of DD, the children's nature, them not being able to control themselves or acting disruptively on purpose, try to bring them on a different path using hints from the below presentation, for example "I see that it may often be perceived today, but in a bit we will discuss further that behavioural challenges often aim to achieve something. What might that be?", and "For example, if the child has difficulty communicating, they may be trying to tell us something, such as what?".

Activity 2

Aim: Providing information on behavioural challenges and their reasons and/or functions

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 6-12 on personal device

Description:

Using the projected slides (Slides 6-12) and following the notes below, explain the nature of behavioural challenges and how knowing their reasons and functions can help reduce them. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.

Notes:

You may remember Mariam, a girl in our role play in Session 2, who started screaming "No, no, no" because her expected routine had been disrupted, when the teacher played music and she was not expecting it. Or Terefe, who started screaming when told he had got the exercise wrong, because he had not written the numbers on paper. (As you have identified,) children with DD, when they are experiencing some discomfort, may be prone to crying, screaming, moving fast and running around, or in some cases becoming aggressive towards others or themselves (for example biting, banging their heads, etc.). Such discomfort may be related to the needs of children with DD that we discussed in Session 2: an unexpected change might have happened (as for Mariam); the child may be frustrated because he/she may be struggling with a task or may have misunderstood an instruction (as for Terefe); the child may be experiencing a sensory overload (as for Lidya, who in the role play started crying, after hearing Terefe's screams) or a lack of stimulation;

the child may also want to avoid a specific activity, or simply may be hungry, thirsty, tired, bored, sick, in pain, or in need of the toilet. In general, challenging behaviour always has a reason and/or a scope.

New behaviours may be especially important to investigate, because they may be signalling new protracted situations of discomfort, as is the example of a child who was found to have an ear infection after taking up a new behaviour of tapping her year, which she repeated often for several days. Another example may be a child who is experiencing anxiety. This is an emotional disorder that we cannot explore in detail, but that causes frequent cases of high stress, fear and worry about multiple aspects of life, at times reaching the point where the child does not want to go to school or even out of the house. Children with developmental disabilities may be more at risk for anxiety, for example due to awareness of their difficulties in social skills or in completing schoolwork. At times anxiety may manifest with behavioural challenges, too.

For what main reason do you think they children with developmental disabilities may show challenging behaviour when there is some discomfort in general? [just spend 2-3 minutes for a few people to answer] Often, an issue in these cases is that the child is not able to communicate this discomfort or need, either because he/she has communication difficulties per se, or because he/she has not yet learnt how to control the emotions of discomfort and to communicate them in other ways. So there are two main strategies to prevent these negative reactions. The first is knowing the child's specific needs and addressing them as much as possible, as discussed in previous sessions (for example, organising time and space, giving clear instructions, allowing students to complete tasks at their own level), or referring the child to health services in the case of a physical illness or an emotional disorder. The second is ensuring that the children have a way to communicate their needs and discomfort. This may be done by teaching children specific gestures or providing images they can use to signal the most common types of discomfort and needs. Special needs teachers will have a session on teaching children communication. It is important that once a child moves to an inclusive class the special needs teacher explains the child's individualised communication methods. A child with developmental disability may also have their own typical behaviour, often used for communication of specific meanings (for example, for asking for something), even in the absence of discomfort or other reasons beyond communication: this makes it even more important to know the children.

There may also be other types of behavioural challenges, as well as other functions that they may fulfill. For example, a child may be seeking attention or more control (for example, choice over what they do), or he/she may want something, such as a particular object or doing a specific activity. It is not usually a good idea to give the child's the attention, control, object or activity they want during or immediately after the challenging behaviour, because of reinforcement. Do you know what this means? If not, what do you think it may mean? [just spend 2-3 minutes for one or two people to answer] Reinforcement means that if a child obtains what he/she wants through a behaviour he/she is more likely to repeat the behaviour. For example, if a child presents attention-

seeking challenging behaviour, the child will keep doing it every time he/she wants attention. Ignoring the behaviour can instead be a good strategy to make it stop. However, this is not applicable to behaviours that are harmful or dangerous, that need to be addressed and stopped, nor to behaviours where the child wants something that he/she is allowed to have.

So, we have said that it is often not appropriate to fulfill the child's need for attention, control, or objects and activities immediately after the behavioural challenge, but when would you do it? When would you give the child's attention, control over what they do, or allow them access to their favourite objects and activities? [just spend 2-3 minutes for a few people to answer] The brief answer is at any time during the school day when it is appropriate and does not immediately follow challenging behaviour. If a child often seeks attention through challenging behaviour, and you ignore him or her immediately after, it is important that you still recognise that the child has a need for attention. Therefore, you can make a habit of giving the child more attention during the school day, for example keeping the child closer to you in the classroom, giving attention when the child raises his/her hand, giving praise when the child behaves positively. Similarly, for children who seek control, you can make sure to regularly provide some choices that are acceptable to you and to the context: for example, does the child want to write with a blue pen, a black pen, or a pencil; does the child prefer to show you the homework at the beginning or end of the lesson, etc. If you can include breaks or time for preferred activities and objects in your session, this may help increase the child's focus while you are teaching. In this case, it needs to be very clear to the child when it is going to happen and for how long. For example you can teach children to wait, using a timer for the teaching part of the session, and set the end of the preferred activity with another timer. In the case of the child wanting an object that is allowed and should not be withdrawn even in the presence of challenging behaviour (for example a water bottle), it is still best that for the future the need is addressed in advance (for example by teaching appropriate ways to request, and/or ensure constant access to the object): in this way, the instances of challenging behaviour and subsequent reinforcement (by giving the child the object) will be reduced.

In any case, we have seen that in order to reduce the frequency of challenging behaviour it is important to know why it happens. In the next activity, we'll practice using a tool to understand this. It involves identifying what happens before, during, and after the behaviour. If you observe several times, you will often be able to identify a pattern: modifying what usually happens externally before the behaviour and/or what usually happens after can be the key to reducing the frequency of the behaviour. The "during" description is also important; this may describe very different behaviours: screaming, crying, hurting themselves or others, moving and running around are just a few. We cannot discuss every type, because every child is different, so be alert to any unusual behaviour that stops a child from being with other people, learning new skills, or is harmful for her/him or others.

Activity 3

Aim: Practicing identifying and addressing reasons and functions of challenging behaviour

Activity: Role Play and Discussion

Duration: 40 minutes

Materials: Board/flipchart and marker + 10 Pieces of paper with a role description (5for each scenario) from Separate Materials + a bag or box to simulate a school bag, but that can be thrown + Slides 13-21 on personal device

Description:

1) Introduce the activity using slide 13 as follows “We are now going to try identifying reasons for different behaviours from a few role-played scenarios.”
2) Ask two teachers to volunteer being the teacher and the principal for role play A. Give them Role description A1 and A6 from the Separate Materials.
3) Ask for another 5 volunteers to be children and give them Role Descriptions A2-A5
4) Ask participants to not discuss their Role Descriptions with each other
5) Give role player A3 a bag or box to simulate a school bag, but ensure it is something that can be thrown without getting damaged or hurting someone
6) Ask other participants to observe and complete one before-during-after table in their manuals for each scene.
7) Ask the role players to do Scene 1
8) Ask the role players to do Scene 2
9) Ask the role players to do Scene 3
10) Show our 3 observation before-during-after tables for the three scenes, using the slides. Then, facilitate a 5/10-minute plenary discussion, inviting role players and observers to comment. Ask about the reasons and functions of the challenging behaviour displayed by the child and how they could prevent or limit the challenging bahaviour in the future. Both questions are written in participants’ manuals.
11) (the notes include some suggestions of possible answers for each scenario)
12) Ask one teacher to volunteer being the teacher for role play B and give them Role Description B1 from the Separate Materials.
13) Ask for another 4 volunteers to be children and give them Role Descriptions B2-B5
14) Repeat points 6-10
15) You can then also encourage further discussion by asking groups in the plenary discussion:

Do these scenarios resemble some of your experiences? Do you know what was the reason of the child’s behaviour?

Role Descriptions:

A1)

Setting information: Regular class setting. Abel has a diagnosed developmental disability.

Your Role: Class Teacher

Scene 1: You assign a task to the class. When Abel asks for help, you help him with the task. After another child bullies her and she gets upset, you punish both with time-out.

Scene 2: You observe the children who are doing a test. You greet the principal when he/she comes in. When Abel starts screaming and the others laugh at him, you ignore all of them.

Scene 3: Students are working on a task. When the principal comes in with forms asking you to make children complete them, you hand out the forms and ask children to complete them instead of the task they were doing. When Abel gets upset, you offer him to take a break.

A2)

Setting information: Regular class setting. Abel has a diagnosed developmental disability.

Your Role: Abel, child with a diagnosed developmental disability

Scene 1: After the teacher has assigned a task, you ask for his/her help to complete it. You then hear a classmate say that you always need help: you get upset, take the classmate's bag and throw it.

Scene 2: You are quietly trying to do your test. When the principal comes in and asks how the test is going, you get upset and start running and screaming. When other children laugh at you, you get even more upset.

Scene 3: You are happily doing an assigned task. When the teacher unexpectedly gives you a new task you get upset, refuse to do it and start screaming. When the teacher offers you to take a break you calm down.

A3)

Setting information: Regular class setting. Abel has a diagnosed intellectual disability.

Your Role: Student with no diagnoses

Scene 1: You have your school bag with you (given to you by the facilitator). After the teacher has assigned a task, you work on it, but then the teacher has to go help Abel and you complain, saying out loud "This task is so easy, why does Abel always need help?!".

Scene 2: When Abel runs and screams you point and laugh at her

Scene 3: You are happily doing an assigned task. When Abel gets upset, you observe the scene.

A4)

Setting information: Regular class setting. Abel has a diagnosed developmental disability.

Your Role: Student with no diagnoses

Scene 1: After the teacher has assigned a task, you work on it, but then Abel gets upset and you observe the scene

Scene 2: When Abel runs and screams you point and laugh at her

Scene 3: You are happily doing an assigned task. When Abel gets upset, you observe the scene

A5)

Setting information: Regular class setting. Abel has a diagnosed developmental disability.

Your Role: Student with no diagnoses

Scene 1: After the teacher has assigned a task, you work on it, but then Abel gets upset and you observe the scene

Scene 2: When Abel runs and screams you point and laugh at her

Scene 3: You are happily doing an assigned task. When Abel gets upset, you observe the scene

A6)

Setting information: Regular class setting. Abel has a diagnosed developmental disability

Your Role: principal

Scene 1: not in the scene

Scene 2: The students are in class doing a test. You knock on the door, enter, and ask the students how the test is going.

Scene 3: The students are in class doing a task. You have some urgent forms for them to complete. You knock on the door, enter, give the forms to the teacher and ask him/her to have the students complete the forms immediately.

B1)

Setting information: Regular class setting. Ruth has a diagnosed developmental disability

Your Role: Class Teacher

Scene 1: You are teaching, but you have to step out of the class for a few minutes. When Ruth starts running around, you come back in, get angry and tell her off.

Scene 2: You observe the children who are completing a task. At some point, Ruth lays on the floor. You ask her if she's finished the task and when she says yes you give her her favourite book to read.

Scene 3: You observe the children who are doing a test and stay completely silent. When Ruth starts biting her own harm, you asks what is happening.

B2)

Setting information: Regular class setting. Ruth has a diagnosed developmental disability

Your Role: Ruth, child with a diagnosed developmental disability

Scene 1: You are listening to the teacher. When she/he leaves the class, you get bored and start running around the class.

Scene 2: You observe the other children who are doing a task: you have finished yours and you are bored. Then, you lay on the floor.

Scene 3: You are quietly doing a test. At some point, you start biting your arm. When the teacher asks you about it, you stop and go back to doing the test.

B3)

Setting information: Regular class setting. Ruth has a diagnosed developmental disability

Your Role: Student with no diagnoses

Scene 1: You are listening to the teacher. When she/he leaves the class, you wait quietly.

Scene 2: You are quietly completing a task.

Scene 3: You are quietly doing a test.

B4)

Setting information: Regular class setting. Ruth has a diagnosed developmental disability

Your Role: Student with no diagnoses

Scene 1: You are listening to the teacher. When she/he leaves the class, you wait quietly.

Scene 2: You are quietly completing a task.

Scene 3: You are quietly doing a test.

B5)

Setting information: Regular class setting. Ruth has a diagnosed developmental disability

Your Role: Student with no diagnoses

Scene 1: You are listening to the teacher. When she/he leaves the class, you wait quietly.

Scene 2: You are quietly completing a task.

Scene 3: You are quietly doing a test.

Before-during-after tables:

A)

BEFORE	DURING	AFTER
What happened first? ☒ Asked for something ☒ Got it ☐ Did not get it ☐ Someone came in ☐ Unexpected change ☐ Subject transition ☐ Activity transition ☐ Noise ☐ Intense light ☐ Quiet time ☒ Comment/request by adult or peer ☐ Other/Explain: He asked my help with a task, I helped, then his classmate said he always needs help	**Where did the behaviour happen?** In class **What did he/she do?** ☐ Refused to comply ☐ Laid on floor ☐ Ran ☐ Screamed ☐ Cried ☒ Threw objects ☐ Hit or bit someone ☐ Hurt self ☒ Took objects without permission ☐ Other/Explain: He took the classmate's bag and threw it	**How long did the episode last?** 1 minute **What happened then?** ☐ Took a break ☐ Removed from room ☐ Got a reward ☐ Missed an expected reward ☒ Time out ☐ Extra tasks ☐ Ignored ☐ Peers/adults laughed ☐ Peers/adults got angry ☐ Preferred activity ☒ Other/Explain: The classmate also got time out

BEFORE	DURING	AFTER
What happened first? ☐ Asked for something ☐ Got it ☐ Did not get it ☒ Someone came in ☐ Unexpected change ☐ Subject transition ☐ Activity transition ☐ Noise ☐ Intense light ☒ Quiet time ☒ Comment/request by adult or peer ☐ Other/Explain: The principal came in and asked the children how their test was going	**Where did the behaviour happen?** In class **What did he/she do?** ☐ Refused to comply ☐ Laid on floor ☒ Ran ☒ Screamed ☐ Cried ☐ Threw objects ☐ Hit or bit someone ☐ Hurt self ☐ Took objects without permission ☐ Other/Explain:	**How long did the episode last?** 10 minutes **What happened then?** ☐ Took a break ☐ Removed from room ☐ Got a reward ☐ Missed an expected reward ☐ Time out ☐ Extra tasks ☒ Ignored ☒ Peers/~~adults~~ laughed ☐ Peers/adults got angry ☐ Preferred activity ☐ Other/Explain:

BEFORE	DURING	AFTER
What happened first? ☐ Asked for something ☐ Got it ☐ Did not get it ☒ Someone came in ☐ Unexpected change ☐ Subject transition ☒ Activity transition ☐ Noise ☐ Intense light ☐ Quiet time ☒ Comment/request by adult or peer ☐ Other/Explain: I assigned students a new task	**Where did the behaviour happen?** In class **What did he/she do?** ☒ Refused to comply ☐ Laid on floor ☐ Ran ☒ Screamed ☐ Cried ☐ Threw objects ☐ Hit or bit someone ☐ Hurt self ☐ Took objects without permission ☐ Other/Explain:	**How long did the episode last?** 5 minutes **What happened then?** ☒ Took a break ☐ Removed from room ☐ Got a reward ☐ Missed an expected reward ☐ Time out ☐ Extra tasks ☐ Ignored ☐ Peers/adults laughed ☐ Peers/adults got angry ☐ Preferred activity ☐ Other/Explain:

B)

BEFORE	DURING	AFTER
What happened first? ☐ Asked for something ☐ Got it ☐ Did not get it ☐ Someone came in ☐ Unexpected change ☐ Subject transition ☐ Activity transition ☐ Noise ☐ Intense light ☒ Quiet time ☐ Comment/request by adult or peer ☐ Other/Explain:	**Where did the behaviour happen?** In class **What did he/she do?** ☐ Refused to comply ☐ Laid on floor ☒ Ran ☐ Screamed ☐ Cried ☐ Threw objects ☐ Hit or bit someone ☐ Hurt self ☐ Took objects without permission ☐ Other/Explain: She ran around the class	**How long did the episode last?** 5 minutes **What happened then?** ☐ Took a break ☐ Removed from room ☐ Got a reward ☐ Missed an expected reward ☐ Time out ☐ Extra tasks ☐ Ignored ☐ Peers/adults laughed ☒ ~~Peers~~/<u>adults</u> got angry ☐ Preferred activity ☐ Other/Explain: I told her off

BEFORE	DURING	AFTER
What happened first? ☐ Asked for something ☐ Got it ☐ Did not get it ☐ Someone came in ☐ Unexpected change ☐ Subject transition ☐ Activity transition ☐ Noise ☐ Intense light ☒ Quiet time ☐ Comment/request by adult or peer ☐ Other/Explain: She finished her task early and was waiting for others to finish	**Where did the behaviour happen?** In class **What did he/she do?** ☐ Refused to comply ☒ Laid on floor ☐ Ran ☐ Screamed ☐ Cried ☐ Threw objects ☐ Hit or bit someone ☐ Hurt self ☐ Took objects without permission ☐ Other/Explain: She pretended to snore	**How long did the episode last?** 8 minutes **What happened then?** ☐ Took a break ☐ Removed from room ☐ Got a reward ☐ Missed an expected reward ☐ Time out ☐ Extra tasks ☐ Ignored ☒ Peers/~~adults~~ laughed ☐ Peers/adults got angry ☒ Preferred activity ☐ Other/Explain: I gave her her favourite book to make her wait

BEFORE	DURING	AFTER
What happened first? ☐ Asked for something ☐ Got it ☐ Did not get it ☐ Someone came in ☐ Unexpected change ☐ Subject transition ☐ Activity transition ☐ Noise ☐ Intense light ☒ Quiet time ☐ Comment/request by adult or peer ☐ Other/Explain: doing a test	**Where did the behaviour happen?** In class **What did he/she do?** ☐ Refused to comply ☐ Laid on floor ☐ Ran ☐ Screamed ☐ Cried ☐ Threw objects ☐ Hit or bit someone ☒ Hurt self ☐ Took objects without permission ☐ Other/Explain: was biting her own hand	**How long did the episode last?** 5 minutes **What happened then?** ☐ Took a break ☐ Removed from room ☐ Missed an expected reward ☐ Did not get a reward ☐ Time out ☐ Extra tasks ☐ Ignored ☐ Peers/adults laughed ☐ Peers/adults got angry ☐ Preferred activity ☒ Other/Explain: I asked what was happening and she stopped

Notes:

The child in scenario A seems to get frustrated at tasks, when she is doing or is asked to do a tasks that she finds hard, especially when other people highlight this with comments r questions. She also seems to be experiencing some bullying, which the teacher addressed by punishing the bully in the first observation but not stopping the children from laughing in the third. The class may need some more awareness training. In the future, the observed child could benefit from being assigned manageable tasks adapted at her level whenever possible or more complex tasks broken down in smaller steps, being supported and be reassured at the start of difficult tasks.

The child in scenario B may be seeking attention, or have a need for high sensory stimulation (that may lead her for example to hurt herself or lay on the floor) and movement and action, or both may be true. Punishment (telling her off), reward (preferred activity), and asking the child what she is doing may all be damaging because they are giving the child attention and reinforcing the behaviour. Instead, the needs for sensory stimulation can be addressed in advance, for example by letting the child know that whenever she finishes a task that others have not yet finished she can quietly take her favourite book and read it. There could also be more posters and interesting visuals around for her to look at, if this does not have negative impacts on other children. Sensory and movement needs can also be addressed giving the child alternative ways to fulfill those needs (for example fidgety toys), as discussed in Activity 5.

Activity 4

Aim: Encouraging experience sharing on other behavioural management strategies

Activity: Collaborative Brainstorming

Duration: 15 minutes

Materials: Board/flipchart and marker + Slide 22 on personal device

Description:

1) Introduce the activity as follows: “In the previous activities, we have focused especially on understanding and addressing the reasons behind challenging behaviours. But sometimes you may also need other strategies for managing challenging behaviours and promoting positive behaviour.”
2) Ask participants the following question, that they can also find in their participants’ manuals:

Based on your experience, what strategies can you use for managing challenging behaviours and promoting positive behaviour?

3) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for about 10 minutes.
4) Briefly summarise what has been said.

Notes:

Follow-up questions that you could use to encourage the discussion are: How can you let all children know how to behave? How can you encourage them to behave positively? How can you prevent them from presenting challenging behaviour?

Try to ensure that a variety of participants get their say using sentences like “Let’s hear from someone who has not spoken yet”, though without calling a specific participant unless they ask to speak.

If teachers talk about different forms of punishment, ask what other participants what they think about that. There is no need to intervene here as this will be discussed in the presentation. If they talk about corporal/physical punishment, you may instead want to comment at this stage already: “we understand that traditionally this has been a very common education strategy, however, we now know from scientific evidence that it is usually ineffective and harmful, and it is illegal in Ethiopia [Article 36 of the Constitution]: therefore we deeply discourage the use of corporal punishment.”

Activity 5

Aim: Providing information on strategies for managing behavioural challenges and promoting positive behaviour

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 23-30 on personal device

Description:

1) Using the projected slides (Slides 23-30) and following the notes below, explain further startegies for managing behavioural challenges and promoting positive behaviour. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.
2) After the presentation, conclude by allowing participants to discuss the content further and to ask questions

Notes:

I am now going to discuss a few strategies for behavioural management. Most of these are common strategies that are relavent to all children and that you may already be using.

First, all children in the class need to understand what is considered positive behaviour and what they should not do: a set of expectation or rules can help you achieve this. Many of you may already use rules: can you make a few examples? [just spend 2-3 minutes for a few people to answer, then click for suggestions to appear]. Here are some suggestions to prepare your rules. It’s best for these not be not too many: usually 10 rules are sufficient

to generally cover all important aspects, but fewer is even better. The most effective rules are those specific and easy to understand and that focus on the positive rather than the negative when possible (For example, “We keep our hands to ourselves” rather than “We don’t hit other children”). It’s good if children can see the rules at all times in the classroom, on a list written on a poster, and perhaps with some images too. Then, it is important to actively teach the rules to children and reminding them regularly, rather than just displaying them.

Once children know what is the expected behaviour, rules can be enforced through appropriate consequences, such as rewards for positive behaviour and time-out for negative behaviour. These work better if the children are made aware of the rewards and punishment, when they are taught the rules, and if they are applied consistently: there may be some positive behaviours that are always rewarded, others that are simply expected (e.g. raising hand for speaking), and some positive behaviours that are always interrupted and punished (because they are unacceptable, like violence), and others that it is best to ignore (for example minorly disruptive behaviour). Limiting behaviours that are rewarded and punished to few key ones can also help with practical challenges, as time constraints and large class sizes may otherwise limit your capacity to enforce rule consistently.

First, let’s talk about punishment. Traditionally, children and parents have used corporal punishments to disciplinate children. However, we know from scientific evidence that it is usually ineffective and harmful. I want to highlight both things: (1) it is ineffective, which means that scientific evidence shows no improvement in behaviour when corporal punishment is used, so there is no education purpose; (2) it is harmful, which doesn’t refer to the temporary physical harm that it can cause, it refers to long-lasting psychological effects and trauma, and this is not an exaggeration. It is also illegal in Ethiopia: to Article 36 of the Constitution it is a right of all children to be “free from corporal punishment”. So even if it may be perceived as traditional, corporal punishment goes against no less than the Constitution, which explicitly prohibits it. Therefore we deeply discourage the use of corporal punishment. However, time-out strategies may be useful punishment techniques. These are procedures that remove rewards and preferred activities from children and/or remove the children from a preferred situation (for example, being among their peers in the class) and place them in a less preferred (but not hurtful!) situation (for example, standing in a corner close to the blackboard/ whiteboard). There are some important consideration to make when using time-out as punishment. First, it needs to be limited in time and must not deprive a child of the opportunity to listen to an important explanation. Second, it is important to be careful that you are not reinforcing the behaviour, while giving the child what they want: this is the case of attention-seeking behaviour, where time-out may be inappropriate punishing is giving attention to the child: knowing the child and their behavioural patterns will once again help you to know how to address it. Third, it is crucial to never punish children for behaviours they cannot control, like wetting themselves, not being able to complete a task, seizures, or uncontrolled repetitive movements (tics): remember that children with developmental disabilities often have specific needs and difficulties in some domains.

Rewards are objects or activities that children enjoy that are used as reinforcement of desired behaviour. What do you think these can be? [just spend 2-3 minutes for a few people to answer, then click for suggestions to appear] Different types of rewards can be verbal praises, tokens that are tangible evidence of the praise, an object the child likes, or a preferred activity. With verbal praises, it is best to be specific to highlight what the positive behaviour is “Well done for asking for permission before you stood up!”. Tokens can be pieces of papers or stickers that the children are taught to recognise as tangible praise. You can also use them on a “token board”, where you count the tokens obtained and give a bigger reward to each child that reaches a certain number of tokens. Bigger rewards are giving the child a toy or other enjoyed object or allowing some time for a preferred activity. A preferred activity can also be being given roles or responsibilities, such as helping the teacher with a task (for example distributing something) because children often like to be given special jobs. However, scientific evidence shows that it is important to be careful with rewards, as they can give children the habit of behaving positively for the reward, rather than for the behaviour itself, and consequently keep them tied to behaving well only when they can get a reward. This is less likely to happen with activities and especially with verbal praises, that should then be used as preferred rewards whenever possible. However, with children with developmental disabilities, it may be good to provide more concrete rewards (tokens and toys) when they are able to show positive behaviours in situations that are particularly difficult to them (for example, a child with very high sensory sensitivity who with time learns to withdraw to their quiet zone rather than reacting with cries and screams to a distressing sensory situation).

Another good strategy to manage challenging behaviour is encouraging alternative behaviours, especially when children with developmental disabilities display challenging behaviour because of a need or discomfort. We have discussed some examples of alternative behaviours earlier, such as alternative strategies to communicate discomfort, or taking refuge in a quiet corner within the classroom, rather than outside. Raising a hand is a possible alternative behaviour for seeking attention. Alternative behaviours may especially be useful in the case of children who need to move or to have greater sensory stimulation. The key is to teach alternative behaviours that address the need but are not harmful or disruptive. Can you think of any such alternative behaviours? [just spend 2-3 minutes for a few people to answer, then click for suggestions to appear] Children who need movement or sensory stimulation can both benefit from small objects that they can play with but do not make noise, especially if they can press them, like play-doh, or move or spin some parts. Being allowed to draw while they listen to the lesson could have a similar effect. A child who needs sensory stimulation may benefit from having a piece of soap or flower, or other object with a nice smell on their desk. A child who needs to move around will benefit from being allowed to do so, in a regulated way that does not disrupt the class, for example walking quietly in a designated space.

Finally, being able to identify signals of a child’s discomfort or need prior to a challenging behaviour can help you prevent the behaviour. This is why the full Before-During-After template in your manuals also includes a “the child did” in the “Before” column. Children

may go from a calm state to an intermediate agitated state before displaying challenging behaviours. These signs may be repetitive sounds, fast repetitive movements, becoming disengaged and looking around. If you can recognise these signs, you can act to help the child go back to a calm state: you can provide attention, praise and encouragement, you can offer the child a break or a preferred activity, ask if they need to go to the toilet, etcetera. This will once again depend on the child's need. For example, this may be a good moment to remind a child who needs sensory stimulation that he or she can draw or play with play-doh.

SESSION 5: Safeguarding, Sexual and Reproductive Health

Learning Outcomes

- Understanding safeguarding needs of children with developmental disabilities and applying appropriate safeguarding strategies
- Understanding and recognising puberty in children with developmental disabilities
- Adapting sexual and reproductive health training to the needs of children with developmental disabilities

Session Summary

Activity	**Duration**	**Activity Type**	**Materials***
Activity 1	30 minutes	Introductory Collaborative Brainstorming	Board/flipchart and marker
Activity 2	30 minutes	Informative Session	School safeguarding system information
Activity 3	30 minutes	Collaborative Brainstorming	Board/flipchart and marker
Activity 4	40 minutes	Informative Session	

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Introducing safeguarding by encouraging experience sharing

Activity: Collaborative Brainstorming

Duration: 30 minutes

Materials: Board/flipchart and marker + Slide 3 on personal device

Description:

1) Ask participants the following question, that they can also find in their participants' manuals:

What can be the health and safety risks for children with developmental disabilities at school and in the community?

2) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for about 10 minutes.
3) Briefly summarise what has been said.

Notes:

The question is intentionally broad and does not ask about the risks that are *specific* to children with DD: this is because all of the risks are true for all children but children with DD may be more vulnerable to them. Try to ensure that a variety of participants get their say using sentences like "Let's hear from someone who has not spoken yet", though without calling a specific participant unless they ask to speak.

Follow-up questions that you could use to encourage the discussion are: What may be dangerous for them at school? And in the community? And at home? How could they put their own selves at risk? What risks may they be less aware of and/or more vulnerable to compared to other children?

Activity 2

Aim: Providing information on safeguarding and safeguarding systems

Activity: Informative Session

Duration: 30 minutes

Materials: School safeguarding system information + Slides 4-15 on personal device

Description:

1) Using the projected slides (Slides 4-15) and following the notes below, give an overview of important risks (adapting it to what may have been said in the brainstorming activities) and explain general safeguarding principles. Let participants know that their manuals include summary notes on this topic.
2) Then, give an overview of the safeguarding system at the specific school, based on the information provided to the team by the principal in advance of the session.

Notes:

There are multiple safety concerns in each child's life. Children with DD may be more vulnerable to some. For example, some children with DD may have reduced awareness of dangers, such as about touching hot or pointed items or electrical sockets, and may also have a reduced perception of pain that makes it harder for them to realise when they are being hurt by these objects. Others may seek out sensory sensations by placing objects in their mouths, banging their head and other potentially harmful behaviours. In these cases, protecting children from harm involves first of all supervising children to be able to intervene in case of danger, as well as two complimentary main groups of strategies: those focused on the environment and those focused on the child. There can be multiple adaptations that you can implement to make the environment safer, such as covering and hiding electrical sockets with furniture, covering walls, furniture and floor with soft furnishings, locking dangerous items and substances (e.g. medicines) away or placing them in high locations that children can't reach. Strategies focused on the child include teaching children about dangers and managing the child's behaviour as we saw in Session 4. What are behavioural management strategies you remember that could work here? [take 1-2 answers, then give this brief answer:] Useful strategies here can be class rules and alternative behaviours and objects to substitute unsafe behaviours and objects.

Some people with DD may also have a tendency to run away. As well as always supervising children, managing this behaviour and teaching positive behaviour in the class, precautions can be taken to facilitate the safe return of the child in case of escape: for example, in agreement with the family, the school can provide a child information card or bracelet with emergency contact details, for the child to carry or wear at all times. However, to be able to gain some independence in their lives, the older children in primary school will need to learn about possible dangers in day to day life. Achieving this involves teaching children about crossing roads safely, recognising features of unsafe environments, being mindful of potentially harmful and abusive actions carried out by strangers or members of their circles, and about the risks of some substances, such as sigarettes, kchat and alcohol, for their health and more importantly, in the case of alcohol, for the increased vulnerability it causes. These topics can be taught through images and told and enacted social stories.

As a teacher, you may also have to pay attention to what you do, so that you avoid putting a child at risk, for your own sake and theirs. Firstly, this includes avoiding corporal punishment, as discussed in Session 4. We also recommend you do not administer medications as a teacher: this is because if a caregiver gives you a medicine to give a child, you cannot be sure of what the medicine really is or if it was prescribed. It is best to also avoid giving sweets or foods unless agreed with caregivers.

Safeguarding also importantly involves recognising existing situations that harm the child or put them in danger, both at school and out, and acting upon them in the most appropriate way. Some key situations are bullying, physical abuse, emotional abuse, sexual abuse, and neglect. You may observe some of these directly, for example a child

repeatedly being bullied by peers at school, or punished by a colleague with violence. One important rule to avoid situations like this is that one child and one teacher should never be alone. There should always be at least one other child or one other teacher with them. Other times, especially for situations happening at home or in the community, you will need to recognise the signs, so it is important that you know these signs and that you often monitor children who may be at risk. For children with DD, we recommend that you regularly check (at least once a week, possibly more often) whether they have any bruises or other signs of abuse. It is also important that children feel safe with you and that they can trust you, so that they might be comfortable reporting these things to you.

Going into a bit more detail on some of these situations, neglect is when a child's family does not meet the basic physical and psychological needs of a child within their financial possibilities: in this case, you may for example notice the child being dirty, wearing dirty clothes, or clothes that are in a much worse state compared to any siblings, or a deterioration of the child's health and development. Emotional abuse happens when people say or behave in a way that conveys to the child that he/she is inadequate, unloved, worthless. Bullying, isolating, criticizing, terrorizing, ignoring and shaming are types of emotional abuse. Physical abuse is any kind of violence, that may be happening at school, in the community or at home, usually repeatedly by people within the child's circle. Signs that physical abuse may be occurring include unexplained broken bones, bruises, bites, burns, scratches and other injuries. If an adult is carrying out abuse, they may appear overly severe and harsh when with the child. Sexual abuse is defined as any act that forces or entices a child or young person to participate in sexual activities. It can take place even if the child does not understand what is happening and there may be no violence involved (and subsequently no bruises, scratches, etc.). It can take many forms including rape, commercial sexual exploitation and domestic sexual abuse. Often, sexual abuse involves someone the child knows and that tells the child to keep the relationship a secret. They may be threatened with something bad happening if they tell anyone about the abuse. Physical signs that may indicate sexual abuse include difficulty walking or sitting down. The child may also be talking about sex, or displaying unexpected sexual knowledge for their age, or may unexplainedly become pregnant or get a sexually transmitted disease. In the case of both physical and sexual abuse, you may also notice that the child seems scared of an adult, or indirectly scared or unwilling to go to a specific location, or they may be overly watchful or flinch when touched. But in the case of sexual abuse the child may also seem unexpectedly attached to the adult who is abusing him/her. Girls may be more at risk of sexual abuse, but it is important to be mindful of possible signs of sexual abuse also in boys.

When reasonably suspecting a situation that is harmful or potentially harmful for a child, it is important that you act upon it by reporting your suspects, even if you are not sure: designated people will take care of verifying the concerns and choose the best course of action to protect the child. Your school has a system for reporting concerns, and we will now briefly discuss this as refresher. Even if you feel that the children in your class can trust you, it is important that you make them all aware of the reporting system too, as they

may feel more comfortable referring to this system rather than reporting their harmful situations to you.

Activity 3

Aim: Encouraging experience sharing on sexual and reproductive health education

Activity: Collaborative Brainstorming

Duration: 30 minutes

Materials: Board/flipchart and marker + Slide 16 on personal device

Description:

1) Ask participants the following question, that they can also find in their participants' manuals:

Based on your experience, what topics should all adolescents be taught about in sexual and reproductive health education?

2) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for about 10 minutes.
3) Briefly summarise what has been said.

Notes:

The question is intentionally broad and does not ask about the risks that are *specific* to children with DD. Try to ensure that a variety of participants get their say using sentences like "Let's hear from someone who has not spoken yet", though without calling a specific participant unless they ask to speak.

Follow-up questions that you could use to encourage the discussion are: What may they need to know before they reach puberty? What do they learn about sex around puberty? What dangers relative to sexual health will they need to be aware of?

Activity 4

Aim: Providing information on considerations for teaching sexual and reproductive health to children with DD

Activity: Informative Session

Duration: 40 minutes

Materials: Slides 17-24 on personal device

Description:

Using the projected slides (Slides 17-24) and following the notes below, explain considerations for teaching sexual and reproductive health (SRH) to children with DD. Let participants know that this content, as well as some from the previous presentation, has

been extracted from a guide developed by Nia Foundation, Joy Center for Autism, in collaboration with the Ministry of Health and Share net International that they can request access to. Let them also know their manuals include summary notes on this topic.

Notes:

As other children, children with DD are vulnerable to abuse, and they may also be at increased risk due to their difficulty in social communication and in interpreting other people's emotions and behaviours, as well as at times due to being more socially isolated and desiring to be socially accepted. Moreover, puberty can be a stressful and confusing time for adolescents with DD and cause increased vulnerability. Older children may also take risks in sexual intercourse. It is important to note that parents should be the primary source of SRH education or information for their adolescents. At the same time, school provides important opportunities for teaching adolescents (from 10 years old) about these topics, and children with DD should not be left out from this training, to protect them from abuse and ensure that their rights are met. International human rights documents acknowledge that all people have the right to receive knowledge about sexuality in a way that they can understand and obtain the highest standard of sexual health care available to them. They also have the right to love and be loved, choose a partner, marry, have children, express their sexuality in ways that are socially appropriate, and to pursue a satisfying, safe and pleasurable sexual life (United Nations Enable 2012). However, some considerations and adaptations may be needed to deliver appropriate SRH training to children with DD.

The most important thing to know is how to adapt this training will be knowing the child and his/her unique world, along with sexual feeling and its management from their perspective. However, there are some general needs that you can be mindful of and strategies that you can learn, similarly to what we have seen in other sessions.

First, adolescents with DD may have fragmented understanding of their physical identity. They may need to be taught about their body parts, and that these parts belong to them and are part of them. Teaching a child to label body parts correctly will support them in learning other important concepts such as hygiene, health, toileting, reproduction and safety skills. Start teaching from their own basic / non-private body parts, such as ears, nose, hands, and help them learn that body parts have functions (for example the five senses). You can do this with images (or, even better, 3D models) of both females and males and by telling and demonstrating the specific body parts so that they are able to demonstrate their own body parts. Then, teach them about the external genitalia and ask to locate the breast, vagina or penis. Identify external genitalia using male and female 3D models. You will then be able to proceed to help them learn about the functions and discharges of reproductive organs, as well as teaching them about sexual identity and helping them identify their own sex and that of other people. You can do this once again with 3D models, by teaching body parts that are only found on males, for example mustache, chest hair, penis, and those that are only found on females, such as breast, wide hips and vagina.

As well as for teaching about SRH and interpersonal behaviour, teaching parts of the body can be useful to remind children about personal hygiene. This does not necessarily mean teaching them how to clean their hands, teeth and other daily living skills, on which special needs teachers will have some training in the Session 8. But it is about reminding children that personal hygiene is important and they should regularly clean their teeth, wash their hands, face, hair and bodies and wear clean clothes. Many youths with DD, even those who may live quite independently, with their own jobs and families, report that they still need visual, tactile and/or verbal reminding to look after themselves. SHR education is also a good time to teach adolescent girls about menstrual hygiene: from preparing pre-puberty girls for what periods look like (for example using red coloured fluids), to teaching them to wash and keep menstrual hygiene before and during periods, and using sanitary pads.

After teaching children with DD about parts of their body, you will also be able to teach them which ones are most private. All adolescents need to learn the difference between what is public and what is private. This is not limited to parts of the body, but also places, conversations, behaviours and even online communication. However, some adolescents with DD may have a distorted understanding of privacy and they may assume that their bodies, spaces, and lives are open to the public. When teaching private parts of the body, it is important not to teach that only private parts should not be touched and also not to refer to the rest of the body as "public": all their body is owned by them and is not open to the public: this may seem obvious to you, but they may need to be taught about it. Private body parts include the penis, vagina, mouth, buttocks and breasts. Private places and spaces are places that other people cannot access or simply enter to see you. Public places, on the other hand, are places that anyone can access, and where therefore they should be more mindful of their behaviours and of their private body parts. For example, children with DD may need to be taught when and where they can be naked in their underwear and who can see them in their underwear and how they should properly act in private and public places. Useful strategies to teach these concepts include told and enacted instructional stories and role play.

After teaching adolescents about private and public, you will be able to help them learn about appropriate interpersonal behaviour, and protecting themselves from abuse. Many adolescents with DD who have not received SRH education in areas such as boundaries, relationships, appropriate touch, communicating their emotions and recognising other people’s emotions and intentions, may struggle to recognise a risk of abuse or they may themselves unknowingly behave in ways that are considered inappropriate and therefore be vulnerable to the accusation of harassment, stalking, or abuse. It is therefore important to teach them about other people’s emotions and intentions, personal boundaries, the dangers posed by people who do not respect those boundaries, and the differences between stranger and trusted circles. For any children, stranger and trusted circle danger isn't something you can teach in just one day: it is something to consistently remind children of, and that especially parents should regularly teach their children when they are out with them. For children with DD, this process may be even harder, because of the

social and communication difficulties these kids face, specifically their difficulty to understand that a person may have different intentions from the ones that they are making explicit. This is not limited to abuse: for example, if a person offers them candy, it may be difficult for them to understand that they may have malicious intentions. In SRH education, teachers can teach adolescents about the dangers that can be posed by both strangers and trusted circles, as well as explaining children that they should report abuse, even when done by a trusted person that tells them to keep it a secret, and how to report it safely.

As mentioned at the beginning, it's important that you know the child and their relationship with their body and their sexuality. Depending on the pupil's age and your understanding of their sexual drive, you may consider relevant to include sexual intercourse in the SRH education you give the pupil. When doing so, it is key that you have a positive attitude towards the pupil and recognise that people with disabilities have the same right to romantic and sexual relationships as anyone else. Using the same strategies presented above (visuals, instructional stories, identifying intercourse as a private behaviour) you can present any relevant content that you would present to other pupils, such as the importance of protected sex.

SESSION 6: First Aid

Learning Outcomes

- Recognising first-aid in emergency incidents relative to developmental disabilities
- Understanding how to provide first-aid in emergency incidents relative to developmental disabilities

Session Summary

Activity 1	60 minutes	Informative Session and Practice	Sample quick-relief inhaler and auto-injector if available
Activity 2	Up to 30 minutes	Video Demonstrations	Relevant demonstration videos

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Providing information and demonstration on providing first-aid in emergency incidents relative to DD

Activity: Informative Session and Practice

Duration: 60 minutes

Materials: Slides 3-13 on personal device

Description:

Using the projected slides (Slides 25-35) and following the notes below, explain and demonstrate providing first-aid in emergency incidents relative to DD. If some participants are trained in first-aid, ask them to help you with the demonstrations. Let participants know their manuals include summary notes on this topic. At the end, ensure to give participants the opportunity to ask questions and clarifications.

Notes:

In the next hour, we are going to have a brief first-aid introductory course relevant to DD. First aid is the immediate care given to a person who has been injured or suddenly taken ill. This will be helpful so that everybody can provide emergency support as soon as needed. However, there should always be at least one health professional or designated first-aid trained teacher or member of staff at the school. This brief session should not make you the responsible first-aid staff at the school. The first step in providing first aid is to assess the situation and the child's condition. If the child is conscious, ask them what happened and where it hurts. If the child is not responsive, check their breathing and pulse. In case of emergency, as well as providing initial first-aid, you should make sure that you immediately prompt a specific child in the class to go call the designated member of staff or someone that can help taking the child to a health facility, and another to use your phone to call an ambulance (providing them with the number). It is always best to call them by name, rather than making a general request. It is even better if a few children in the class are designated and trained for these two help-seeking tasks.

Common incidents in all children may be nosebleed and injuries. If a child has a nosebleed, have them sit upright and lean forward slightly, pinch the soft part of their nose with a tissue or cloth for 10-15 minutes, and apply ice or something cold to the bridge of their nose to help stop the bleeding. [Demonstrate position, ask participants to try it and go around the room checking if they do it right]

To provide initial first aid training for injuries, first assess the situation and severity of the injury. For minor injuries, such as cuts or scrapes, clean the wound with soap and water and cover with a clean bandage or dressing. For wounds that involve bleeding, apply pressure to the wound until the bleeding stops. If the bleeding is heavy, do not wash the wound, and if there is an object in the wound, do not remove it: in both cases, call emergency medical support. Keep burns them under cold running water, but not ice or other cold objects, for at least 20 minutes. For sprains, bumps, and similar injuries with no

open wounds, apply ice (wrapped in clothing), cold water or something cold for up to 20 minutes. Keep the injured area elevated to improve blood flow and promote healing. Apply ice also for broken or possibly broken bones, while also ensuring you call for help and do not move the child unless absolutely necessary. After a head injury, similarly apply something cold for up to 20 minutes, and it is important to monitor the child for any signs of concussion, such as headache, dizziness, vomiting, or confusion: seek medical attention if any of these symptoms occur.

Other emergencies may involve fainting, chocking, allergic and asthma attacks, and seizures. If a child faints and/or is non-responsive, first check for breathing. If the child is breathing normally, the first step is to lay him/her down on their back and elevate their legs above the heart level and loosen any tight clothing. This can help improve blood flow to the brain and prevent the child from injuring themselves if they collapse. Ensure that there is enough fresh air in the room. If the child regains consciousness within a few seconds, offer them water and wait for a few minutes to make sure they are fully alert and oriented. If the child remains unconscious for more than a few seconds, call emergency medical help immediately. However, if the child is non-responsive and has difficulty breathing or is not breathing, call emergency help immediately. If the child is breathing with difficulty, lay him/her on the side and tilt their head back to open their airways. [If a volunteer is comfortable, you can demonstrate the position] Loosen any tight clothing and ensure that there is enough fresh air in the room. If a child is non-responsive and not breathing, lay the child on the back, give five rescue breaths, 30 chest compressions, and then cycles of 2 rescue breaths and 30 chest compressions until help arrives. For rescue breaths, tilt their head back, seal your mouth over the child's mouth, pinch his/her nose and blow into the child's mouth. For chest compressions, push firmly in the middle of the child's chest with one hand so the chest goes inward, then release, as demonstrated: you will be acting as the heart, helping keep the vital organs alive, including the brain. If you are small or the child is large, you may need to use two hands. [Demonstrate procedure on a volunteer and ask all participants to try procedure if they are comfortable (remind participants to not do this forcefully)]

Choking is a common emergency in children, and may be more likely to happen to some children with DD who often put small objects in their mouths. If a child is choking, it is important to call help and act quickly and effectively to help them clear their airway. Don't give the child food or drinks. If the child is coughing, encourage them to continue coughing to try and dislodge the object and hit them firmly on their back between the shoulder blades up to five times. [Demonstrate procedure] If the child cannot cough or breathe, following the five strikes in the back, perform the Heimlich maneuver. To perform the Heimlich maneuver on a child, stand behind them and place one fist just above their belly button. Use your other hand to grasp your fist and press inward and upward with a quick, forceful thrust. Repeat this maneuver until the object is dislodged or until medical help arrives. [Demonstrate procedure] If the object is dislodged but has not come out of the mouth, the child will need medical attention. If the child becomes unconscious and stops breathing, start the cycles of rescue breaths and compressions demonstrated earlier. [Ask

participants to try demonstrated procedures if they are comfortable (remind participants to not do this forcefully)]

Children may also have asthma attacks and allergic reactions, In the case of an asthma attack that lasts more of a few minutes, or an allergic reaction with swelling and difficulty breathing, call help immediately and reassure the child while waiting for help and have them sit upright. For asthma, if the child has a quick-relief inhaler make him/her use it [Show sample one if available and demonstrate use]. For severe allergic reactions, if the child has a known allergy and carries and auto-injector, administer the injection into the child's outer thigh and hold for several seconds before removing [Show sample one if available and demonstrate use]. Check the expiration date and instructions on the auto-injector beforehand. Stay with the child and monitor their breathing and response until medical help arrives. If the child becomes unconscious and stops breathing, start the cycles of rescue breaths and compressions demonstrated earlier.

Some children with a condition called epilepsy may have seizures, that involve collapsing and being stiffen or making sudden jerking movements, and at times having froth around their mouth. Seizures are not contagious. If a child is having a seizure, make sure they are in a safe place, where they cannot harm themselves, and protect their heads. Do not leave them alone and do not put anything in the mouth of a child who is convulsing. Do not light a match and make the child smell the smoke. Do not restrain or try to stop the child's movements during a seizure, as this can cause injury. Instead, gently guide them away from any objects that could cause harm, such as furniture or sharp objects. If the child has a known epilepsy diagnosis and the seizure lasts less than five minutes, you can stay with the child and comfort them until the seizure stops. If it’s the first seizure or it lasts over five minutes, call emergency medical help. After the seizure, turn the child onto their side and tilt their head back to help clear their airway and prevent choking. Do not give the child food or drinks until they are fully conscious and able to swallow safely.

Some children with anxiety, an emotional disorder that we have mentioned in Session 4 and that may be frequent in children with developmental disabilities, may have panic attacks: a few minutes when the child may have intense fear and feel a fast heart rate and/or difficulty breathing. If this happens for the first time, call emergency help, as it may be a physical emergency rather than a panic attack. If the child is known to have panic attacks, have them sit or lie down and make sure people do not surround them closely. Reassure them and guide them through slow deep breaths. [Demonstrate guiding patient through slow deep breaths]

Activity 2

Aim: Providing addition demonstration on emergency incidents relative to DD and intervening on them with first-aid

Activity: Video demonstrations

Duration: Up to 30 minutes

Materials: Videos from additional resources (linked below) and any additional first-aid videos the facilitating health professional may have access to and may deem relevant

Description:

This is an additional activity that may or may not be done, depending on the opportunity to show videos and facilitators' consideration on the appropriateness of such videos, as these were not developed for the Ethiopian context. You may show videos brought or selected by the health professional or select videos from the British Red Cross https://www.redcross.org.uk/first-aid/learn-first-aid-for-babies-and-children, which is also linked as an additional resource on participants' manuals.

SESSION 7 (SNE and KG Teachers): Features of Different Diagnoses, Assessment of Level of Support Needs and Skills

Learning Outcomes

- Understanding common features of different developmental disabilities diagnoses
- Recognising the importance of a special unit by levels
- Understanding support needs categories of developmental disabilities
- Assessing the support needs and skills level of individual children in the special unit to identify the appropriate class group

Session Summary

Activity	**Duration**	**Activity Type**	**Materials***
Activity 1	30 minutes	Informative Session	
Activity 2	40 minutes	Group Work	Board/flipchart and marker
Activity 3	30 minutes	Informative Session	
Activity 4	60 minutes	Applied Task Force	Unit changes information 2 copies (+ 2 spares) of the Levels Template from Separate Materials

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Providing information on common features of different developmental disabilities diagnoses

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 4-8 on personal device

Description:

Using the projected slides (Slides 4-8) and following the notes below, explain common features of each of the developmental disabilities diagnoses listed (autism, intellectual disability, attention-deficit hyperactivity disorder, language disability). Let participants know that their manuals include summary notes on this topic.

Notes:

I am now going to briefly discuss the most common features of the main developmental disabilities diagnoses. This is not aimed at enabling you to make a diagnosis, nor sufficient for it, because as a teacher you should not be expected to make such diagnoses. Rather, when you are presented with a child's diagnosis, knowing the most common features of that diagnosis may help you better identify the child's needs. However, some notes of caution! First, as you now, every child is different and two children with the same diagnosis may have quite different needs. Secondly, a diagnosis may be wrong or incomplete: diagnoses may be a work-in-progress, especially in younger children, and developmental disabilities overlap a lot with each other, so a child with autism, for example, may be initially given an ADHD diagnosis; or a child who has both ADHD and an intellectual disability may only have one official diagnosis. Hence individualised needs assessment as seen in Session 2 keeps being important.

Children with autism are characterised by two main areas in which they may show difficulties or differences. The first is difficulties in social communication and social interaction and the second is the presence of repetitive behaviours and routines and/or of restricted interests. The first area indicates that children with autism may have difficulties using verbal and/or non-verbal communication, understanding communication especially when expressed non-verbally or through implicit or abstract language, difficulties in understanding social rules and contexts and other people's emotions and intentions, and in interacting with others. The second indicates that they may be preoccupied with a single object or area of interest for long periods, they may be prone to repetitive movements, such as hand or finger flapping or twisting or body rocking, and to repetitive play, and they may insist on following routines and have difficulty coping with change. The needs above may often cause crying and other reactive behaviours that may seem unexplained. Children with autism may also show the over sensitivity and/or under sensitivity needs discussed in Session 2. Children with an autism diagnosis at the unit may also often have intellectual difficulties, although this is not a defining feature of autism, as well as additional difficulties in practical skills. A minority of children with autism, may have a

special skill, such as an unusual artistic talent, excellent memory, or exceptional mathematics ability, however the large majority of children with autism does not. Having one such skill does not mean that the child won't have difficulties in other areas.

Children with intellectual disabilities show difficulties in cognitive skills compared to children of the same age, as well as in motor skills, communication and speech, social interaction, play and learning. Therefore intellectual disabilities, especially in more severe/profound cases and especially if motor difficulties are present impacts children's ability to perform expected day-to-day activities and to communicate and interact with others. Difficulties in communication and cognition also include struggling with abstract or symbolic language and a need for concrete objects to increase their understanding. Rather than an "intellectual disability" diagnosis, a child may have a diagnosis of a specific form of intellectual disability, such as Down's Syndrome, but will present similar needs and difficulties.

Children with attention-deficit hyperactivity disorder or ADHD show a pattern of inattention and/or hyperactivity/impulsivity more frequent and intense/disruptive than in other children of the same age. Inattention means that children with ADHD can be forgetful and struggle to pay attention and to remain focused on a task, even for short periods of time. Hyperactivity and impulsivity mean that children with ADHD can struggle to control their behaviour, talk excessively, move a lot, even when seated, for example with their hands or feet, and they can be impulsive for example in answering a question before it finishes or having trouble waiting for their turn in an activity.

Children with language disabilities have significant difficulties in communicating verbally in written and oral form compared to other children of the same age, without necessarily having an intellectual disability.

Activity 2

Aim: Practicing identifying individual children's appropriate class group based on support needed and skills level

Activity: Group Work

Duration: 40 minutes

Materials: Board/flipchart and marker + Slides 9-19 on personal device

Description:

1) Give this brief introduction to the activity: "As seen in session two, children with developmental disabilities may have very different levels of independence or needs, and this is regardless of the diagnosis. Grouping them all together prevents teachers from being able to teach each children those skills that are most needed for them and that they are able to learn: if teachers focus on the most severe cases, they will teach skills that less severe cases may have already learnt, preventing them from progressing; if they focus on the less severe, they will teach skills that

are too hard for the most severe cases, leaving them behind. This is why may be best to form smaller groups whenever possible".

2) If participants are 6+ divide them in groups of 3-5 people. Alternatively, the work can be done in just one group and you can sit with them.
3) Ask the group(s) to work for about 20 minutes on allocating the 10 children described in the vignettes (available also on their manuals) to one of four levels: Special Unit 1 (lower ability), Special Unit 2, Special Unit 3 and Inclusive Class.
4) After 20-25 minutes, facilitate a 10-minute plenary discussion. (the notes include some suggestions of possible answers for each scenario) If there was only one group and you have been observing the exercise, you will not need the plenary discussion, unless there is a particular issue or feedback that you want to raise (e.g. if the group has missed a key difficulty of a child that most likely will greatly affect their allocation).

Vignettes:

A)
- 10 years old
- Can count and knows and recognises letters
- Cannot read or write
- Has major difficulties in simple maths operations, logic and memorising
- Is not toilet trained
- Communicates verbally in simple sentences
- Understands simple communication and explicit instructions
- No behavioural concerns

B)
- 8 years old
- Produces sounds but does not speak
- Has minimal movement and difficulties sitting up
- Cannot communicate using gestures
- Cannot hold objects, feed himself/herself etc.
- Is not toilet trained
- Screams and cries several times a week
- Smiles when hugged and when hearing music or seeing nice visuals

C)
- 9 years old
- Has learnt the alphabet but not numbers
- Cannot read or write
- Has difficulties in coordination and holding objects
- Communicates verbally in simple sentences
- Has difficulties understanding questions and instructions
- Seems unaware of class rules and social rules
- Often puts objects in his/her mouth

D)
- 10 years old
- Has no cognitive difficulties and no major practical difficulties
- Can understand verbal communication
- Does not speak

- Can write and communicate in writing
- Can communicate using picture templates
- Is over sensitive to sensory stimuli most of the time
- Has had a few instances of intense crying and screaming in the past year

E)
- 10 year old
- Has difficulties in logic and memorising
- Enjoys listening to the teacher and learning
- Has difficulty feeding
- Is not toilet trained
- Can communicate verbally in full sentences
- Can understand simple communication and explicit instructions
- No behavioural concerns

F)
- 7 years old
- Has learnt numbers but not the alphabet
- Cannot eat food that is not dry without support
- Communicates verbally, but does not use gestures
- Has difficulties understanding implicit parts of instructions
- Has no other difficulties in understanding communication
- At times makes inappropriate remarks
- Likes to look intensely at bright lights and at objects that move

G)
- 10 year old
- Can read but not write
- Needs visual reminders or mindmap to recall simple information
- Has difficulty feeding
- Is not toilet trained
- Can communicate verbally in full sentences
- Can understand simple communication and explicit instructions
- No behavioural concerns

H)
- 11 years old
- Has not learnt the alphabet or numbers
- Has difficulty sitting up and holding objects
- Is not toilet trained
- Communicates verbally in one-word and two-word sentences
- Loves singing (using few words and sounds without known meaning)
- Understands simple explicit instructions
- No behavioural concerns

I)
- 12 years old
- Can read and write, though slowly
- Has no practical difficulties
- Cannot answer questions on a text after reading or hearing it
- Needs visual reminders or mindmap to recall simple information
- Can communicate verbally in full sentences
- Understands simple explicit instructions
- Screams and cries whenever many people are talking

J)
- 11 years old
- Has average grades and no signs of cognitive difficulties
- Sometimes leaves tasks incomplete
- Has no practical difficulties
- Has no communication difficulties
- At times makes inappropriate remarks
- Gets distracted or starts talking to peers during lessons very frequently
- Stands up and walks around without permission

Notes:

A) Recommended: SU2. Has quite substantial cognitive and understanding difficulties and is not toilet trained, but is able to communicate, has learnt some academic skills and has no other practical difficulties except toilet.

B) Recommended: SU1. Substantial support needs, no communication (and therefore impossibility to know the child's intellectual functioning and understanding from the outside. The last point is not unusual, does not indicate unusual sensory pattern, just gives a rounder vision of the child and highlights some understanding of relation with the external world.

C) Recommended: SU2. Has quite substantial cognitive, understanding and behavioural difficulties, but is able to communicate, is capable of learning (more slowly than other children, but has learnt the alphabet) and has no substantial practical difficulties.

D) Recommended: IC. Only needs alternative communication options for communicating, but not for the teacher to teach him/her.

E) Recommended: SU3. This child could potentially be included, except for the need for support with practical skills. Participants may feel that a child who is not toilet trained should be kept in SU2. This could be a necessary criterion, if there is not sufficient availability of staff to provide support for toilet in all unit classes. However also let them consider that if the child is unable to get toilet trained it may be unfair to prevent them from learning at higher stages when they have not great cognitive and communication difficulties.

F) Recommended: IC. Alternatively, may be SU3, but with a view to prepare for inclusion. Shows possible mild cognitive difficulties but is a young child and likely to learn alphabet with time and support, and understanding communication reveals that any cognitive difficulties are mild. No major communication difficulties. Social difficulties can be accepted (and managed with behavioural management). Will need dietary adaptations (dry food) to be able to eat lunch without support.

G) Recommended: SU2. Has some important cognitive difficulties, but can communicate, understand, read and memorise (though needs support recalling). Has substantial practical difficulties (difficulties in writing may also be caused by practical difficulties rather than cognitive).

H) Recommended: SU1. Especially due to great cognitive and practical difficulties, despite the disability being overall less severe than case B.

I) Recommended: SU3. This child could potentially be included, having no substantial practical and communication difficulties. However, detail on his/her cognitive difficulties in understanding and memory raise concerns on the teacher's ability to offer the appropriate support in an inclusive class. Moreover, a crowded inclusive class could be a distressing environment and the child could start screaming and crying much more often, with a frequency that may be unmanageable in an inclusive class.

J) Recommended: IC. Needs good behavioural management strategies and monitoring, but has no cognitive, communication, or practical skills that justify placing in special unit.

Activity 3

Aim: Providing information on assessing support needs and skills level of children with developmental disabilities

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 20-25 on personal device

Description:

Using the projected slides (Slides 20-25) and following the notes below, explain general support needs categories as well as specific assessment criteria that can be used to divide children across special unit levels and select those who are ready for inclusive classes. Let participants know that their manuals include summary notes on this topic. While presenting, explain that the method proposed may not be the only method keep in mind the discussion from the previous activity, and methods used by participants to make the division, to highlight where their method may be better or comparable to "ours".

Notes:

There are various methods clinicians use to categorise the level of difficulty of a child, but to some extent they usually refer to the level of support needed by the child. While here we are broadly discussing a classification, it will be more useful for you to be able to identify the support needed by the children, than knowing the specific classification terminology. You may be familiar with the categorisation into mild, moderate, severe and profound developmental disabilities. Children with mild developmental disabilities at school age, may be able to act and communicate at a sufficient level to mostly function independently in daily life. However, they may present some challenging behaviours or unusual social behaviour, language and cognition skill levels typical of younger children, and may need support with some practical tasks that require fine and precise movements. At school, they may need some support in reading, writing, mathematics, and similar academic skills, or in understanding complex concepts or remembering.

Children with moderate developmental disabilities are those who have similar challenges, but can need more time and support to develop the same skills, such as to learn daily living activities and communication skills. Their ability to progress academically may be hindered by slower learning and a greater need for support than in mild cases.

Children with severe and profound developmental disabilities have difficulties in understanding, communication and daily living skills that greatly limit their ability to function independently. These children can learn some of these skills, with long-term step-by-step teaching and support. The targets of such learning need to be specifically individualised according to the child's potential, also considering that there may be additional physical and sensory disabilities that may constrain what the child can and can't learn to do.

These categories may help you at school when you are considering to which class group to assign a child. However, it is also helpful to think of these class groups as more flexible categories, through which children can progress: for example, a child who joins the school at 8 and has not learnt basic daily living skills may have just a moderate disability and be able to learn daily living skills once taught them well, and may be able to swiftly progress to functioning more independently and learning academic skills.

Therefore, a good way to divide levels may be to establish for each child what are the priorities for him/her to learn, that the class teacher should focus on: you will see examples of this in your school visits at the end of the course. For example, one level could focus on teaching children good behaviour, basic daily living skills (such as eating and going to the toilet) and communication through gestures and simple words; another could focus on more complex daily living skills and communication, and introduce basic academic skills, such as learning the alphabet and numbers, holding pens and drawing; a third could focus on teaching further academic skills, such as adding numbers, writing and reading. We recommend that inclusion in regular classes is considered every time a child can learn and interact without needing much individualised support, and with reasonable adaptations and that in general a child is allowed to progress to higher class levels whenever possible. Therefore it is important that you consider a child's ability to learn new skills and lessons and show progress: you can do this by assessing children's skills frequently, and documenting progress as we will discuss in Session 9. In some cases, you may also think that a child may need specific support in one area (for example learning how to eat) or may have specific additional needs (for example struggling to join physical education periods or lessons with intense sensory stimuli) but may otherwise be able to attend inclusive classes: in these cases, whenever possible, the best solution might be for the child to attend the inclusive class, with the exception of some periods spent in the special unit to learn specific skills or avoid specific lessons in the inclusive class.

Several individual factors can be considered when establishing what areas should be the main focus of learning of a particular child at a particular time, including age, existing difficulties, priorities for functioning also according to the family, and what it is actually possible for a child to achieve. An example of the latter is a child who may be unable to be toilet trained due to physical disabilities that co-exist with mild cognitive difficulties: while

toilet behaviour is an area of difficulty for the child and important for functioning, it would not be appropriate to focus on this area, where the child cannot progress. Instead, the child should be allowed to be in a class where they can learn academics, and possibly progress through a regular academic curriculum, although they may not be able to join the regular class due to their physical support needs. On the other end, for a child who is physically able to learn daily living skills but still has substantial difficulties with them, these should probably be the focus, while at the same time introducing communication and basic academic skills, to ensure that the child is not left behind.

As we have seen in the exercise, a child who does not communicate verbally, but has been able to learn to write and therefore communicate in writing, may be able to join inclusive classes: he/she will need adaptations and the opportunity to communicate in writing, but would mostly be able to learn in the regular class. A child who is not able to write but can speak may also be able to join the inclusive class if appropriate adaptations are offered. However a child who is 10, has recently joined the school and may be able to learn to write with the appropriate support, may benefit from receiving such support in the special unit, and then be introduced into a higher grade regular class that matches his/her age. Behavioural challenges and social skill difficulties are another two areas where there could be some greater preparatory focus in the special unit, but that ultimately do not prevent a child from being able to learn in regular classes, unless they severely disrupt the class functioning or put the child or others at risk.

A final note is that we know that special units may often also include children with sensory disabilities, such as vision and hearing disabilities, rather than developmental disabilities: these children are typically able to be included in regular classes, but they may need some preparation first. For example, they may need to learn sign language (hearing disabilities) or braille (vision disabilities). Depending on need and resource availability, there may be a specific class group for this, or these children's needs could be addressed in one of the levels where there is a focus on basic academics. In the second case, we would however discourage the teaching of these additional skills (braille and sign language) to children with developmental disabilities, who may already be struggling with learning other skills.

Activity 4

Aim: Proposing a level system for each school

Activity: Applied Task Force

Duration: 60 minutes

Materials: 1 copy (+ 1 spare) for each school group of the Levels Template from Separate Materials + Unit changes information (i.e. ensure to have obtained from the research team information on the planned structure changes—number of planned classes—as agreed with direction at the school where training participants work.

Description:

1) Introduce the activity as follows: “In this next activity we want to give the time to special needs teachers to decide the way forward for the special unit. This is not part of the training, so if any regular class teachers has joined the session you are now free to go. We ask special needs education teachers to stay a little longer so that you can collaboratively make a proposal for a method to divide the special unit in your school. As you know, the training programme is part of a broader set of changes that we are making at the school. After assessing available resources, the principal, vice-principal and focal special needs education teacher have agreed to divide the unit into X [agreed number] classes. Please use the next 20/30 minutes to agree upon each other the criteria and methods you propose to use to make this division. You can use the information presented in Activity 3 and you can deviate from it as you think necessary for your specific context. Please complete the template I am giving you, that I will then transmit to the principal. You can also report the information in the same template in your own manual, to keep it. Remember to also decide criteria for children who can access inclusive classes.It is important to remember that, in doing this, you may need to consider children’s age and ability to progress. There are some skills that may be necessary in general for all children included, for example toilet training and some ability to communicate verbally or non-verbally. However, these may not always be enough: ideally, we would like included children to be able to join a class of children whose age is not too different from theirs; most importantly we need to have some reason to expect that the child is able to continue progressing across grades in inclusive class, not come back to the special unit next year. For example, a 15-year-old child who is toilet trained and communicates with a few words but has learnt little more in all previous years of schooling may be less likely to be able to progress in inclusive classes compared to a 7-year old who currently has fewer skills but is showing fast improvement. So a criterion for inclusion could be “shows ability to progress”. We will talk more about evaluating this is Session 9”
2) Ensure that the whole “task force” is sitting together and involved. If special needs teachers attending the session are from two different schools, ensure that they form one task force per school. It may be helpful if you also collaborate with them.
3) Some additional input you can give: they should think of both academic skills and adaptive skills that the child can do with/with minimal/without support each child needs to meet ALL criteria highlighted to be included; some levels may need just a couple of criteria, some may need more; each level assumes that criteria for all previous levels have also been met; “level 1” does not need criteria because all children who do not meet criteria for 2 will be in level 1.
4) When the task force has finished, say that you will convey the proposal to direction and to confirm approval, then conclude.

SESSION 8 (SNE and KG Teachers): Teaching daily-living skills, chores, safety skills, vocational skills and communication

Learning Outcomes

- Understanding the aim and features of activity routines
- Using routines to teach self-care, daily-living, vocational and other skills
- Using routines to support communication development
- Training children to use potty and toilet

Session Summary

Activity	Duration	Activity Type	Materials*
Activity 1	30 minutes	Scenario-based Discussion	Board/flipchart and marker
Activity 2	30 minutes	Informative Session	
Activity 3	50 minutes	Group Work	Board/flipchart and marker
Activity 4	30 minutes	Informative Session	
Activity 5	20 minutes	Informative Session	

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Introducing routines

Activity: Scenario-based Discussion

Duration:30 minutes

Materials: Board/flipchart and marker + Slides 3-7 on personal device

Description:

1) Read the scenario below out loud in which a caregiver describes their use of routines in daily activities to engage the child and help them learn. Let them know that this scenario is also in their manuals.
2) One question at a time, ask participants the following questions, that they can also find in their participants' manuals:

What has the caregiver changed in her attitude that has had an impact in the child?

How does the caregiver engage the child?

How does this method also support the child's learning?

3) Encourage participants to brainstorm responses to the questions based on the scenario. Take note of their inputs on a board/flipchart for everyone to see. Facilitate a discussion on each question for about 5-10 minutes.
4) Briefly summarise what has been said.

Scenario:

My other children would often try to play with Hussen, and sometimes they would get upset when he did not play. At other times they would ignore him, which made me feel sad for Hussen. While my eldest daughter and son would play imaginative games together with the toys, Hussen seemed to be content to spend a lot of time lining up household things in rows on the floor.

Over time, I learned that playing together is an important way that Hussen can connect with me, but I did not know how to play with him at first. Then I learned how to play with him so we could really play together. At first, I felt pretty silly, and I was not sure what to do. It has been a long time since I was a child! In the past I would try to play pretend with him, but he did not seem to understand that.

Hussen loves building things. Now I know that the way to play is to look and listen to find out what he is interested in.

I can imitate what he does with the toys or I can show him a new appropriate way to play with a toy. Over time I found ways to engage with Hussen in play and to start having fun in our shared playtime.

I also learned that I can use the same strategies that I use in play to build routines in other daily activities. I have made routines where I look and listen for Hussen's communication

and his actions. When we wash dishes, I let him go first. He starts to wash a dish, and then I can imitate him and show him a word “wash!”.

When we come home from the market, Hussen likes to help me unpack the bags. He takes an item out of the bag, and then I can imitate. I show him words like “take out” and “bread” that I want him to learn to say on his own. We go back and forth until all the items are out of the bags. This is our grocery routine.

Sometimes Hussen still gets “stuck” looking at something or lining things up in a row on the floor. When this happens, I show him a new way we can build towers and many times he starts building again.

Sometimes he still suddenly gets very frustrated when I try to show him another way to play, and he pushes me away. This means he is tired or wants to stop, so we take a break or try something different for a while. I know it is important that play should be fun and enjoyable for him.

Notes:

Try to ensure that a variety of participants get their say using sentences like “Let’s hear from someone who has not spoken yet”, though without calling a specific participant unless they ask to speak.

Answers should discuss some of the following aspects. The caregiver has started to engage Hussen based on his interests, rather than trying to get him to do things she expected him to do: she has started playing with him and has moved from trying pretend play towards playing what the child liked playing. What keeps the child engaged and allows him to connect with the caregiver is that the activity they do are fun, they are playful, even when it’s a chore rather than strictly play. What makes this also a learning opportunity is that the activities are made up by simple steps, and Hussen gets a chance to witness the caregiver doing the action and then trying it out himself by imitating the caregiver. The fact that the caregiver also says the word for the action promotes the child’s communication development.

Activity 2

Aim: Providing information on strategies to teach skills

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 7-12 on personal device

Description:

Using the projected slides (Slides 7-12) and following the notes below, explain the use of routines and how they can be implemented in class. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look

ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.

Notes:

The World Health Organisation has a training for parents and family members, called Caregiver Skills Training, aimed at teaching caregivers helpful skills to support their child's learning and development, from which the scenario above was taken. Some of these skills can also be helpful to teachers. We have already discussed some content from this programme in Session 4 on behavioural management. We are now going to discuss and practice strategies for teaching children new skills.

As seen in the scenario, play and routines are powerful tools to engage with the child and teach them new skills. By routines, we mean activities, such as house chores, adaptive skills, etc. with multiple steps that the child and adult do together regularly: the more steps, the more complex the routine. The regularity and repetition of the steps helps the child learn them and master them. Doing the activity with the adult promotes engagement and gives the child the opportunity to see a skill and imitate it. It is best to have several items (like building blocks) or one item each (two dolls, two cars, etc.), to avoid taking the child's objects and upsetting him/her.

Playing with building blocks and similar activities can also be good routines for you to do with the child at school. The steps are simple: take a block, place it on top of another, repeat (or variants of this). You can also teach the children some house chores, for example using a few grocery items to teach them to unpack groceries: put the bag on a table; take an item out; put it on the table; repeat. What other routines could you do at school to teach the children new skills? [take 2-3 responses, then give this brief answer while clicking for more images]: for example, instead of building blocks, [click for image] you can use alphabet and number resources where letters have to be placed in the right spot on an engraved board; [click for image] instead of chores, some children in the special unit may need to learn daily living skills, such as washing hands, cleaning teeth, and eating at mealtimes, [click for image] others may benefit from learning vocational skills, such as crochet, making coffee, painting, [click for image] and safety skills, such as crossing the road, returning home, getting help when in danger.

All of these can be taught using routines. What skills you teach will depend on the child's current skills level and what they can learn, and should usually be something only slightly harder than skills the child is already able to perform. For some of these skills, you may need additional resources: you can consider both what skills you can teach with the resources available and whether there is anything you can do to obtain resources for other specific skills. For example for the grocery routine you could use your own grocery, if you are comfortable, as long as it's packed items. For toothbrushing, handwashing, etcetera, each child could keep a few personal items in a box at school.

Now let's have a closer look at the method for teaching these skills. If you want to teach a child adaptive skills by creating a routine out of it, there have to be steps that the child can imitate from you. So your first task is breaking the activity into simple steps. A step should

be a very small manageable action. Especially for children with more support needs, ensure that you break the routine down in very simple steps. For example, steps for putting on a shirt would be: get shirt ready; put head in; put one arm in; put other arm in; pull shirt down. For children who master simple routines, you can then use longer steps. For example, if a child masters “putting on shirt”, this could become one step for a longer “getting dressed” routine. A routine for crossing the road could be: stop on the side of the road; check there are no cars on one side; check other side; start walking; continue checking. And at lower levels of support need crossing the road could then become a step in a “returning from school” routine. After this assessment to divide the skill into manageable steps for the child’s skills level, the most effective process starts with teaching the child only one step at a time. You can start with the first step, although sometimes it may be more effective to start with the last step, if it is the most motivating or the easiest, or with another step the child cannot do, if he or she can already do part of the routine. After the child has learnt one step, or if the step you have chosen to teach is too difficult for now, move to a different step.

To teach the step you have chosen to teach at a given point, first make sure to have the child’s attention, then show the step and say what you are doing. If the child does not imitate you say the word again, to remind the child, without repeating the action. If the child needs more support, you can give the child help, for example by guiding his/her hand: depending on the support needed, you can guide the child from start to finish, or guide the initial part and see if the child completes the action. When the child initially needs support, the aim of the process will be gradually moving from higher levels of support needed to lower levels. For the child to have learning opportunities, make sure you are not giving the child more support than he/she needs. When the child tries the task, with whichever level of support, make sure to praise him/her. Can you remember why this might be important? [allow max 1-2 minutes for someone to answer, then if needed give this brief answer] As we have discussed among behavioural management strategies, praises reinforce behaviours, and the child will be more likely to try and repeat the behaviour in the future. For more complex tasks, it can also be appropriate to give tokens or other rewards, that you can then gradually remove after the child has mastered the skill.

Note that it may be harder and take more time to teach children with other health conditions how to do everyday activities such as dressing and washing, but it is important to give them a chance to learn. For children with problems with body movements and body posture, everyday activities may need to be changed slightly to help them. For example, a child who has difficulty sitting can learn to put on their pants while lying down.

Activity 3

Aim: Applying your understanding of routines for teaching skills

Activity: Group work

Duration: 50 minutes

Materials: Board/flipchart and marker + Slides 13-14 on personal device

Description:

1) Using the projected slides (Slides 13-14), give this brief introduction to the activity: "As we have just seen, preparing to teach a child a skill involves breaking it down into steps at the child's skills level, identifying what step to teach first and how to teach it, such as what to do and what to say. At the end of this session in your manuals, you can find a table template that can help in this preparation. Here in the slide is an example of how to complete it."
2) If participants are 6+ divide them in groups of 3-5 people. Alternatively, the work can be done in just one group and you can sit with them.
3) Ask groups to use the templates to plan two or three routines to teach children in their classrooms. These can be daily living skills, chores, and vocational skills: ask them to try to include a variety of categories. They can start by thinking about the needs of the children who are currently in their class, as well as the resources and possibilities they have at school. Then, they can define the steps, and their role in teaching and supporting the child.
4) After 15-20 minutes, ask two group members of each group to role play one of the scenarios they have planned with one member being the teacher and the other being the child.
5) After each enacted scenario, allow for a couple of minutes of feedback from other trainees.
6) Repeat for as many scenarios from each group as possible, for about 20-25 minutes overall dedicated to role play. Encourage different members of the groups to try the roles, rather than having one pair enacting all scenarios from a group.

Example:

Child/Children: Elsa Activity: Wash hands

Step	Order	Teach How?
Wet hands with water	1	Materials: Running water or jar with water + sink or bowl Do: Wet my own hands Say: "Water"
Wash with soap	3	Materials: Soap Do: Wash my own hands with soap Say: Soap
Rinse hands with water	1	Materials: Running water or jar with water + sink or bowl Do: Wet my own hands Say: "Water"
Dry hands	2	Materials: Towel or fabric Do: Dry my own hand Say: "Dry"

Notes:

The “Step” column is the first to complete and identifies all of the steps of the skills in the order in which they are normally performed. “Order” identifies the order in which we plan to teach the steps. In the example, the first and third step are the same action, labelled with “Water” and they would be taught first because “dry” and “soap” make less sense if the hands are not wet yet. Soap would be the last step as it may be more complex. However, the order plan may be flexible, as discussed earlier. In the third column, “materials” identifies the material needed for the step, “do” what to do to demonstrate the action, and “say” the word that could be said to accompany the action.

Activity 4

Aim: Providing information on strategies to promote communication

Activity: Informative session

Duration: 30 minutes

Materials: Slides 15-18 on personal device

Description:

Using the projected slides (Slides 15-18) and following the notes below, explain strategies to promote communication in children with developmental disabilities. Let participants know that their manuals include summary notes on this topic.

Notes:

Skills to teach children communication follow the same principles we have seen in the previous presentation. It is important to start from moments when the child is already trying to communicate, and to tailor your approach to the child’s need and current communication level. Here is a table from the Caregiver Skills Training that can give you an idea of what could be a child’s appropriate next step in communication considering their current skills. You can also find it in your manuals. I will now pause for a minute for you to have a look.

Current communication	Next steps
Eye gaze or body movements	Use any gesture to ask; make a sound
Grabs, reaches or pulls you by the hand	Point to ask; make a sound
Points to ask	Point or show to share interest; make a sound
Use any gesture to share interest	Other gestures to share interest; make a sound
Makes sounds	Try to make sounds more often; shape a sound into 1 word
1 word	Add more words; combine 2 words
2 words together	Add more words; combine 3 words
3 or more words together	Longer sentences

First of all, in order to make the most of the child’s own attempts at communicating, you will need to recognise these attempts: they may not always be obvious unless you observe

carefully and get to know the child. The child may be trying to communicate with you to make a request or to share an activity or interest with you, by looking, pointing, producing sounds or words, taking and moving your hands, gesturing, or through behaviours, such as running away to request interrupting an activity. Every child will have their own way of communicating and they may sometimes have unique recurring behaviours that they use to express a particular request or emotion. Once you are able to understand what the child is trying to communicate, you can teach him/her how to better communicate it, such as by pointing and using simple words. For example, if you understand that a child wants their favourite toy from a shelf because they have taken your arm and guided you to the shelf, you can point at the toy and say "toy" and give the child an opportunity to imitate you. Whether the child responds well, partially, or does not respond, you can repeat the action of pointing and the word, give the child a second opportunity to imitate you, and then give him/her the toy. In a situation such as this, what do you think could be added to facilitate more learning, once the child has mastered pointing and saying "toy"? [take 2-3 responses, then give this brief answer]: Other words could be added to the request, for example "please" or the colour or type of the toy. If the child points at the toy and says "toy", you could point at the toy and say "car toy" and give the child an opportunity to imitate you. In general, when the child communicates with words, it is always good to expand their vocabulary by repeating and adding one word, not more than one, to avoid confusing the child. If the child is saying only a partial word, the first step will be responding with the full word.

You can also create opportunities for the child to communicate during the school day, to encourage communication. Placing preferred items on shelves that the children cannot reach as in the example above is one such created opportunity. Giving the child a choice between two items, such as two toys or learning resources, is another way you can encourage the child to communicate. You can show the items, and say the words, wait for the child to communicate verbally or non-verbally which item they want, and then repeat the name of the chosen item, giving the child a chance to repeat before you give him/her the item. Another way to create an opportunity for the child to make a request is by giving multiple items of a preferred object, such as building blocks or pieces of food, for a few times, for example, 3 or 4, then wait to see whether the child requests more. If the child communicates verbally or non-verbally that they want more, give him/her more, by saying the word the child can use to make the request. To create opportunities for a child to communicate to share with you something he/she likes and enjoys, or which surprises him/her, create opportunities for the child to experience these situations. For example, you can create a surprise by modifying a routine in a fun way, such as placing an object on your head, or making an object you were holding disappear behind you.

Finally, for a child who is learning verbal communication, you can work on expanding their vocabulary even while initiating communication: you can do this by showing something and saying the word. This will work best if it's something engaging for the child, for example a bird or cat outside, food, or colourful, musical or otherwise interesting objects.

Activity 5

Aim: Providing information on toilet training

Activity: Informative session

Duration: 20 minutes

Materials: Slides 19-20 on personal device

Description:

Using the projected slides (Slides 19-20) and following the notes below, explain strategies to toilet train children with developmental disabilities. Let participants know that their manuals include summary notes on this topic.

Notes:

One important and at the same time difficult skill to teach children is using the potty or toilet. This can be a lengthy process and involves teaching children two main things:

1) telling that they need to use the toilet

2) using the potty or toilet

The first challenge is about teaching communication and can be taught similarly as previously described, by pointing and naming the toilet before the child is taken to use the toilet. For simple important actions such as using the toilet, an image can be used too: an image of the toilet can be put on the toilet door and the child can be given a card with the same image. You can then teach communication by prompting the child to give you or point to the card before taking them to use the toilet. This can also be practiced through role play. It's important to always take children to the toilet when you understand that they need it, even if they don't communicate it appropriately. At school, it is also advisable to have a toilet schedule, and take children to the toilet at specific times every day,even if they do not communicate the need. That way, you can decrease the risk of incidents of the child needing to go and not being able to communicate it, and with time the regular pattern will become a habit for the children.

The second challenge is about teaching a skill through a routine with steps similar to these: walk to the toilet, trousers/skirt down, underpants down, sit on the toilet, pee/poop in the toilet, use toilet paper, underpants up, trousers up, flush toilet, wash hands, dry hands. Also in this case, a visual sequence placed in the bathroom with visuals of each action can help.

A couple of additional tips that can help with the process are: first asking caregivers to ensure that children’s clothing can be easily taken off for toilet use; secondly, making the toilet a pleasant room, that does not trigger sensory sensitivity challenges for example with bright lights; there can also be calming colours and stickers that children enjoy on the furniture or walls.

SESSION 9 (SNE and KG teachers): Documenting your Work

Learning Outcomes

- Understanding the importance of documenting your work
- Developing Individualised Education Plans (IEPs) for children in the special unit
- Using IEPs for individual assessments and whole-group teaching plans

Session Summary

Activity	**Duration**	**Activity Type**	**Materials***
Activity 1	20 minutes	Informative Session	
Activity 2	30 minutes	Discussion	Board/flipchart and marker
Activity 3	20 minutes	Informative Session	
Activity 4	40 minutes	Group Work	Board/flipchart and marker
Activity 5	20 minutes	Informative Session	
Activity 6	30 minutes	Group Work	Board/flipchart and marker

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Providing information on Individualised Education Plans and work documentation

Activity: Informative Session

Duration: 20 minutes

Materials: Slides 3-7 on personal device

Description:

Using the projected slides (Slides 3-7) and following the notes below, explain the importance of documentation and how to develop IEPs. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.

Notes:

Keeping tidy documentation of your past work and future plans can have a few very important purposes. First, while it may initially seem like a lot of work, it should assist you in making informed and quicker teaching decisions, lesson plans and children's assessments and evaluations throughout the school year, and facilitate the documentation process itself for the following years. Second, it can help you with self-evaluation and adapting your teaching practice. Third, it leaves clear traces for other teachers to follow if for any reasons they substitute you for a period or as a permanent change. We will discuss two main categories of documentation: the first is a documentation file for each child, the second is whole-class documentation.

Caring for children in the special unit in small groups allows you to know each child's difficulties, skills, needs and potential learning targets in greater detail. Thinking about your experience and about the training received in this programme, what documents do you think should go in an individual child's file? [just spend 2-3 minutes for a few people to answer] An individual child's file collates any information you have on the child's needs, strengths, etc., either from your own assessment or from other sources. For example, if you refer the child to health services using the form we discussed in Session 2, you can keep a copy in the file, to keep a record of your observation, together with any response you receive from the health professional. Information on formal diagnoses and any other communication from health services should also be in the file, and so should be notes of your meetings with parents, for example on development priorities. In Session 2 we also discussed needs assessment of children and how this assessment needs to be conducted regularly, at least once a year, as needs may vary. The needs assessment forms, that would be a key part of a child's file, include not only needs, but also the child's typical behaviour, strengths, and interests: completing it all and consulting it regularly will help you maintain a good understanding of the child, and plan targeted teaching adaptations and behaviour responses (for example, interests can help establish topics to mention to make a lesson more engaging, or preferred reinforcements for good behaviour).

The assessment form will also support the creation of another key document for each child's individual file: the Individualised Education Plan, or IEP. Could anyone define what an IEP is? [take 1-2 answers, then give this brief answer:] Indeed this is a document that details what individualised teaching and support a child is going to receive. There is our suggested template for this in your manual, and this will be most effective to use if it's always kept together with the assessment form as one document, rather than separately. In fact, the "Strategies and Accommodations" column of the assessment form, that will be useful to regular class teachers who won't develop IEPs, is less relevant when you develop IEPs, that address such strategies more comprehensively. An IEP first of all sets goals for the individual child's progress, based on the assessment of current abilities. You may remember that we already discussed this process in Session 7, as a way to establish in which class group to assign each child. Do you remember how we suggested to decide priority areas for each child? [take 1-2 answers, then give this brief answer:] We discussed the need to consider existing difficulties, priorities for functioning also according to the family and if possible the child, and what it is actually possible for a child to achieve. These principles are valid also to develop IEPs, and the two processes can be done together, but the difference is that here we are establishing specific goals rather than broad areas of focus.

For example, an assessment of needs, difficulties, and priorities of a child could suggest that the child has good behaviour, communicates through gestures, is not toilet trained and cannot eat by herself, nor wash herself or get dressed, but has no physical disabilities that prevent these movements, and that among these daily living difficulties the family really worries about toilet training. This assessment can help you decide that one child should be assigned to the initial level that focuses on teaching children good behaviour, basic daily living skills and communication through gestures and simple words. However, it will also help you set specific goals for the child's IEP: what do you think these should be? [take 1-2 answers, then give this brief answer:] Of course multiple suggestions are possible; I would suggest that, for example, the IEP could set that by the end of the year the child should be toilet trained and able to communicate with simple words. You can see that, as well as toilet training, which is the family's priorities, I recommend a communication goal, as it is usually good to have goals that cover different areas of development, in this case basic daily living skills and communication, since the child already has good behaviour. I also want to highlight that the communication goal is the immediate next step compared to what the child already does, from communicating in gestures to communicate in simple words, rather than with sentences for example. As we have seen in Session 8, it can help you set achievable goals to consider "the next step" rather than steps further away. However, sometimes the overall goal may still be a big step, and may need to be broken down into smaller objectives, that can also be detailed in the IEP. For example, these could be the different steps of hand washing we identified in Session 8.

After goal setting, the second element of our IEP template is detailing the teaching strategies and support needed to help the child achieve these goal. These include

teaching activities and adaptations. These decisions will also be based on the most recent assessment form, and specifically should consider the child's additional needs, the child's interests, and the child's strengths. For instance, in terms of additional needs, if a child is highly sensitive to touch and has negative reactions to it, it will be difficult to assist them directly by guiding their hands when teaching skills: the strategies set could be to mostly focus on showing and saying without physical contact, and to mitigate the distress of touch when this is necessary to guide the child's hands through the skill, for example by asking "Can I help you?" and/or singing or making faces to make the situation fun and less distressing. Interests, likes and dislikes can be helpful to decide what rewards to give the child for good behaviour or achieved activities, but also to engage the child during teaching sessions themselves. For example, when teaching communication through words to a child who likes animals, it's best to start to teach names of animals rather than for example objects in the classroom. The child's strengths can sometimes support the development of other skills. What do you think could be some examples of this? [take 1-2 answers; possible answers are that a child good at drawing may find it easier to learn how to write, a child who tells stories can make up stories to remember how mathematical operations work, children who know the alphabet can say letters in turns to learn turn taking, etc.]. Of course, the general strategies listed in the IEP can help you plan specific teaching activities in documents that can also be included in the child's file, for example the Skill Teaching Plan we saw in Session 8. These activities could correspond to the short-term objectives identified in the IEP.

Activity 2

Aim: Encouraging experience sharing on IEPs

Activity: Discussion

Duration: 30 minutes

Materials: Board/flipchart and marker + Slides 8-9 on personal device

Description:

1) Introduce the activity as follows: "So, in sum, our suggested template for IEPs includes goals, with their specific objectives and steps, individualised teaching strategies to achieve these objectives, and a reminder of additional needs, and should be used together with the needs assessment form, that gives more detail on needs, interests and stregths. However, we know some teachers already use IEPs and we would like to have a discussion now on what is included in the ones you use and what, if anything, our template could add. Or alternatively, if you don't currently use IEPs, what do you thing are the strengths and weaknesses of this template? What could we add?"
2) Facilitate a 20/25-minute plenary discussion, encouraging participants to refine the template on their manuals in line with their previous experience and needs.

Activity 3

Aim: Providing information on regularly using Individualised Education Plans for assessment and updates

Activity: Informative Session

Duration: 10 minutes

Materials: Slides 10-11 on personal device

Description:

Using the projected slides (Slides 10-11) and following the notes below, explain the importance how to regularly update IEPs and use them for assessing children's progress. Let participants know that their manuals include summary notes on this topic.

Notes:

It is helpful to develop new IEPs at least every year, together with the new needs assessment. I should point out that even a child who has achieved his or her IEP goals may need to remain in the same class group the next year, but with new goals: in the earlier example, if the child achieves toilet training and communicating with words, may still need training in other basic daily living skills in the lower level class. IEPs also need to be adapted throughout the year, based on your observations. In fact, it can be very useful to take notes of your observations to keep in the child's file. For example, it can help you notice that a child is progressing even when they may be progressing very slowly. Assessing children's ability to progress is very important, as it can help you encourage the child and the family, know when to move on to teaching new skills, and know whether to allocate children to inclusive classes, because, as mentioned in Session 7, the child's ability to learn and progress is an important criterion for inclusion. In practice, looking at objectives and goals on IEPs, you can plan requests and tasks to assess if the child has achieved one or more of the objectives. Since you will probably focus on supporting the child to achieve few objectives at a time, your assessment should focus on those that you and the child have been recently working on. However, it is best to keep consolidating skills that have been mastered, and to keep assessing them in subsequent evaluations, as children may otherwise regress to not being able to complete previously mastered activities. Regular assessments and revising IEPs can also help you set new goals if the child has achieved all IEP goals in advance, or priorities have shifted.

Activity 4

Aim: Practicing the development of IEPs

Activity: Group Work

Duration: 40 minutes

Materials: Board/flipchart and marker + Slides 12-15 on personal device

Description:

1) Divide participants in groups of 4-6 people
2) Project and read a child's assessment form (Slides 12-15) and let them know that it is also in their manuals.
3) Ask groups to take about 20 minutes to fill in the IEP template in their manuals for the child described in the assessment form. Clarify that they can edit the template according to the discussion had in Activity 2, to make IEP more in line with their experience and practice.
4) After 20-25 minutes, facilitate a 10-minute plenary discussion.

Assessment:

Student: Haile Grade: Level 2 of Special Unit Teacher:
Profile
Motor difficulties None
Support needs for activities and daily living skills: list all activities and needs Gets lost looking for the toilet, needs to be accompanied Can wear simple clothes and use zips with adult's support Cannot tie shoe laces and close and open buttons even with support Cleans teeth with adult guiding hand Can hold pencil, but only draws with adult guiding hand
Intellectual difficulties Has difficulty memorising colours and the alphabet Does not currently understand the difference between 1, 2 and 3
Understanding difficulties Struggles to understand instructions even when fully explicit
Communication: How does the student communicate? Verbally (note: with single words) Gestures Sign Language Pictures/Objects None of the above Any other: /
Sensory needs Does not like water. When cleaning teeth, cries if the water touches the exterior of his lips or elsewhere on the face. Has learnt to wash hands but cries at home when his body has to be washed.
Social difficulties Likes to be alone and gets distressed in large groups.

Does not show any great social difficulties when interacting with others in small groups, beyond difficulties in communication (only single words) and in maintaining eye contact (may often look elsewhere).
Stressors: list the events or situations the student may find stressful Washing, being in crowds and large groups.
Behaviour (list any peculiar behaviour) Good behaviour usually Cries when distressed Bites his hand when bored
Other needs None noted
Strengths: list the activities, games and sports the student does well Toileting and washing hands Holding pen Interacting in small groups Clapping hands Singing (humming, with no words or few words)
Reinforcers: list the highly preferred reinforcers (items, activities, etc.) Colourful objects Balls Going outside
Dislikes: list the things (items, activities, etc.) the student dislikes Water and washing Staying seated for long times (makes him bored and he bites his hand)
Interests: List the activities, games and sports the student enjoys Colours Playing with the ball Listening to music

IEP Template for Completion:

Student: Grade: Teacher:	
Goals 1. 2. 3. 4. 5.	
Goal 1	
Objectives/Steps	**Strategies**
Goal 2	
Objectives/Steps	**Strategies**

Goal 4	
Objectives/Steps	**Strategies**
Goal 5	
Objectives/Steps	**Strategies**
Additional Needs	
Assistive Devices	

Notes:

Here are some example suggestions for how to complete the tasks.

Goals for Haile's IEP could be cleaning teeth independently, learning the alphabet, drawing, but also increasing tolerance to water. Tolerance to water could be an objective within cleaning teeth or a broader goal and a strategy could be starting from Haile's learnt skill to tolerate water when washing hands: for example by bringing water to his body and mouth with his hand. Colourful wooden letters (and lots of repetition) could be used to support learning of the alphabet.

Activity 5

Aim: Providing information on whole class planning and documentation

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 16-18 on personal device

Description:

Using the projected slides (Slides 16-18) and following the notes below, explain how teachers can document their plans for the whole class. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.

Notes:

In the previous part of the session, we have discussed the documentation for each child. The second type of documentation is the whole-class documentation. This includes individual lesson plans, that we have talked about in Session 3, and general teaching plans for periods of time. It is recommended to have a flexible general teaching plan for the whole school year and shorter one for each "Unit", that can last approximately between two weeks and three months. What do you think should be recorded in these plans? [just spend 2-3 minutes for a few people to answer] These plans can include overall goals for the class in the given period of time: the ones for the year will typically map onto the general areas of focus of each class level in the special unit, while the ones for units will be more specific, and often based on the learning priorities of children that are in that level in a given year. For example, for level one, the overall goals could be good behaviour, communicating with gestures and simple words, independent toileting and self-care, and independent eating. If the majority of children in this level have a similar IEP to the child we talked about earlier, with the main priority being independent toileting, this could be the goal of the first unit.

The templates for these general plans then also include a break-down in objectives and teaching activities, similarly to other types of plans, for example, to identify types of

activities that are better suited to achieve specific goals in a unit: this will then be helpful when planning specific lessons, as you can draw from this list of activities when selecting activities to include in your lessons plans. A complexity will be being mindful of IEPs when making general plans and trying to conciliate the two. There are no simple ways to do this, but having small class groups should help you conciliate supporting the class progress with addressing individual needs. For example, if a goal for a unit is to teach children to communicate with gestures, it would be helpful to include a note about the children who can already do this, and how you are going to support them to develop further communication while you are focusing on teaching other children gesture communication to achieve the unit's goal.

Finally, an important element of the whole-class documentation is once again recording observations and evaluation. For example, after each lesson, you can evaluate how well the activities went, what were children's reactions to them and what, if anything, went wrong: this can guide you in adapting the activities or selecting other activities for future lessons. Similarly, evaluating and consequently adapting unit and year plans can be helpful, also because you may want to use similar plans for future years, but if you know what went wrong you will be able to prevent it from happening again.

Activity 6

Aim: Practicing the development long-term whole-class teaching plans

Activity: Group Work

Duration: 30 minutes

Materials: Board/flipchart and marker + Slides 19-20 on personal device

Description:

1) Divide participants in groups of 4-6 people
2) Ask groups to take about 20 minutes to fill in the two unit general plan teaching templates for a class that includes Haile from the previous activity. Explain that the goals of the units have been developed based on a class group of 8 children and therefore are slightly misaligned with Haile's own needs and abilities: the task is to develop the unit plans while also taking into account the child for whom they have developed the IEP.
3) After 15-20 minutes, facilitate a 10-minute plenary discussion.

Unit Templates for Completion:

Time Period	Dates	Class	Number of Children
Unit 1		Level 2	8

Goals	Objectives
1) Cleaning teeth independently	1a 1b 1c
2) Holding pencil	2a 2b 2c
3) /	3a 3b 3c

Relevant Support Needs and Strengths	General Strategies
Child: Haile Need/ strength: sensitivity to water	
Child: Haile Need/ strength: can already clean teeth with support and hold pencils	
Child: Need/ strength:	
Child: Need/ strength:	

Week	Objective	Lessons and Activities	Teaching Aids
1	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	
2	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	

Time Period	Dates	Class	Number of Children
Unit 2		Level 2	8

Goals	Objectives
1) Learning the alphabet	1a 1b 1c
2) Learning names of colours and objects	2a 2b 2c
3) /	3a 3b 3c

Relevant Support Needs and Strengths	General Strategies
Child: Need/ strength:	
Child: Haile Need/ strength:	
Child: Need/ strength:	
Child: Need/ strength:	

Week	Objective	Lessons and Activities	Teaching Aids
1	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	
2	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	

Notes:

In Unit 1, lessons aimed at teaching cleaning teeth independently should probably start from cleaning teeth with support, as not all children will be at the same level as Haile. On the other end, Haile has a barrier due to sensitivity to water, so in the first few sessions when other children learn to clean teeth with support Haile could practice water tolerance. In sessions aimed at holding pens, the teacher could support Haile going one step further, and starting to draw.

For Unit 2, Haile has difficulties learning, but this is likely like other children, and there may not need to be any specific adaptations for Haile.

SESSION 10 (SNE and KG teachers): Self-evaluation, Working with and Supporting Caregivers, Self-care

Learning Outcomes

- Understanding and applying useful self-evaluation strategies
- Knowing how to work with caregivers and provide them with information to promote children's learning and well-being
- Identifying caregivers' needs
- Knowing how to support caregivers and refer them to support services
- Knowing and applying useful safe-care strategies

Session Summary

Activity	Duration	Activity Type	Materials*
Activity 1	35 minutes	Group Brainstorming and Discussion	Board/flipchart and marker
Activity 2	15 minutes	Introductory Collaborative Brainstorming	Board/flipchart and marker
Activity 3	30 minutes	Informative Session	
Activity 4	35 minutes	Group Brainstorming and Discussion	Board/flipchart and marker
Activity 5	35 minutes	Group Brainstorming and Discussion	Board/flipchart and marker
Activity 6	10 minutes	Breathing Exercise	

*All activities: Slides, manual, projector, notepads and pens for participants

Activity 1

Aim: Reflecting on self-evaluation

Activity: Group Brainstorming and Discussion

Duration: 35 minutes

Materials: Board/flipchart and marker + Slides 3-4 on personal device

Description:

1) Introduce the activity as follows: “In the previous session, we have discussed the importance of recording successes and challenges to evaluate how well a lesson plan, unit plan, or individualised education plan works and if any methods need to be changed. Similarly, it is important that you self-evaluate your work more generally: in fact, every time we learn something we can experience more difficulties in certain practices at the beginning compared to others, or become less rigorous overtime as we forget some components of the training or become tired. You probably already practice self-evaluation in your teaching practice, either formally or informally. This activity is an opportunity to reflect on these and share your experiences with each other.”
2) Divide participants in groups of 4-6 people
3) Ask groups to reflect for about 15 minutes on strategies for self-evaluation, particularly ones that they can apply to skills learnt in this training programme. They can first brainstorm strategies, then discuss how they can help and which ones are most effective.
4) After 15-20 minutes, take 5 minutes to give examples of self-evaluation methods based on the notes below and using the respective slide (Slide 17) and ask if any groups wants to share a specific strategy from their discussion that they think is particularly good (5 minutes).

Notes:

When taking notes of observations on what went well and what did not go well in implementing a plan, for example a lesson plan, try to also reflect on what you did to implement it: your behaviour, things you said, your tone of voice. These little things may at times be more important than the broader lesson plan and activities chosen. However, be mindful that most people tend to be self-critical. Try to always write observations as much as possible in an objective way, recording also what you did well and what went well, and rejecting the idea that all that went wrong depends on you: maybe there are simply some adaptations to make in the lesson plan, maybe there were situations completely out of your control. Even in the case that you did something wrong, remember that everybody makes mistakes and take it as an opportunity to improve, rather than something to beat yourself about. Having another person observing you and giving you feedback can be very helpful. You can have regular chats with the colleague you work most closely with to be each other feedback, both positive and constructive, and set goals to work together to make improvements. It can also at times be someone external, such as a supervisor or

other colleague. Finally, you can read the material from this programme, or other training resources, such as the ones recommended as additional resources in your manuals, and reflect on whether overall you are implementing your learning from these. Does any of the groups want to share another suggestion that they discussed and considered particularly good?

Activity 2

Aim: Introducing collaboration with caregivers by encouraging experience sharing

Activity: Collaborative Brainstorming

Duration: 15 minutes

Materials: Board/flipchart and marker + Slide 5 on personal device

Description:

1) Ask participants the following question, that they can also find in their participants' manuals:

Based on your learning from this course and experience, in what ways can you collaborate with caregivers for the benefit of children with developmental disabilities?

2) Encourage participants to brainstorm. Take note of their inputs on a board/flipchart for everyone to see. Facilitate this discussion for about 10 minutes. The notes include some suggestions for facilitation.
3) Briefly summarise what has been said.

Notes:

You may need to clarify that with "caregivers" we mean parents, but also any other adult that is primarily responsible of the care of a child with developmental disability, as this may sometimes be a grandparent, sibling, etc.

Try to ensure that a variety of participants get their say using sentences like "Let's hear from someone who has not spoken yet", though without calling a specific participant unless they ask to speak.

Follow-up questions that you could use to encourage the discussion are: How can they help you understand the child?/What can they help you understand about the child? How can they support their child's learning at home? What activities are they better placed to teach compared to you? What might you need to do to help them help their child?

If any suggestions seem impractical to implement or potentially discriminatory or damaging to children with DD or their families you could initially ask if any of the participants has comments on the suggestion. If the issue does not get addressed you could then briefly comment yourself in a non-judgmental way, for example: "I see why you made that suggestion, however in my experience that may often not be feasible for many families".

Activity 3

Aim: Providing information on working with caregivers

Activity: Informative Session

Duration: 30 minutes

Materials: Slides 6-11 on personal device

Description:

Using the projected slides (Slides 6-11) and following the notes below, present suggestions for positive collaborations between teachers and caregivers to the child's benefit. Let participants know that their manuals include summary notes on this topic. However, you may suggest to not look ahead, as there are a few questions for them along the way (underlined for you in the notes) that it would be good if they can reflect on first.

Notes:

Children's primary caregivers are your most important allies to promote learning and development in children with developmental disabilities. As we have seen in previous sessions, they can first and foremost be a key source of information on the child: what the child's interests, likes and dislikes are, his/her difficulties, needs and behaviours, teaching strategies that work at home, information from medical services. This can be done at the beginning of the year at the time of assessments but exchange of information can also be relevant later on and regular monthly meetings with a primary caregiver may be helpful. For example, a new difficulty or behaviour may present itself. In this situation, caregivers will help you understand if this is restricted to the school context or also happens at home, they may have already identified a possible cause of distress, they may have already identified a way to address the issue or spoken to a health professional.

We have also previously discussed that it is important for caregivers to have a say on what are the priorities for their child's learning, to ensure that improvements directly benefit the family's harmony and consolidate a positive role for the child in it.

Caregivers can also help by continuing at home the work that you do with the child at school. For example, they can help with academic homework, or you can let them know what practical or communication skills you are teaching their child at school and ask to help the child practice them at home. Most importantly, caregivers can teach children skills that you may be unable to teach in the school setting, including some aspects of day-to-day skills, safety skills, personal hygiene and reproductive health. Do you have some examples for this? [just spend 2-3 minutes for a few people to answer] While you may be able and surely encouraged to simulate grocery shopping in the class and road crossing in the courtyard, the best next step is for caregivers to support their children to learn these and similar skills in real-life settings. Similarly, you can teach hand washing and teeth cleaning with just a few materials that children can bring from home and you can teach children to point to body parts with their clothes on, but caregivers can also teach whole body washing, and recognising body parts in the child's naked body. In these examples, I

have also made some parallels of what can be done at school and at home around the same time. In fact, the collaboration will be most effective if your efforts and the caregivers' efforts are coordinated and focused on similar skills at a similar level.

In your experience, what barriers could caregivers face in helping with these tasks? [take 1-2 answers, then give this brief answer:] We want to consider two challenges in particular: first caregivers may feel that they don't have time to teach these skills; secondly, they may not know how to do it. With regards to the first challenge, you can try to be very open and honest with the caregiver: you have limited time at school and a restrictive setting for some tasks the child's improvement will be greatly influenced by how much assisted practice he/she can do at home. Explain caregivers that in many cases, these are activities that they do anyways, and they might just take slightly longer at first. For example, they still spend time washing their child: at first, it may take more time to use this opportunity to teach the child to wash themselves, but it will then be an achievement if the child learns to do it themselves. They still go grocery shopping, and this is a great opportunity to teach the child how to do it: it may take longer than if they were doing it on their own, but not as long as taking the child out just to teach him/her grocery shopping when they have no grocery shopping to do. Also help caregivers visualise what it will be like if their child learns these skills, to motivate them. For example, toilet training is time-consuming, but the child will likely not learn it if you only teach it at school: let them think about how much better it could be for the child and the family if the child was toilet trained. Of course, do manage expectations that this learning will not happen overnight and their child may never be fully independent.

The second challenge is that the majority of caregivers may not know how to teach children skills, safety or reproductive health. But you can help with that! It will be very helpful for the child's progress if you can give caregivers basic strategies as we have discussed in this training programme. After you have discussed with caregivers what skills their child should be learning, help them understand how to teach them. You can briefly explain and demonstrate for them how you identify steps in a task and how you teach each step by showing it and saying the word and then assisting the child if needed. You can give them tips for toilet training and for teaching communication.

As we said, other topics for which caregivers' collaboration is very important is safety and reproductive health. For these, it may be useful to first discuss the possible risks with the caregiver, and for example explain the importance of teaching sexual and reproductive health, especially focusing on safety, as this may not be apparent to caregivers. Try to stress the importance of taking the child with them in the world, and to support them identifying dangers and understanding appropriate and inappropriate strangers behaviours. Tell caregivers how you teach children about body parts, private parts and space, appropriate and inappropriate behaviours, and let them know how they can continue practicing these at home. If you are using any flashcards, visual schedules or other visuals in your teaching, you can also consider if you can make a set for the family, share a set, or show them to help them create their own.

Finally, one important aspect of caregiving is nutrition. Children with developmental disabilities may have various challenges in eating, for example because they have not learnt to bring some food to their mouth or chew, have physical or motor difficulties in eating liquid foods, or have sensory sensitivity needs that make them dislike some food textures. For these reasons, caregivers may focus on what is easier for the child to eat, and forget or neglect to focus on nutritional aspect. It can therefore be helpful to remind caregivers in a non-judgmental way about some key nutrition messages. What do you think these might be? [just spend 2-3 minutes for a few people to answer]

An important principle is that the diet should be diversified as much as possible, including moderate portions of multiple types of food every day from foods made with grains and cereals (such as injera, bread or kolo), to those made with legumes (such as peas, lentils, beans, shiro), to nuts and oilseeds (such as the nuts found in kolo, and sesame seeds), animal proteins (such as meat, fish, eggs, milk) and fruits and vegetables. The Ethiopian Ministry of Health recommends that caregivers should aim to give children grains, legumes, nuts or oilseeds, fruits, vegetables, and milk or milk products every day, and meat, fish or eggs only 3-6 times per week in total. Secondly, water should be drunk abundantly, a minimum of 8 large glasses per day. Finally, you can remind caregivers that sugars, sweets, soft drinks and salt should be limited.

In some cases, you may need to be mindful of the caregivers' difficulties. If a family struggles financially, consider what they may be able to do, ensuring some nutritional variety even when they may not be able to buy all the food types mentioned. If a child doesn't like some foods or textures, work with the caregiver to think about possible solutions. For example, would it help to blend solid foods or serve them cold instead of hot? Can a different way of cooking make a difference in the textures and the child's likes and dislikes? Could some disliked food be prepared with or hidden within preferred food? There may be many things to try, it may be a matter of being creative!

Activity 4

Aim: Reflecting on supporting caregivers

Activity: Group Brainstorming and Discussion

Duration: 35 minutes

Materials: Board/flipchart and marker + Slides 12-13 on personal device

Description:

1) Introduce the activity as follows: "As you know, caregivers of children with developmental disabilities may face many challenges and distress. Of course it is not your job to provide regular psychological support, but there are ways in which you may be able to help."
2) Divide participants in groups of 4-6 people

5) Ask groups to reflect for about 15 minutes on what challenges caregivers may face and in what ways they can help as teachers. They can first brainstorm challenges, then identify useful support strategies.
3) After 15-20 minutes, take 5 minutes to give examples of self-care tips based on the notes below and using the respective slide (Slide 13) and ask if any groups wants to share a specific strategy from their discussion that they think is particularly good (5 minutes).

Notes:

Especially when a developmental disability is first identified, a caregiver may find it really challenging to accept, feel guilty, think that the child will never learn anything or on the contrary have unrealistic expectations for the child's progress. So important steps that you can take at this stage involve raising the caregiver's awareness and helping them through acceptance, by letting them know that it is not their fault, that their child's disability is not a disease or illness that can be cured, but that he/she can learn and progress, though at a slower pace and with more support needs than other children.

But a caregiver can also have multiple struggles later on, with being perhaps isolated and abandoned by family and friends, discriminated against in the community, and/or so absorbed by caring responsibilities that they have little time for income-generating activities and for themselves. The first thing that you can do is meeting the caregiver regularly, being empathic and make the caregiver fell welcome in the school community. You can also encourage caregivers to find time for themselves, stressing the importance of their wellbeing for their caregiving role, and help them reach out to each other so that they can build a peer support group. As said earlier, it is not your role to provide regular psychological support. Instead, if you think a caregiver may need such help, you can encourage them to talk about it to a health worker.

Activity 5

Aim: Reflecting on self-care

Activity: Group Brainstorming and Discussion

Duration: 35 minutes

Materials: Board/flipchart and marker + Slides 14-15 on personal device

Description:

1) Introduce the activity as follows: "Caring for children with developmental and other disabilities can be distressful for you too as a teacher for multiple reasons. Sometimes you might feel isolated if the community and colleagues expect inclusion and care of children with disabilities to be your responsibility, and not of the whole community. It can also be difficult and emotional to see these children struggling and at times not progressing and empathising with them. Despite these difficulties, you may feel that you have more important tasks that caring for yourself,

but remember that self-care supports you to care for others. Neglecting yourself for too long may lead to burnout: this is a situation of high work stress, exhaustion and reduced focus, which can in turn make it harder for you to be able to care for the children too."

2) Divide participants in groups of 4-6 people
3) Ask groups to reflect for about 15 minutes on strategies for self-care, brainstorming and discussing in groups, similarly to the previous activity.
4) After 15-20 minutes, take 5 minutes to give examples of self-care tips based on the notes below and using the respective slide (Slide 15) and ask if any groups wants to share a specific strategy from their discussion that they think is particularly good (5 minutes).

Notes:

One important thing is focusing on the positives, on what you do well and on the children's progress. Remember to celebrate small wins. Your colleagues are also an important resource not only for your work, but also for self-care. When you are struggling and feel isolated, remember that you are a team. You can turn to each other for support, to problem-solve any barriers that you may be experiencing, or to simply share your thoughts and worries. For the latter, talking with friends and family can also help. Try to also get 7-8 hours of sleep and eat regularly and healthily. Also make sure to take some time in your day to engage in activities that make you feel calm: for example going for a walk, listen to the sound of the birds, sing, read, pray. A good activity for self-care is exercising, such as walking, running or playing sports. Participating in community groups such as religious group meetings, sport or hobby groups and family meetings and in social events can also be very good for your wellbeing. Finally, noticing when you feel stressed or have negative thoughts, taking a break and meditating and doing breathing exercises can often be a helpful way to deal with stress. These can also be opportunities to think about things you are thankful for in your day. You can also use this strategy in short breaks at work in stressful days. We will try this now.

Activity 6

Aim: Practicing breathing exercises

Activity: Breathing exercise

Duration: 10 minutes

Materials: /

Description:

1) Explain to participants that you are going to lead them through a calming breathing exercise that they can repeat on their own and if uncomfortable, participants can opt out of this activity.

2) Lead the activity saying: “When ready, sit comfortably with back straight. One hand on your belly, the other on your upper chest. Breathe in normal-sized breaths slowly and easily through your nose. Feel the hand on your belly move slowly in and out with each breath, while your upper hand stays mostly still. Find the rhythm of breathing. It may feel new to breathe into the bottom part of your chest or it may feel comfortable. If you feel dizzy or uncomfortable, stop and breathe regularly with your hands in place. With each breath, think the word “calm” or any other relaxing word.
3) Time this activity (3 minutes of calming breathing) and observe participants.
4) Offer guidance to any participants who are breathing quickly or who appear stressed.
5) Thank participants, remind them that they can repeat this to relax in stressful moments of their work and life, and conclude the training by thanking them for their participation.

School Visits

Visit to Specialised DD Centers

Objective: observing good practice in care and education for children with DD at different ages and levels, as relevant to special units, as well as generally to understand common needs and appropriate strategies to address them.

Method: guided visit, school-led, based on school staff's experience of similar visits

Important elements of the visit:

- Meeting children with DD of various ages, support needs, abilities, personalities
- Observing sensory stimulation strategies
- Observing how staff communicates with children with different communication skills
- Observing how staff teaches skills, literacy, and school subject at different levels and how materials are used

Visit to Best-practice Mainstream Government Primary School

Objective: observing good practice in including children with DD in regular resource centers, through multiple-class special units and inclusion in regular classes, to understand how good care and education for children with DD can be applied in regular government school settings.

Method: guided visit, school-led, based on school staff's experience of similar visits

Important elements of the visit:

- Meeting children with DD of various ages, support needs, abilities, personalities
- Observing the different special unit classes, how groups are divided and what different activities classes do, including what vocational skills are taught in this setting
- Observing how staff teaches skills, literacy, and school subject at different levels within the special unit
- Observing how lessons are taught in regular classes at different grades that include children with DD
- Observing how inclusive and special education are practiced with few resources

Supervised Practice & Continuous Supervision for Regular Class Teachers

Session A

Trainees' preparation: observe children with DD or suspected DD in your classes and come prepared with cases you can tell, either with free notes and memories, or with preliminarily completed forms for needs assessment (Session 2 materials) and for behavioural observation (Session 4 materials).

Session plan:

Activity	**Duration**	**Activity Type**	**Materials***
Wellbeing Start	10 minutes	Welcome and Breathing Exercise from Session 10	/
Activity 1: Session 2 practice	60 minutes	Practice needs assessments and general strategies to address needs, based on real cases	Needs assessment forms Anonymised cases told by trainees
Activity 2: Session 5 practice	60 minutes	Discuss behavioural challenges and plan how to address them, based on real cases	Anonymised cases told by trainees
Activity 3: Continuous supervision	30 minutes	Free discussion on difficulties trainees have experienced	/
Wellbeing End	5 minutes	Breathing Exercise from Session 10	/

*All activities: Manual; notepads and pens for participants

Focus for following month: make detailed needs assessments of children with DD or suspected DD in your classes, with general strategies to address their needs and behaviour.

Session B

Trainees' preparation: consider lessons you want to make plans for + month focus (make detailed needs assessments of children with DD or suspected DD in your classes, with general strategies to address their needs and behaviour).

Session plan:

Activity	Duration	Activity Type	Materials*
Wellbeing Start	10 minutes	Welcome and Breathing Exercise from Session 10	/
Activity 1: Session 4 practice	120 minutes	Practice lesson plans and incorporate adaptations, based on real cases	Anonymised completed assessment needs forms brought by trainees Lessons trainees wish to plan Lesson plan forms
Activity 2: Continuous supervision	30 minutes	Free discussion on difficulties trainees have experienced	/
Wellbeing End	5 minutes	Breathing Exercise from Session 10	/

*All activities: Manual; notepads and pens for participants

Focus for following month: ensure lesson plans include adaptations and accommodations

Subsequent Continuous Supervision Sessions

Session plan:

Activity	Duration	Activity Type	Materials*
Wellbeing Start	10 minutes	Welcome and Breathing Exercise from Session 10	/
Continuous supervision	45 minutes	Free discussion on difficulties trainees have experienced	/
Wellbeing End	5 minutes	Breathing Exercise from Session 10	/

Supervised Practice & Continuous Supervision for SNE Teachers

Session A

Trainees' preparation: observe children with DD in your classes and come prepared with cases you can tell (especially those for whom you are unsure of the level), either with free notes and memories, or with preliminarily completed forms for needs assessment (Session 2 materials).

Session plan:

Activity	**Duration**	**Activity Type**	**Materials***
Wellbeing Start	10 minutes	Welcome and Breathing Exercise from Session 10	/
Activity 1: Sessions 2 & 3 practice	60 minutes	Practice needs assessments and level identification, based on real cases	Needs assessment forms School special unit level criteria Anonymised cases told by trainees
Activity 2: Session 8 practice	60 minutes	Practice IEPs, based on real cases	IEPs forms Anonymised completed assessment needs forms from previous activity
Activity 3: Continuous supervision	30 minutes	Free discussion on difficulties trainees have experienced	/
Wellbeing End	5 minutes	Breathing Exercise from Session 10	/

*All activities: Manual; notepads and pens for participants

Focus for following month: make detailed needs assessments and IEPs for children with DD in your classes.

Session B

Trainees' preparation: consider units, lessons and skills-teaching sessions you want to make plans for + month focus (make detailed needs assessments and IEPs for children with DD in your classes).

Session plan:

Activity	Duration	Activity Type	Materials*
Wellbeing Start	10 minutes	Welcome and Breathing Exercise from Session 10	/
Activity 1: Session 8 practice	60 minutes	Practice year/unit plans and incorporate general adaptations, based on real IEPs	Anonymised IEPs brought by trainees Units trainees wish to plan (can be the rest of the year) Unit plan forms
Activity 2: Sessions 4 & 7 practice	60 minutes	Practice lesson plans and skill-teaching plans and incorporate adaptations, based on real cases	Anonymised IEPs brought by trainees Lessons and skills trainees wish to plan Lesson plan forms Skill-teaching plan forms
Activity 3: Continuous supervision	30 minutes	Free discussion on difficulties trainees have experienced	/
Wellbeing End	5 minutes	Breathing Exercise from Session 10	/

*All activities: Manual; notepads and pens for participants

Focus for following month: make and use unit/lesson/skill-teaching plans and take post-implementation notes.

Session C

Trainees' preparation: observe the behaviour of children with DD in your classes and come prepared with cases of behavioural challenges you can tell, either with free notes and memories, or with preliminarily completed forms for behavioural observation (Session 5 materials) + month focus (make and use unit/lesson/skill-teaching plans and take post-implementation notes).

Session plan:

Activity	Duration	Activity Type	Materials*
Wellbeing Start	10 minutes	Welcome and Breathing Exercise from Session 10	/
Activity 1: Session 8 practice	60 minutes	Practice self-evaluation and adapting/improving plans	Plans and notes brought by trainees
Activity 2: Session 5 practice	60 minutes	Discuss behavioural challenges and plan how to address them, based on real cases	Anonymised cases told by trainees
Activity 3: Continuous supervision	30 minutes	Free discussion on difficulties trainees have experienced	/
Wellbeing End	5 minutes	Breathing Exercise from Session 10	/

*All activities: Manual; notepads and pens for participants

Subsequent Continuous Supervision Sessions

Session plan:

Activity	Duration	Activity Type	Materials*
Wellbeing Start	10 minutes	Welcome and Breathing Exercise from Session 10	/
Continuous supervision	45 minutes	Free discussion on difficulties trainees have experienced	/
Wellbeing End	5 minutes	Breathing Exercise from Session 10	/