



Spark



With Children in the **MIDDLE!**

Mainstreaming and **I**nclusion of children
with **D**evelopmental **D**isabilities in **L**earning
in **E**thiopia

A Training Programme for Teachers in Ethiopian
Regular Primary Schools and Kindergartens
(Participant's Manual)

in partnership with:



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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
Welcome	10 minutes	Introduction
Activity 1	30 minutes	Group Work
Activity 2	40 minutes	Informative Session
Activity 3	20 minutes	Discussion
Activity 4	20 minutes	Collaborative Brainstorming
Activity 5	30 minutes	Informative Session

Activity 1

TASK A)

Which of these children have a developmental disability, such as autism, or intellectual disability or another developmental condition that affects behaviour, cognition, and/or communication?

- 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.

TASK B)

Which of the following statements on developmental disabilities are true and which are false?

- 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

The facilitator will provide you with the answers to the activities above and present you with introductory information on the inclusion of children with developmental disabilities. You can find summary notes at page 7 of this manual.

Activity 3

What experiences can you share about working with children with developmental disabilities? What hopes for the future?

Activity 4

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

Activity 5

The facilitator will present you with information on promoting inclusion of children with developmental disabilities among peers in the classroom. You can find summary notes at page 7 of this manual.



Content Notes

- Child development is the process of growing and acquiring new skills (for example, walking and grasping objects, communicating, playing, and interacting with others). All children are different and develop at different paces, but all typically developing children acquire skills approximately around the same age.
- Developmental disabilities are delays or differences in child development that cause a significant impact on the child's day-to-day functioning, cognition, behaviour and communication, such as autism, intellectual disabilities, attention-deficit hyperactivity disorder and communication disabilities. Children with developmental disabilities acquire some skills much later than other children, or do not acquire them.
- While “developmental disabilities” is considered an appropriate term, “mental retardation”, “deficiency”, “cretinism”, “handicap” and “abnormality” are considered discriminatory.
- Children with physical, motor or sensory disabilities or with very specific difficulties in pronouncing words, reading, writing, or counting may often not have any intellectual disabilities, nor additional social or behavioural difficulties.
- The precise causes of developmental disabilities are unknown, but we know from science and research is that they are a disability and could happen to anyone. They are not punishments, curses, or evil spirits and are not caused by life experiences such as bad parenting.
- Developmental disabilities are not diseases, but conditions: people with developmental disabilities need to be accepted as people that behave differently and are not contagious.
- Children with developmental disabilities have some difficulties learning and tend to learn more slowly than other children, but they have the capacity to learn practical skills as well as academic subjects and to become productive members of the society with the appropriate support.
- Some, but not all, children with developmental disabilities may present behavioural challenges, such as screaming and crying, or having trouble to sit still. This is part of their disability and is not intentional.
- Children with developmental disabilities need as much love and patience as other children and they have a right to quality education and the right to be treated equally as others and not be discriminated against. By

Ethiopian law, they also have the right to attend any government schools, and principals cannot decide to reject them.

- To promote inclusion among peers you can:
 - Raise their awareness on the fact that all people have strengths and weaknesses, many may have various kinds of difficulties and all deserve to be respected and included.
 - At a time when any children with disabilities are not in the class, explain some of their needs, in a way that helps children understand and does not emphasise difficulties. For example, “Tizita may need a bit more time to learn things” rather than “Tizita has learns slowly”.
 - Support extracurricular activities such as inclusion clubs and awareness raising mini-media programmes.
 - Use role play of social situations and group work to actively promote children’s interaction and facilitate inclusion.
 - Give children roles and responsibilities to care for a child with developmental disabilities and promote their inclusion (“guardian angels”, “mentors” or “buddies”)
 - Be a role model, show patience and love towards children with developmental disabilities and trust them with small responsibilities.

Additional Resources

You can read more about these topics in:

Government of India National Trust (n.d.). *Inclusion of Children with Autism: Handbook for Teachers*. Government of India National Trust. <http://enabled.in/wp/wp-content/uploads/2011/07/Inclusion-of-Children-with-Autism-Handbook.pdf> (sections 11.2 and 13)

Haddad, C., Watterdal, T., Vongsing, P. (2015). Introduction. In *Teaching Children with Disabilities in Inclusive Settings*. United Nations Educational, Scientific and Cultural Organization. <https://unesdoc.unesco.org/ark:/48223/pf0000182975?1=null&queryId=2e25e970-5760-44a8-8ce6-7b23e535fe7a>

Teacher Empowerment for Disability Inclusion (TEDI) team (2019). Chapter 1: Understanding disability. In *Educating and Caring for Children with Profound Intellectual Disability: A manual for carers and teachers*. TEDI. http://www.idea.uct.ac.za/sites/default/files/image_tool/images/578/resources/2020/5.%20Educating%20and%20Caring%20for%20Children%20with%20Profound%20Intellectual%20Disability%20Combined.pdf

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

Learning Outcomes

- Understanding common needs of children with developmental disabilities in school and classroom environments
- Identifying 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
Activity 1	30 minutes	Informative Session
Activity 2	50 minutes	Group Work
Activity 3	40 minutes	Role Play and Discussion
Activity 4	15 minutes	Collaborative Brainstorming
Activity 5	20 minutes	Competency Training Session

Activity 1

The facilitator will present you with information on common needs of children with developmental disabilities. You can find summary notes at page 13 of this manual.

Activity 2

A)

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?

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)

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?

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)

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?

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.

Activity 3

If you are not assigned a role, please observe and/or simulate quiet students in the play.

A)

Regular class setting. Lidya has a diagnosed developmental disability.

B)

Special unit class setting.

Activity 4

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?

At page 16 of this manual you can find a needs assessment template.

Activity 5

At page 18 of this manual you can find a health services referral form template. The facilitator will give you a brief presentation on how to use it. You can find summary notes at page 13 of this manual.

Content Notes

- Children with DD can have a variety of difficulties and needs and one child with DD is never the same of another, just like no child or person in general is ever the same of another.
- Knowing what these difficulties can be can help you:
 - Assess the needs of a child with DD to better address them and prevent crisis caused by unaddressed needs;
 - Identify possible developmental concerns in undiagnosed children.
- At page 16 of this manual you can find a needs assessment template. Needs assessment can be low-intensity, conducted through:
 - A few repeated observations at the start of each academic year in class and recreation settings, both in natural situations and when asking children to complete specific tasks (write, draw, play with a ball, academic tasks at different levels);
 - Communication with children and caregivers.
- When identifying possible developmental concerns in undiagnosed children, you can refer the caregiver to a health centre. At page 18 of this manual you can find a health services referral form template. To use it:
 - Try to think about what difficulties and peculiar behaviours the child has, compared to other children.
 - Cross all areas of the checklist in which you have noticed potential concerns.
 - Don't worry about getting it "wrong": you are not supposed to be certain!
 - Take a few minutes to provide context and clarifications in the given box: you know the child in a way that may be very helpful to the health worker.
 - Avoid discriminatory language and try to describe rather than writing general judgements (rule of thumb: avoid the verb "to be", use activity verbs instead).
 - Leave the form for the health worker attached to your own.
 - When you give the form to the caregiver, explain your concerns with compassion, ask what they have noticed and what their plan is, let them know that yours is not a definite diagnosis and that a diagnosis

from a health professional may help teachers to address the child's needs at school.

Common needs

The table below presents common needs and difficulties of children with DD.

Area of Difficulty	Examples
Cognitive Functioning	<ul style="list-style-type: none"> • Reasoning • Problem solving • Logic • Planning • Learning • Memory • Focus
Practical Skills	<ul style="list-style-type: none"> • Daily living skills • Self-care skills • Playing • Using objects
Communication	<ul style="list-style-type: none"> • Difficulty understanding communication • Literal understanding of language • May not speak at all, speak very rarely or only be able to speak a few words or sentences • Difficulties in communicating through gesturing and pointing
Social Behaviour	<ul style="list-style-type: none"> • Difficulty following class rules or game rules • Difficulty taking turns • Difficulty understanding of others' feelings/intentions • May say/do inappropriate things
Behavioural Difficulties	<ul style="list-style-type: none"> • Easily distracted or forgetful • Very talkative • Moving around a lot • Emotional outbursts
Sensory Sensitivity Needs	<ul style="list-style-type: none"> • Under sensitive: may not notice the pain, hold objects very close to see, smell or hear them, make small repetitive movements • Over sensitive: may be distressed by touch, sounds, bright lights, smells or get easily distracted by images, sounds, movement
Structure Needs	<ul style="list-style-type: none"> • A child needing structure in space may need welcoming furniture and furnishings, quiet corner, labels on areas and equipment • A child needing structure in time may need lesson timetables, scheduling of activities, minimisation and explanation of sudden changes

Additional Resources

You can read or hear more about these topics in the following resources. Note that some of them focus on one specific diagnosis but may present information on assessment methods and environment adaptations that are relevant to other developmental disabilities.

Government of India National Trust (n.d.). *Inclusion of Children with Autism: Handbook for Teachers*. Government of India National Trust.

<http://enabled.in/wp/wp-content/uploads/2011/07/Inclusion-of-Children-with-Autism-Handbook.pdf> (sections 3, 4, 11)

Juntos (n.d.). *Playing together*. Ubuntu hub.

<https://www.youtube.com/watch?v=JlC8Zsmint8&t=14s>

Juntos (n.d.) *Seizures*. Ubuntu hub.

<https://www.youtube.com/watch?v=Kf6Gtj-KmRk>

Nguyen, A. (2010). *Environment and Surroundings: How to make them autism-friendly*. Autism South Africa.

<https://aut2know.co.za/wp-content/uploads/Environment-and-surroundings.pdf>

Teacher Empowerment for Disability Inclusion (TEDI) team (2019). Chapter 1: Understanding disability. In *Educating and Caring for Children with Profound Intellectual Disability: A manual for carers and teachers*. TEDI.

http://www.idea.uct.ac.za/sites/default/files/image_tool/images/578/resources/2020/5.%20Educating%20and%20Caring%20for%20Children%20with%20Profound%20Intellectual%20Disability%20Combined.pdf

Teacher Empowerment for Disability Inclusion (TEDI) team (2019). Chapter 2: Acknowledging and supporting children with disabilities. In *Educating and Caring for Children with Profound Intellectual Disability: A manual for carers and teachers*. TEDI.

http://www.idea.uct.ac.za/sites/default/files/image_tool/images/578/resources/2020/5.%20Educating%20and%20Caring%20for%20Children%20with%20Profound%20Intellectual%20Disability%20Combined.pdf

Sarva Shiksha Abhiyan team (n.d.). Section 3: Assessment, Evaluation and Curricular Adaptations. In *Training Module on Autism Spectrum Disorders*. Indian Government.

<http://14.139.60.153/bitstream/123456789/1585/1/Training%20Module%20on%20Autism%20Spectrum%20Disorders.pdf>

Sangath India (n.d.). *Recognising Autism*. Sangath India.

<https://www.youtube.com/watch?v=UEBBfZRo-r4>

Needs Assessment Template

Student: Grade: Teacher:	
Profile	Strategies and Accommodations
Motor difficulties	
Support needs for activities and daily living skills: list all activities and needs	
Intellectual difficulties	
Understanding difficulties	
Communication: How does the student communicate? Verbally Gestures Sign Language Pictures/Objects None of the above Any other:	
Sensory needs	

Social difficulties	
Stressors: list the events or situations the student may find stressful	
Behaviour (list any peculiar behaviour)	
Other needs	
Strengths: list the activities, games and sports the student does well	
Reinforcers: list the highly preferred reinforcers (items, activities, etc.)	
Dislikes: list the things (items, activities, etc.) the student dislikes	
Interests: List the activities, games and sports the student enjoys	

Student: School: Grade: Parent/Caregiver: Teacher completing the form: Date of form completion:
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How long have you known the child for? _____

Are you referring the child for an injury or physical health concern/pain? Y / N

If you have answered Yes, please describe the injury and event when it happened or the health concern in the box below.

--

Are you referring the child for a disability concern? Y / N

If you have answered Yes, answer the question below by completing the checklist.

What concerns do you have about the child? Please cross all that apply:

- Vision difficulties
- Hearing difficulties
- Motor difficulties
- Seizures
- Difficulties reading
- Difficulties counting
- Cognitive difficulties
- Difficulties understanding
- Communication difficulties
- Social interaction difficulties

- Difficulties playing, performing daily living activities, or other activities
- High sensitivity to sensory stimuli
- Low sensitivity to sensory stimuli
- Attention difficulties, getting distracted
- Very talkative when not required or allowed
- Wanders when not required or allowed
- Behavioural outbursts
- Unexplained repetitive behaviours
- Other behavioural difficulties
- Other concerns. Please write your concern: _____

If you can provide more context or clarification of your concerns briefly do so in the box below.

Information for the Health Professional: this form has been provided to teachers to support them in referring their concerns to Health Centers. The following page includes a form for you to complete and send back to the teacher through the parent/caregiver if appropriate and if the child has been referred for disability concerns. Please consider doing this, as your recommendations may greatly support teachers in their practice.

Student: School: Grade: Parent/Caregiver: Referring teacher: Health professional completing the form: Date of health assessment:
--

Have you found any disability or behavioural concerns in the child? Y / N

Have you referred the child for formal diagnosis? Y / N

If you have answered Yes to any of the two questions above, please report the concerns found.

--

Please indicate your recommendations for the teacher (for example, does the child need to sit closer to the teacher / board, what support they need)

--

Are you happy for the teacher to contact you? If so, please include your phone number: _____

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
Activity 1	15 minutes	Introductory Collaborative Brainstorming
Activity 2	40 minutes	Informative Session
Activity 3	35 minutes	Group Work
Activity 4	40 minutes	Group Work
Activity 5	50 minutes	Group Work

Activity 1

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?

Activity 2

The facilitator will present you with information on teaching adaptations. You can find summary notes at page 24 of this manual.

Activity 3

A)

What adaptations would most benefit the child presented in the vignette below?

Additionally, how could you also adapt assessments/evaluations for this child?

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)

What adaptations would most benefit the child presented in the vignette below?

Additionally, how could you also adapt assessments/evaluations for this child?

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.

Activity 4

In your groups, think about different needs of children in your classes. Then, create a lesson plan to teach the lesson below to a grade 1 class addressing all children's needs. You can use the template at page 27 of this manual to help you structure the lesson plan.

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: <ul style="list-style-type: none">• exchange greetings• say sentences that express their personal details• name some classroom objects	<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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

Activity 5

In your groups, think about how you can use the materials you were given to teach one primary school class in any grade and any primary school subject. You can use all items we gave you, or just some of them and you can use them separately or create something using the resources together.

Content Notes

- All children are different in interests, learning abilities, understanding.
- Adapting the curriculum and teaching method means teaching in a way that gives all children an opportunity to learn.
- It involves selecting content, presenting it and promoting learning of it in a way that makes the content accessible to all children.
- In a regular class, you do not need to make adaptations for each individual child's needs.
- Knowing the individual needs of children with disabilities is helpful to make sure that your planned adaptations also meet their special needs.
- You can engage children's attention and promote their learning by using multiple teaching methods and activities.
- You can address the difference in children's academic levels by trying to present content at multiple levels and ensuring that children know what the key pieces of information to know and key skills to have are.
- You can adapt your communication by:
 - Not talking with your back to the class
 - Talking clearly using simple words
 - Using concrete day/to/day examples
 - Using one-step instructions
 - Promoting peer support and mediation
- You can adapt assessments by:
 - Allowing responses orally instead of in writing
 - Allowing responses in other methods (drawing, pointing)
 - Dividing tasks/assignments into parts given one at a time
 - Giving additional time to complete assessments when needed
 - Administering group assessments as well as individual
 - Giving frequent quizzes (every other day, weekly) on specified topics instead of one long unit test

- Lesson plans (see template at page 27) are helpful to plan for adaptations.
- Concrete resources are very helpful to engage children with DD and all children and promote their learning, and can often be made from simple available materials.

Varying teaching methods

The table below presents some example teaching methods that you can use in various combinations to ensure that content is presented in multiple ways:

Strategy	Use
Gestures and board writing	<ul style="list-style-type: none"> • Accompany oral explanation • Help kids learn through visual learning*
Read texts out loud	<ul style="list-style-type: none"> • All children can follow the reading together • Helps kids learn through auditory learning*
Written and colour-coded handouts	<ul style="list-style-type: none"> • Help kids learn through visual learning* • All children get notes of key concepts
Flashcards and concrete objects	<ul style="list-style-type: none"> • Help kids learn through visual learning* • Help kids learn through kinesthetic learning*
Stories, songs, rhymes	<ul style="list-style-type: none"> • Engage attention • Help kids learn through visual learning* • Stimulate memory
Posters of key concepts	<ul style="list-style-type: none"> • Help kids learn through visual learning • Help kids learn through kinesthetic and interactive learning*
Role plays and other games	<ul style="list-style-type: none"> • Engage attention • Help kids learn through kinesthetic and interactive learning*
Group work and pair work	<ul style="list-style-type: none"> • Engage attention • Help kids learn through kinesthetic and interactive learning* • Help kids get peer support

*Visual learning is learning by seeing, auditory learning is learning by listening, tactile/kinesthetic learning is learning by physically moving, touching and experiencing. Interactive learning means that children are actively engaged in the learning process, not just receivers.

Additional Resources

You can read more about these topics in:

Gregory, B, Hawkins, P. Beckman, P.J. & Montagna, D. (2019). Module I, Universal Design for Learning. In Beckman, P.J. & Montagna, D. *Comunidades Inclusivas Module Series*. International Partners.

<https://www.firah.org/en/supporting-the-inclusion-of-invisible-children-and-youth-with-disabilities-and-their-families-in-rural-el-salvador.html>

Sarva Shiksha Abhiyan team (n.d.). Section 2: Teaching and Learning In *Training Module on Autism Spectrum Disorders*. Indian Government.

<http://14.139.60.153/bitstream/123456789/1585/1/Training%20Module%20on%20Autism%20Spectrum%20Disorders.pdf>

United Nations Educational, Scientific and Cultural Organization (2001). UNIT 2: Assessing Needs. In *Understanding and Responding to Children's Needs in Inclusive Classrooms*. UNESCO

<https://www.eenet.org.uk/resources/docs/124394e.pdf> (pages 54-61)

Lesson Plan Templates

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

Lesson Plan Templates

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

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
Activity 1	30 minutes	Introductory Collaborative Brainstorming
Activity 2	30 minutes	Informative Session
Activity 3	50 minutes	Role Play and Discussion
Activity 4	15 minutes	Collaborative Brainstorming
Activity 5	30 minutes	Group Work

Activity 1

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

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?

Activity 2

The facilitator will present you with information on behavioural challenges. You can find summary notes at page 38 of this manual.

Activity 3

If you are not assigned a role, please observe and complete observation tables at page 35 of this manual (one table for each scene, three for each scenario).

A)

Regular class setting. Abel has a diagnosed developmental disability.

B)

Regular class setting. Ruth has a diagnosed developmental disability.

Activity 4

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

Activity 5

The facilitator will present you with information on behavioural management strategies. You can find summary notes at page 32 of this manual.



Content Notes

- 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 behaviour.
- Every child is different, but some examples are crying, screaming, moving fast and running around, moving or producing sounds, or in some cases becoming aggressive towards others or themselves (for example biting, banging their heads, etc.).
- Challenging behaviour always has a reason and/or a scope.
- Possible reasons include a discomfort the child cannot communicate (frustration, sensory over or under stimulation, unexpected change, boredom, hunger, pain, etc.) and wanting attention, control, or a preferred object or activity.
- It is important to notice newly arising challenging behaviour, as they may be signaling new situations of discomfort such as illness or anxiety.
- Strategies to limit challenging behaviour due to discomfort are limiting the discomfort (appropriate structure, stimulation, task level) and teaching children alternative ways to communicate it (images, gestures).
- Strategies to limit challenging behaviour due to wanting attention, control (choice), objects, activities involve giving more regular access to these.
- However, giving the child's the attention, control, object or activity they want during or immediately after the challenging behaviour reinforces the behaviour (that is, makes it more frequent).
- Other strategies to limit challenging behaviour include calming the child after initial signs of agitation (for example repetitive sounds, fast repetitive movements, becoming disengaged, looking around) and offering alternative behaviours (that is, behaviours that address the need or reduce discomfort but are not harmful or disruptive).
- Effective class rules are:
 - Limited in number
 - Specific and easy to understand

- Focused on the positive
 - Visible
 - Taught and reiterated regularly
 - Linked to known consequences
- Consequences can be punishments and rewards.
 - Corporal punishment is ineffective, harmful and illegal.
 - Time-out strategies remove rewards and preferred activities from children and/or remove the children from a preferred situation. They must:
 - Be limited in time
 - Not deprive children of key learning opportunities
 - Not give positive reinforcement
 - Not punish children for behaviours they cannot control
 - Rewards are objects or activities that children enjoy that are used as reinforcement of desired behaviour. Verbal praises should be used as preferred rewards whenever possible, but other rewards may be more effective for more challenging situations.
 - At page 38 of this manual you can find a behaviour observation Before-During-After template. This template helps you identify patterns of what happens before, during, and after challenging behaviours, because:
 - 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.
 - If you identify and recognise signs that a child is agitated, you can help the child go back to a calm state and prevent challenging behaviour.

Additional Resources

You can read or hear more about these topics in:

Gregory, B, Hawkins, P. Beckman, P.J. & Montagna, D. (2019). Module II, Positive Behavior Support. In Beckman, P.J. & Montagna, D. *Comunidades Inclusivas Module Series*. International Partners.

<https://www.firah.org/en/supporting-the-inclusion-of-invisible-children-and-youth-with-disabilities-and-their-families-in-rural-el-salvador.html>

Government of India Department of Education of Groups with Special Needs and National Council of Educational Research and Training (2019). Part III: Delving Deeper into Behavioural Manifestation. In *Including Children with Autism in Primary Classrooms: A Teacher's Handbook*. Government of India National Council of Educational Research and Training.

https://ncert.nic.in/pdf/publication/otherpublications/Including_Children_with_Autism_in_Primary_Classrooms.pdf

Autism by Zemi Yenus (n.d.). Tsehay loves learning.

https://www.facebook.com/watch/?v=890845418357161&extid=NS-UNK-UNK-UNK-AN_GK0T-GK1C&ref=sharing

World Health Organization. Module 10: Understanding your child's behaviour. In *eLearning Caregiver Skills Training*. OpenWHO.

<https://openwho.org/courses/caregiver-skills-training>

World Health Organization. Module 11: Preventing challenging behaviour - Helping children stay engaged and regulated. In *eLearning Caregiver Skills Training*. OpenWHO.

<https://openwho.org/courses/caregiver-skills-training>

World Health Organization. Module 12: Understanding the Reasons for Challenging Behaviour. In *eLearning Caregiver Skills Training*. OpenWHO.

<https://openwho.org/courses/caregiver-skills-training>

World Health Organization. Module 13: Teaching alternatives to challenging behaviours. In *eLearning Caregiver Skills Training*. OpenWHO.

<https://openwho.org/courses/caregiver-skills-training>

Before-During-After Templates (exercise)

Scenario A, Scene 1

BEFORE	DURING	AFTER
<p>What happened first?</p> <p><input type="checkbox"/> Asked for something</p> <p> <input type="checkbox"/> Got it</p> <p> <input type="checkbox"/> Did not get it</p> <p><input type="checkbox"/> Someone came in</p> <p><input type="checkbox"/> Unexpected change</p> <p><input type="checkbox"/> Subject transition</p> <p><input type="checkbox"/> Activity transition</p> <p><input type="checkbox"/> Noise</p> <p><input type="checkbox"/> Intense light</p> <p><input type="checkbox"/> Quiet time</p> <p><input type="checkbox"/> Comment/request by adult or peer</p> <p><input type="checkbox"/> Other/Explain:</p> <p>The child did:</p>	<p>Where did the behaviour happen?_____</p> <p>What did he/she do?</p> <p><input type="checkbox"/> Refused to comply</p> <p><input type="checkbox"/> Laid on floor</p> <p><input type="checkbox"/> Ran</p> <p><input type="checkbox"/> Screamed</p> <p><input type="checkbox"/> Cried</p> <p><input type="checkbox"/> Threw objects</p> <p><input type="checkbox"/> Hit or bit someone</p> <p><input type="checkbox"/> Hurt self</p> <p><input type="checkbox"/> Took objects without permission</p> <p><input type="checkbox"/> Other/Explain:</p>	<p>How long did the episode last?_____</p> <p>What happened then?</p> <p><input type="checkbox"/> Took a break</p> <p><input type="checkbox"/> Removed from room</p> <p><input type="checkbox"/> Got a reward</p> <p><input type="checkbox"/> Missed an expected reward</p> <p><input type="checkbox"/> Time out</p> <p><input type="checkbox"/> Extra tasks</p> <p><input type="checkbox"/> Ignored</p> <p><input type="checkbox"/> Peers/adults laughed</p> <p><input type="checkbox"/> Peers/adults got angry</p> <p><input type="checkbox"/> Preferred activity</p> <p><input type="checkbox"/> Other/Explain:</p>

Scenario A, Scene 2

BEFORE	DURING	AFTER
<p>What happened first?</p> <p><input type="checkbox"/> Asked for something</p> <p> <input type="checkbox"/> Got it</p> <p> <input type="checkbox"/> Did not get it</p> <p><input type="checkbox"/> Someone came in</p> <p><input type="checkbox"/> Unexpected change</p> <p><input type="checkbox"/> Subject transition</p> <p><input type="checkbox"/> Activity transition</p> <p><input type="checkbox"/> Noise</p> <p><input type="checkbox"/> Intense light</p> <p><input type="checkbox"/> Quiet time</p> <p><input type="checkbox"/> Comment/request by adult or peer</p> <p><input type="checkbox"/> Other/Explain:</p> <p>The child did:</p>	<p>Where did the behaviour happen?_____</p> <p>What did he/she do?</p> <p><input type="checkbox"/> Refused to comply</p> <p><input type="checkbox"/> Laid on floor</p> <p><input type="checkbox"/> Ran</p> <p><input type="checkbox"/> Screamed</p> <p><input type="checkbox"/> Cried</p> <p><input type="checkbox"/> Threw objects</p> <p><input type="checkbox"/> Hit or bit someone</p> <p><input type="checkbox"/> Hurt self</p> <p><input type="checkbox"/> Took objects without permission</p> <p><input type="checkbox"/> Other/Explain:</p>	<p>How long did the episode last?_____</p> <p>What happened then?</p> <p><input type="checkbox"/> Took a break</p> <p><input type="checkbox"/> Removed from room</p> <p><input type="checkbox"/> Got a reward</p> <p><input type="checkbox"/> Missed an expected reward</p> <p><input type="checkbox"/> Time out</p> <p><input type="checkbox"/> Extra tasks</p> <p><input type="checkbox"/> Ignored</p> <p><input type="checkbox"/> Peers/adults laughed</p> <p><input type="checkbox"/> Peers/adults got angry</p> <p><input type="checkbox"/> Preferred activity</p> <p><input type="checkbox"/> Other/Explain:</p>

Scenario A, Scene 3

BEFORE	DURING	AFTER
<p>What happened first?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asked for something <ul style="list-style-type: none"> <input type="checkbox"/> Got it <input type="checkbox"/> Did not get it <input type="checkbox"/> Someone came in <input type="checkbox"/> Unexpected change <input type="checkbox"/> Subject transition <input type="checkbox"/> Activity transition <input type="checkbox"/> Noise <input type="checkbox"/> Intense light <input type="checkbox"/> Quiet time <input type="checkbox"/> Comment/request by adult or peer <input type="checkbox"/> Other/Explain: <p>The child did:</p>	<p>Where did the behaviour happen? _____</p> <p>What did he/she do?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refused to comply <input type="checkbox"/> Laid on floor <input type="checkbox"/> Ran <input type="checkbox"/> Screamed <input type="checkbox"/> Cried <input type="checkbox"/> Threw objects <input type="checkbox"/> Hit or bit someone <input type="checkbox"/> Hurt self <input type="checkbox"/> Took objects without permission <input type="checkbox"/> Other/Explain: 	<p>How long did the episode last? _____</p> <p>What happened then?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Took a break <input type="checkbox"/> Removed from room <input type="checkbox"/> Got a reward <input type="checkbox"/> Missed an expected reward <input type="checkbox"/> Time out <input type="checkbox"/> Extra tasks <input type="checkbox"/> Ignored <input type="checkbox"/> Peers/adults laughed <input type="checkbox"/> Peers/adults got angry <input type="checkbox"/> Preferred activity <input type="checkbox"/> Other/Explain:

Scenario B, Scene 1

BEFORE	DURING	AFTER
<p>What happened first?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asked for something <ul style="list-style-type: none"> <input type="checkbox"/> Got it <input type="checkbox"/> Did not get it <input type="checkbox"/> Someone came in <input type="checkbox"/> Unexpected change <input type="checkbox"/> Subject transition <input type="checkbox"/> Activity transition <input type="checkbox"/> Noise <input type="checkbox"/> Intense light <input type="checkbox"/> Quiet time <input type="checkbox"/> Comment/request by adult or peer <input type="checkbox"/> Other/Explain: <p>The child did:</p>	<p>Where did the behaviour happen? _____</p> <p>What did he/she do?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refused to comply <input type="checkbox"/> Laid on floor <input type="checkbox"/> Ran <input type="checkbox"/> Screamed <input type="checkbox"/> Cried <input type="checkbox"/> Threw objects <input type="checkbox"/> Hit or bit someone <input type="checkbox"/> Hurt self <input type="checkbox"/> Took objects without permission <input type="checkbox"/> Other/Explain: 	<p>How long did the episode last? _____</p> <p>What happened then?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Took a break <input type="checkbox"/> Removed from room <input type="checkbox"/> Got a reward <input type="checkbox"/> Missed an expected reward <input type="checkbox"/> Time out <input type="checkbox"/> Extra tasks <input type="checkbox"/> Ignored <input type="checkbox"/> Peers/adults laughed <input type="checkbox"/> Peers/adults got angry <input type="checkbox"/> Preferred activity <input type="checkbox"/> Other/Explain:

Scenario B, Scene 2

BEFORE	DURING	AFTER
<p>What happened first?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asked for something <ul style="list-style-type: none"> <input type="checkbox"/> Got it <input type="checkbox"/> Did not get it <input type="checkbox"/> Someone came in <input type="checkbox"/> Unexpected change <input type="checkbox"/> Subject transition <input type="checkbox"/> Activity transition <input type="checkbox"/> Noise <input type="checkbox"/> Intense light <input type="checkbox"/> Quiet time <input type="checkbox"/> Comment/request by adult or peer <input type="checkbox"/> Other/Explain: <p>The child did:</p>	<p>Where did the behaviour happen? _____</p> <p>What did he/she do?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refused to comply <input type="checkbox"/> Laid on floor <input type="checkbox"/> Ran <input type="checkbox"/> Screamed <input type="checkbox"/> Cried <input type="checkbox"/> Threw objects <input type="checkbox"/> Hit or bit someone <input type="checkbox"/> Hurt self <input type="checkbox"/> Took objects without permission <input type="checkbox"/> Other/Explain: 	<p>How long did the episode last? _____</p> <p>What happened then?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Took a break <input type="checkbox"/> Removed from room <input type="checkbox"/> Got a reward <input type="checkbox"/> Missed an expected reward <input type="checkbox"/> Time out <input type="checkbox"/> Extra tasks <input type="checkbox"/> Ignored <input type="checkbox"/> Peers/adults laughed <input type="checkbox"/> Peers/adults got angry <input type="checkbox"/> Preferred activity <input type="checkbox"/> Other/Explain:

Scenario B, Scene 3

BEFORE	DURING	AFTER
<p>What happened first?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asked for something <ul style="list-style-type: none"> <input type="checkbox"/> Got it <input type="checkbox"/> Did not get it <input type="checkbox"/> Someone came in <input type="checkbox"/> Unexpected change <input type="checkbox"/> Subject transition <input type="checkbox"/> Activity transition <input type="checkbox"/> Noise <input type="checkbox"/> Intense light <input type="checkbox"/> Quiet time <input type="checkbox"/> Comment/request by adult or peer <input type="checkbox"/> Other/Explain: <p>The child did:</p>	<p>Where did the behaviour happen? _____</p> <p>What did he/she do?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refused to comply <input type="checkbox"/> Laid on floor <input type="checkbox"/> Ran <input type="checkbox"/> Screamed <input type="checkbox"/> Cried <input type="checkbox"/> Threw objects <input type="checkbox"/> Hit or bit someone <input type="checkbox"/> Hurt self <input type="checkbox"/> Took objects without permission <input type="checkbox"/> Other/Explain: 	<p>How long did the episode last? _____</p> <p>What happened then?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Took a break <input type="checkbox"/> Removed from room <input type="checkbox"/> Got a reward <input type="checkbox"/> Missed an expected reward <input type="checkbox"/> Time out <input type="checkbox"/> Extra tasks <input type="checkbox"/> Ignored <input type="checkbox"/> Peers/adults laughed <input type="checkbox"/> Peers/adults got angry <input type="checkbox"/> Preferred activity <input type="checkbox"/> Other/Explain:

Before-During-After Template

BEFORE	DURING	AFTER
<p>What happened first?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asked for something <ul style="list-style-type: none"> <input type="checkbox"/> Got it <input type="checkbox"/> Did not get it <input type="checkbox"/> Someone came in <input type="checkbox"/> Unexpected change <input type="checkbox"/> Subject transition <input type="checkbox"/> Activity transition <input type="checkbox"/> Noise <input type="checkbox"/> Intense light <input type="checkbox"/> Quiet time <input type="checkbox"/> Comment/request by adult or peer <input type="checkbox"/> Other/Explain: <p>The child did:</p>	<p>Where did the behaviour happen? _____</p> <p>What did he/she do?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Refused to comply <input type="checkbox"/> Laid on floor <input type="checkbox"/> Ran <input type="checkbox"/> Screamed <input type="checkbox"/> Cried <input type="checkbox"/> Threw objects <input type="checkbox"/> Hit or bit someone <input type="checkbox"/> Hurt self <input type="checkbox"/> Took objects without permission <input type="checkbox"/> Other/Explain: 	<p>How long did the episode last? _____</p> <p>What happened then?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Took a break <input type="checkbox"/> Removed from room <input type="checkbox"/> Got a reward <input type="checkbox"/> Missed an expected reward <input type="checkbox"/> Time out <input type="checkbox"/> Extra tasks <input type="checkbox"/> Ignored <input type="checkbox"/> Peers/adults laughed <input type="checkbox"/> Peers/adults got angry <input type="checkbox"/> Preferred activity <input type="checkbox"/> Other/Explain:

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
Activity 1	30 minutes	Introductory Collaborative Brainstorming
Activity 2	30 minutes	Informative Session
Activity 3	30 minutes	Collaborative Brainstorming
Activity 4	40 minutes	Informative Session

Activity 1

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

Activity 2

The facilitator will present you with information on safeguarding. You can find summary notes at page 41 of this manual.

Activity 3

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

Activity 4

The facilitator will present you with information on teaching sexual and reproductive health to children with developmental disabilities. You can find summary notes at page 41 of this manual.

Content Notes

- There are multiple safety concerns in each child's life.
- Children with DD may be more vulnerable to some. They may have reduced awareness of dangers or reduced perception of pain, they may seek out sensory sensations through potentially harmful behaviours, or they may run away.
- Protecting the child:
 - Supervise them to be able to intervene.
 - Environment adaptations: hiding plugs, soft furnishings, removing dangerous items, etc.
 - Behavioural management.
 - Teach children about dangers and about sexual and reproductive health.
 - Contact-information cards or bracelet for children to return safely if they run away.
- What to avoid as a teacher:
 - Corporal punishment.
 - Giving medication, even when given by the caregiver.
 - Giving sweets and foods, unless checked with caregivers.
 - Being alone with only one child / Leaving a colleague alone with only one child.
- You can teach older children in primary school about possible dangers in day-to-day life through images and told and enacted social stories: crossing roads safely, recognising unsafe environments and harmful and abusive actions, knowing the risks of cigarettes, kchat, alcohol.
- Safeguarding also involves recognising existing situations that harm or may harm the child and acting appropriately. Some may be directly observed, some may be reported to you and for others, you will need to check regularly and recognise the signs.
- Report suspected harmful situations even if you are not sure, using the school's reporting system. Also ensure that all children know how to report.

Harmful situations

The table below presents information on some harmful situations:

Situation	Definition	Signs/Observations/Notes
Neglect	Family does not meet the basic physical and psychological needs of a child within their financial possibilities	The child may be dirty, shabby compared to siblings, or show signs of deterioration in health/development
Emotional abuse	How people talk or behave conveys to the child that he/she is inadequate, unloved, worthless	You may observe bullying, isolating, criticizing, terrorizing, ignoring, shaming
Physical abuse	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	<ul style="list-style-type: none"> • Physical signs include, broken bones, bruises, bites, burns and scratches • Other signs: being watchful, flinching, fearing a person or place • An adult carrying out abuse may appear overly severe and harsh with the child
Sexual abuse	Any act that forces or entices a child or young person to participate in sexual activities, even if the child does not understand what is happening	<ul style="list-style-type: none"> • There may be no violence involved (so no bruises, scratches, etc.) • Physical signs include difficulty walking or sitting down, unexplained pregnancies and sexually transmitted diseases • Other signs: being watchful, flinching, fearing a person or place, exaggerate attachment to someone, unexpected knowledge about sex. • It often involves someone the child knows and that tells the child to keep the relationship a secret • Girls may be more at risk, but it could also happen to boys

Sexual and reproductive health education (SRHE)

- Children with DD may be at increased risk of abuse due to their difficulty in social communication and desire to be socially accepted.
- Puberty can be a stressful and confusing time for adolescents with DD and cause increased vulnerability.
- Parents should be the primary source of SRHE for their adolescents, but school provides important opportunities.

- All people have the right to receive knowledge about sexuality in a way that they can understand, obtain high standard sexual health care, marry, have children and pursue a satisfying, safe and pleasurable sexual life.
- The most important thing to adapt SHRE will be knowing the child. his/her unique world, and their perspective on sexual feeling and its management.
- Considerations and steps when teaching about body parts and sex are:
 - Teach body part names, that these parts belong to them and are part of them, and that they have functions.
 - You can start from basic body parts, then teach about genitalia and other private body parts.
 - You can teach about sex by demonstrating body parts unique to males and to females.
 - Use visual stimuli, best if 3D.
- Considerations and steps when teaching personal hygiene are:
 - Remind adolescents to clean their teeth, wash their hands, face, hair and bodies and wear clean clothes.
 - Teach adolescent girls about periods: what they look like and how to keep menstrual hygiene and use sanitary pads.
- Considerations and steps when teaching about private parts and places:
 - Teach that no body parts are “public” but some are more private: penis, vagina, mouth, buttocks and breasts.
 - Teach that some places are private, others are public: appropriate behaviours differ.
 - You can teach these concepts include told and enacted instructional stories and role plays.
- Considerations and steps when teaching about appropriate interpersonal behaviour:
 - Teach about boundaries, relationships, appropriate touch, communicating emotions, recognising other people’s emotions and intentions.

- Teach them to behave appropriately and recognise inappropriate behaviour from others, including strangers and trusted circles.
- Teaching about strangers and trusted circles is complex and needs to be taught consistently.
- Teach that people may have different intentions from the ones that they are making explicit.
- Teach children to report abuse, even when done by a trusted person that says to keep it a secret.
- Considerations when teaching about sexual intercourse:
 - Evaluate if it is relevant for the child.
 - Have a positive attitude.
 - Use the strategies above.
 - Teach any relevant content.

Additional Resources

You can read more about these topics in:

Nia Foundation (2022). *Quick Reference Booklet for Parents, Teachers/Caregivers, and Professionals Working with Adolescent/youth with Autism and related developmental disorders*. Nia Foundation

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	Duration	Activity Type
Activity 1	60 minutes	Informative Session and Practice
Activity 2	Up to 30 minutes	Video Demonstrations

Activity 1

The facilitator will present you with information and demonstrations on first-aid for emergency incidents relative to developmental disabilities. You can find summary notes at page 46 of this manual.

Activity 2

The facilitator may show you videos on first-aid if available.

Content Notes

- In case of emergency, immediately provide initial first-aid, ask a specific student to call the designated first-aid member of staff, and ask another specific student to call the local health clinic.

First Aid

The table below presents first-aid instructions for key possible incidents:

Incident	First Aid
Nosebleed	<ul style="list-style-type: none"> • Child must lean forward slightly • Pinch the soft part of the nose 10-15m • Apply something cold
Minor open wounds	<ul style="list-style-type: none"> • Clean with soap and water • Cover with clothing • If bleeding, apply pressure
Heavy bleeding wounds	<ul style="list-style-type: none"> • Do not wash • Apply pressure with clothing • Seek help
Wound with object inside	<ul style="list-style-type: none"> • Do not remove • Seek help
Burns	<ul style="list-style-type: none"> • Keep under cold running water for at least 20 minutes • Do not apply ice • Seek help if severe
Sprains, bumps, etc.	<ul style="list-style-type: none"> • Apply wrapped ice or cold water up to 20m • Keep elevated
Broken bones	<ul style="list-style-type: none"> • Apply wrapped ice or cold water up to 20m • Do not move • Seek help
Head injury	<ul style="list-style-type: none"> • Apply wrapped ice or cold water up to 20m • Monitor for signs of concussion • Seek help if headache, dizziness, vomiting, or confusion occur
Fainted, breathing normally	<ul style="list-style-type: none"> • Lay child on the back • Elevate legs • Loosen tight clothing • Ensure there is fresh air • If lasts more than a few seconds, seek help
Unresponsive, breathing with difficulty	<ul style="list-style-type: none"> • Lay child on the side • Tilt head backwards • Loosen tight clothing • Ensure there is fresh air • Seek help
Unresponsive, not breathing	<ul style="list-style-type: none"> • Lay child on the back • 5 rescue breaths • 30 chest compressions (one hand) • Cycles of 2 rescue breaths + 30 compressions • Seek help

Chocking	<ul style="list-style-type: none"> • Don't give food or drinks • Encourage coughing • Up to 5 firm hits between shoulder blades • Heimlich maneuver: stand behind and press firmly above belly button • If object is dislodge but not out: seek help • If unconscious and not breathing: see above
Asthma attack	<ul style="list-style-type: none"> • Child must be upright • Reassure child • If available, use inhaler • Stay with child and monitor breathing • If lasts more than a few minutes, seek help • If unconscious and not breathing: see above
Severe allergic reaction	<ul style="list-style-type: none"> • Child must be upright • Reassure child • If available, use auto-injector • Stay with child and monitor breathing • If unconscious and not breathing: see above • Seek help
Seizure*	<ul style="list-style-type: none"> • Protect from injuries • Do not light matches • Do not restrain • Don't give food or drinks or put things in the mouth • If first seizure or lasts over 5 minutes, seek help
Panic Attack**	<ul style="list-style-type: none"> • Child can sit or lie down • Reassure the child • Slow deep breaths • If first time or in doubt, call medical emergency

*Collapsing and being stiffen or making sudden jerking movements, and at times having froth around their mouth.

**Fear, fast heart rate, difficulty breathing

Additional Resources

You can read or hear more about these topics in:

British Red Cross Society. *Learn First Aid Skills for Babies and Children.*

British Red Cross. <https://www.redcross.org.uk/first-aid/learn-first-aid-for-babies-and-children>

Juntos (n.d.) *Seizures.* Ubuntu hub. <https://www.youtube.com/watch?v=Kf6Gtj-KmRk>

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 severity categories of developmental disabilities
- Assessing the severity of needs and skills level of individual children in the special unit to identify the appropriate class group

Session Summary

Activity	Duration	Activity Type
Activity 1	30 minutes	Informative Session
Activity 2	40 minutes	Group Work
Activity 3	30 minutes	Informative Session
Activity 4	60 minutes	Applied Task Force

Activity 1

The facilitator will present you with information on common features of different developmental disabilities diagnoses. You can find summary notes at page 53 of this manual.

Activity 2

In your group, children described in the vignettes below (A-J) to one of four levels: Special Unit 1 (lower ability), Special Unit 2, Special Unit 3 and Inclusive Class.

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 difficulty
- 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

Activity 3

The facilitator will present you with information on general severity categories and assessment criteria that can be used to divide children across special unit levels and select those who are ready for inclusive classes. You can find summary notes at page 53 of this manual.

Activity 4

Please prepare a proposed set of criteria that you can use at your school to allocate children with developmental disabilities to different unit classes and to inclusive classes. At page 56 of this manual you can find a template for this proposal. Remember that the ability to learn and progress is important for inclusion.

Content Notes

- Individualised needs assessment remains important because a diagnosis may be partial or inaccurate, and children with the same diagnosis may have different needs.
- The severity of a developmental disability also varies and affects children’s needs and independence.
- It is helpful to divide children in the special unit by levels, to be able to teach each group skills that children in the group need the most and that they are able to learn.
- Existing difficulties and level of support needed are factors to be taken in account when dividing children across multiple levels in the special unit, together with priorities for the child and family, age, what the child may be able to learn.

Common needs by diagnosis

The table below presents the most common features of the main developmental disabilities diagnoses.

Diagnosis	Features
Autism	<ul style="list-style-type: none"> • Difficulties with communication and social skills • Restricted fixed interests, repetitive behaviours, difficulties with change • May also present challenging behaviours, intellectual and practical difficulties, specific sensory needs • A minority may have a special talent
Intellectual Disability	<ul style="list-style-type: none"> • Delay (based on age) in cognitive skills • Related difficulties in play and learning, social interaction and communication, motor skills
ADHD*	<ul style="list-style-type: none"> • Forgetfulness and difficulties in paying attention and keeping focus • Excessive talking and moving, challenging behaviours, impulsivity
Language Delay	<ul style="list-style-type: none"> • Difficulties in communicating verbally in written and oral form • Absence of intellectual difficulties

*Attention-Deficit Hyperactivity Disorder

Broad support needs categorisation

The table below illustrates one categorisation of support needs.

Category	Features
Mild and Moderate	<ul style="list-style-type: none">• Sufficiently independent communication and daily living• Possible challenging behaviours and social difficulties• Less mature language, cognition and learning (with slower learning in moderate developmental disabilities)• Children with moderate developmental disabilities may need some support with daily living skills (usually only for fine motor skills for mild developmental disabilities)
Severe and Profound	<ul style="list-style-type: none">• Difficulties in understanding, communication and daily living limit independence• Learn with long-term step-by-step individualised training• Often have additional physical or sensory disabilities

Possible levels at school

The table below presents the most common features of the main developmental disability diagnoses.

Level	Teaching Focus
Unit 1	<ul style="list-style-type: none">• Good behaviour• Basic daily living skills• Basic communication
Unit 2*	<ul style="list-style-type: none">• More complex daily living and communication skills• Basic academic skills
Unit 3*	<ul style="list-style-type: none">• Adding numbers• Reading• Writing
Inclusive Class**	<ul style="list-style-type: none">• Standard curriculum with reasonable adaptations

*Children with hearing and vision disabilities could be included at these levels when they need to learn preparatory communication/academic skills pre-inclusion

**Some children in inclusive classes may need to spend a few periods in the special unit to learn specific skills or avoid specific lessons in the inclusive class.

Additional Resources

You can read more about these topics in:

Haddad, C., Watterdal, T., Vongsing, P. (2015). Developmental / Intellectual Impairment. In *Teaching Children with Disabilities in Inclusive Settings*. United Nations Educational, Scientific and Cultural Organization.

<https://unesdoc.unesco.org/ark:/48223/pf0000182975?1=null&queryId=2e25e970-5760-44a8-8ce6-7b23e535fe7a>

Haddad, C., Watterdal, T., Vongsing, P. (2015). Other Impairments and Disabilities. In *Teaching Children with Disabilities in Inclusive Settings*. United Nations Educational, Scientific and Cultural Organization.

<https://unesdoc.unesco.org/ark:/48223/pf0000182975?1=null&queryId=2e25e970-5760-44a8-8ce6-7b23e535fe7a>

Government of India National Trust (n.d.). *Inclusion of Children with Autism: Handbook for Teachers*. Government of India National Trust.

<http://enabled.in/wp/wp-content/uploads/2011/07/Inclusion-of-Children-with-Autism-Handbook.pdf> (sections 2 and 3)

Teacher Empowerment for Disability Inclusion (TEDI) team (2019). Chapter 1: Understanding disability. In *Educating and Caring for Children with Profound Intellectual Disability: A manual for carers and teachers*. TEDI.

http://www.idea.uct.ac.za/sites/default/files/image_tool/images/578/resources/2020/5.%20Educating%20and%20Caring%20for%20Children%20with%20Profound%20Intellectual%20Disability%20Combined.pdf

Allocation Proposal Template

Level	Can do all activities listed without support	Can do all activities listed with minimal support	Can do all activities listed with support
Special Unit 1 Children who do not meet criteria for SU2			
Special Unit 2 Children who meet all the criteria in this line:			
Special Unit 3 Children who meet all the criteria in this line:			

<p>Special Unit 4 Children who meet all the criteria in this line:</p>			
<p>Inclusive Class with Special Unit Support Children who meet all the criteria in this line:</p>			
<p>Inclusive Class Children who meet all the criteria in this line:</p>			

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
- Knowing how to train children to use potty and toilet

Session Summary

Activity	Duration	Activity Type
Activity 1	30 minutes	Scenario-based Discussion
Activity 2	30 minutes	Informative Session
Activity 3	50 minutes	Group Work
Activity 4	30 minutes	Informative Session
Activity 5	20 minutes	Informative Session

Activity 1

“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."

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?

Activity 2

The facilitator will present you with information on teaching skills by using routines. You can find summary notes at page 61 of this manual.

Activity 3

In your groups, think about different needs of children in your classes and select two or three skills that you could teach them. Then, create plans to teach each of these skills, by identifying steps and how to teach them. You can follow the example at page 64 of this manual and use the templates in the following pages to help you structure the plans. You will then be asked to enact some of these.

Activity 4

The facilitator will present you with information on promoting communication. You can find summary notes at page 61 of this manual.

Activity 5

The facilitator will present you with information on toilet training. You can find summary notes at page 61 of this manual.

Content Notes

- Routines are tasks made of multiple simple steps that the adult and child do together regularly.
- They can be used to teach self-care and daily-living skills, chores, safety skills and vocational skills, as long as they are appropriately selected for the child's level and considerate of additional health conditions.
- To plan a routine (see template at page 64) aimed at teaching a skill:
 - Break down the skill into manageable steps
 - Select the first step you want to teach (the first, the last, the easiest, the most motivating, depending on context)
 - Identify the action you will have to demonstrate and how to label it verbally (how to say what you are doing)
- To teach a step:
 - Get the child's attention
 - Show the step and say the chosen verbal label
 - If the child does not imitate, repeat the verbal label
 - If the child needs more support, give help at the needed level (e.g. guiding the child's hands, either for a portion of the step or from start to finish)
 - Make sure not to give more support than the child needs
 - Reward the child with tokens, activities or praises
- You can teach children to point, use gestures, make sounds or say words to communicate, according to their current communicative abilities.
- Children's own communication attempts are useful opportunities for demonstrating better ways to communicate. These attempts can include looking, pointing, producing sounds or words, taking and moving your hands, gesturing, and challenging behaviours.
- You can create opportunities for the child to communicate by placing preferred objects out of reach, giving a choice between two items, giving an item 3 or 4 times and then pausing, generating surprise.
- Expand the child's vocabulary by showing and naming items.

- For toilet or potty training:
 - Teach children a regular toilet pattern by taking them to the toilet at specific times every day.
 - Teach children to communicate when they need to use the toilet through pointing and saying and with the use of an image on the door and a toilet card
 - Teach children to use the toilet by teaching them steps: 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.
 - You can also use visuals of the steps, ensure that children's clothes are easy to take off for toilet use and make the toilet a pleasant environment for the children
 - 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.

Communication steps chart

The table below can give you an idea of what could be a child's appropriate next step in communication considering their current skills:

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

Additional Resources

You can read or hear more about these topics in:

Government of India Department of Education of Groups with Special Needs and National Council of Educational Research and Training (2019). Part II, Section 10: Using the Toilet. In *Including Children with Autism in Primary Classrooms: A Teacher's Handbook*. Government of India National Council of Educational Research and Training.

https://ncert.nic.in/pdf/publication/otherpublications/Including_Children_with_Autism_in_Primary_Classrooms.pdf

Juntos. *Communication*. Ubuntu Hub.

<https://www.youtube.com/watch?v=HVr-W0j8hBQ&t=33s>

Sarva Shiksha Abhiyan team (n.d.). Section 2: Teaching and Learning. In *Training Module on Autism Spectrum Disorders*. Indian Government.

<http://14.139.60.153/bitstream/123456789/1585/1/Training%20Module%20on%20Autism%20Spectrum%20Disorders.pdf> (Learning adaptive living skills, pp. 45-47)

World Health Organization. Module 7: Understanding communication. In *eLearning Caregiver Skills Training*. OpenWHO.

<https://openwho.org/courses/caregiver-skills-training>

World Health Organization. Module 8: Promoting communication. In *eLearning Caregiver Skills Training*. OpenWHO.

<https://openwho.org/courses/caregiver-skills-training>

World Health Organization. Module 9: Teaching new skills in small steps and levels of help. In *eLearning Caregiver Skills Training*. OpenWHO.

<https://openwho.org/courses/caregiver-skills-training>

Skill Teaching Plan 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"

Skill Teaching Plan Templates

Child/Children:

Activity:

Step	Order	Teach How?
		Materials: Do: Say:
		Materials: Do: Say:

		Materials: Do: Say:
--	--	-----------------------------------

Child/Children:

Activity:

Step	Order	Teach How?
		Materials: Do: Say:
		Materials: Do: Say:
		Materials: Do: Say:
		Materials: Do: Say:

Child/Children:

Activity:

Step	Order	Teach How?
		Materials: Do: Say:
		Materials: Do: Say:
		Materials: Do: Say:
		Materials: Do: Say:

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
Activity 1	20 minutes	Informative Session
Activity 2	30 minutes	Discussion
Activity 3	20 minutes	Informative Session
Activity 4	40 minutes	Group Work
Activity 5	20 minutes	Informative Session
Activity 6	30 minutes	Group Work

Activity 1

The facilitator will present you with information on developing IEPs. You can find summary notes at page 71 of this manual.

Activity 2

What else is included in the IEPs you use, if anything?

What is helpful about the proposed template?

What else could you add to IEPs?

Activity 3

The facilitator will present you with information on regularly using IEPs for assessment and updates. You can find summary notes at page 71 of this manual.

Activity 4

In your groups, consider the Assessment form below. Then, create a IEP for the child described. You can use the template at page 73 of this manual to help you structure the IEP, with any edits you wish to make.

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

<p>Has difficulty memorising colours and the alphabet</p> <p>Does not currently understand the difference between 1, 2 and 3</p>
<p>Understanding difficulties</p> <p>Struggles to understand instructions even when fully explicit</p>
<p>Communication: How does the student communicate?</p> <p>Verbally (note: with single words)</p> <p>Gestures</p> <p>Sign Language</p> <p>Pictures/Objects</p> <p>None of the above</p> <p>Any other: /</p>
<p>Sensory needs</p> <p>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.</p>
<p>Social difficulties</p> <p>Likes to be alone and gets distressed in large groups.</p> <p>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).</p>
<p>Stressors: list the events or situations the student may find stressful</p> <p>Washing, being in crowds and large groups.</p>
<p>Behaviour (list any peculiar behaviour)</p> <p>Good behaviour usually</p> <p>Cries when distressed</p> <p>Bites his hand when bored</p>
<p>Other needs</p> <p>None noted</p>
<p>Strengths: list the activities, games and sports the student does well</p> <p>Toileting and washing hands</p> <p>Holding pen</p> <p>Interacting in small groups</p> <p>Clapping hands</p> <p>Singing (humming, with no words or few words)</p>
<p>Reinforcers: list the highly preferred reinforcers (items, activities, etc.)</p> <p>Colourful objects</p> <p>Balls</p>

Going outside
<p>Dislikes: list the things (items, activities, etc.) the student dislikes</p> <p>Water and washing</p> <p>Staying seated for long times (makes him bored and he bites his hand)</p>
<p>Interests: List the activities, games and sports the student enjoys</p> <p>Colours</p> <p>Playing with the ball</p> <p>Listening to music</p>

Activity 5

The facilitator will present you with information on developing whole-class teaching plans. You can find summary notes at page 71 of this manual.

Activity 6

At pages 77 and 80 you can find two templates for long-term whole-class teaching plans for a Level 2 special unit class of 8 kids, including Haile from the previous exercise. In your groups, consider the information that has already been provided in the templates, and the IEP you have previously developed. Then, complete the templates with objectives and plans for the whole class, while including individualised strategies that take into account Haile's IEP.

Content Notes

- Plans and documentation of your work can help to:
 - Make quicker informed decisions
 - Evaluate your teaching strategies
 - Ensure that others can follow in your footsteps
- You can have one file for each child that includes:
 - Referral form (if present)
 - Diagnostic information
 - Other communications from health services
 - Notes of parents' meetings
 - Needs assessment forms
 - Individualised Education Plans (IEPs)
- An IEP details what individualised teaching and support a child is going to receive, based on the needs assessment made, and including learning/development goals and objectives as well as individualised teaching and support strategies.
- Individualised goals and objectives are based on the child's current abilities and difficulties, what is possible for the child to achieve and priorities set in collaboration with the family and if possible the child; it is usually good to have goals that cover different areas of development.
- Individualised strategies are based on the child's strengths, interests, likes and dislikes as well as difficulties and needs.
- It is important to update IEPs regularly, like needs assessments, and develop new ones at least once a year.
- You can use IEPs for assessment, by encouraging tasks that show any progress on IEP objectives and recording your observations.
- It is also helpful to have teaching plans for the whole class, with goals, objectives and activities, such as:
 - Year Plans (mapping onto general goals for the year group)
 - Unit Plans (focused on few objectives, 2-12 weeks)
 - Lesson Plans (for specific lessons)

Additional Resources

You can read more about these topics in:

Sarva Shiksha Abhiyan team (n.d.). Section 3: Assessment, Evaluation and Curricular Adaptations. In *Training Module on Autism Spectrum Disorders*. Indian Government.

<http://14.139.60.153/bitstream/123456789/1585/1/Training%20Module%20on%20Autism%20Spectrum%20Disorders.pdf>

Teacher Empowerment for Disability Inclusion (TEDI) team (2019). Chapter 3: Teaching and caring for learners with disabilities. In *Educating and Caring for Children with Profound Intellectual Disability: A manual for carers and teachers*. TEDI.

http://www.idea.uct.ac.za/sites/default/files/image_tool/images/578/resources/2020/5.%20Educating%20and%20Caring%20for%20Children%20with%20Prfound%20Intellectual%20Disability%20Combined.pdf (sections 3.2 and 3.3)

IEP Template (exercise)

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

Goal 5	
Objectives/Steps	Strategies
Additional Needs	
Assistive Devices	

IEP Template (for use)

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

Goal 5	
Objectives/Steps	Strategies
Additional Needs	
Assistive Devices	

General Plan Templates (exercise)

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:	

3	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	
4	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:	

3	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	
4	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	

General Plan Template (for use)

Time Period	Dates	Class	Number of Children

Goals	Objectives
1)	1a 1b 1c
2)	2a 2b 2c
3)	3a 3b 3c

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

3	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	
4	Objective:	Activity:	
	Individual adaptations of objective:	Individual adaptations of activity:	

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
Activity 1	35 minutes	Group Brainstorming and Discussion
Activity 2	15 minutes	Introductory Collaborative Brainstorming
Activity 3	30 minutes	Informative Session
Activity 4	35 minutes	Group Brainstorming and Discussion
Activity 5	35 minutes	Group Brainstorming and Discussion
Activity 6	10 minutes	Breathing Exercise

Activity 1

In what ways can you evaluate your teaching practice? What is your experience of doing so?

Activity 2

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?

Activity 3

The facilitator will present you with information on working with caregivers. You can find summary notes at page 88 of this manual.

Activity 4

Based on your experience, what distress may caregivers face? In what ways can you support them?

Activity 5

In what ways can you take care of yourself and your wellbeing and avoid burnout?

Activity 6

The facilitator will lead you through a short breathing exercise.

Content Notes

- Self-evaluation is helpful for adapting your teaching practice and should never be overly critical. You can:
 - Observe and evaluate how well your plans are implemented, which strategies are effective and which are not, what are children's reactions, what may have gone wrong.
 - Reflect on the way you teach, including behaviour, gestures, words used, tone of voice, pace
 - Ask a supervisor or colleague to observe and give you feedback
 - Read the material from this programme, or other training resources and reflect on how you are implementing your learning
- Caregivers can provide information on the child, collaborate with you in setting priorities and support the children's learning at home of skills taught at school and skills that can be taught less effectively at school.
- To promote caregivers' collaboration, be honest and open. You can:
 - Explain that at school you work in restricted conditions and that it is important that the child continues practicing at home with support.
 - Explain that, rather than teaching skills being an extra task, they can often incorporate teaching as they go about daily activities, though perhaps more slowly.
 - Help caregivers visualise their child's future improvements, while also managing expectations.
- You can explain to caregivers the importance of teaching safety and sexual and reproductive health, and how to help children know their bodies and recognise dangers.
- Caregivers may neglect healthy nutrition to accommodate children's challenges in eating due to difficulties in movement, motor disabilities and sensory sensitivity. You can remind them that their children should:



- Eat grains (bread, injera...), legumes (shiro, beans...), nuts/oilseeds, fruits, vegetables and milk products everyday
 - Eat meat/fish/eggs 3-6 times per week
 - Drink a minimum of 8 large glasses of clean water per day
 - Have limited sugars, sweets, soft-drinks and salt
- When the caregiver faces challenges in following nutrition advice, try to be mindful of these and to help them problem solve. For disliked foods, you can suggest to blend them, cool them, cook them differently, hide them in preferred foods, etc. as appropriate.
 - To support caregivers' wellbeing you can:



- Raise awareness and support acceptance
 - Be empathic
 - Stress the importance of wellbeing and time for themselves
 - Help caregivers reach out to each other
 - Refer to health services those who need further support
- Remember to take care of yourself. Neglecting yourself for too long may lead to burnout, when high work stress may lead to exhaustion and reduced focus. Tips for self-care:
 - Focus on the positives and celebrate small wins
 - Turn to colleagues for support
 - Talk of your feelings with family and friends
 - Get 7-8 hours sleep
 - Eat regularly and healthily
 - Exercise and engage in pleasant activities
 - Meditate / focus on your breathing

Additional Resources

You can read more about these topics in:

Government of India Department of Education of Groups with Special Needs and National Council of Educational Research and Training (2019). Part II, Section 12: Creating Support Systems. In *Including Children with Autism in Primary Classrooms: A Teacher's Handbook*. Government of India National Council of Educational Research and Training.

https://ncert.nic.in/pdf/publication/otherpublications/Including_Children_with_Autism_in_Primary_Classrooms.pdf

Health Ethiopia Public Health Institute (2022). *Ethiopia: Food-Based Dietary Guidelines Booklet–2022: Choose Healthy Dietary & Lifestyle Practices*.

Health Ethiopia Public Health Institute. https://ephi.gov.et/wp-content/uploads/2021/02/Booklet_web.pdf

Teacher Empowerment for Disability Inclusion (TEDI) team (2019). Chapter 5: Caring for the carer. In *Educating and Caring for Children with Profound Intellectual Disability: A manual for carers and teachers*. TEDI.

http://www.idea.uct.ac.za/sites/default/files/image_tool/images/578/resources/2020/5.%20Educating%20and%20Caring%20for%20Children%20with%20Pr ofound%20Intellectual%20Disability%20Combined.pdf

