



LEARNER SUPPORT ASSISTANT TRAINING MANUAL

JULY 2020



KENYA INSTITUTE OF CURRICULUM DEVELOPMENT

**LEARNER
SUPPORT ASSISTANT
TRAINING MANUAL**



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INTRODUCTION

Learner Support Assistants (LSAs) are an important cadre of personnel who are responsible for supporting the learning process for learners with disabilities. They work under the teacher as they provide support in and out of the classroom. The role of LSAs cannot be overemphasized given the diverse needs of learners with disabilities and how such requirements necessitate the need for additional support.

The Sector Policy on education and training for learners and trainees with Disability (2018) recognizes the importance of having LSAs in order to support the education of learners with disability in regular, special, Units and home-based education settings. As the Government continues to put in place measures that promote inclusive education in line with Sustainable Development Goal (SDG) No. 4, LSAs will play an important role towards the achievement of this goal.

This training manual has been developed to facilitate training of learner support assistants guided by the curriculum designs. The guide outlines the general learning outcomes, the key areas to be covered and the learning strategies to be adopted. Detailed notes for the trainer have also been provided. For each course, the trainee is expected to undertake a practical activity on one of the key areas of support. It is expected that this training manual will assist the trainer to equip Learner Support Assistants with requisite knowledge, skills, attitudes and values which will enable them to provide the support needed by learners with disabilities. This will ultimately contribute to improved educational outcomes for learners with disabilities.

ACKNOWLEDGEMENT

The Kenya Institute of Curriculum Development in collaboration with Sense International Kenya (SIK) has developed a learner support assistant manual to facilitate the implementation of Learner support assistant curriculum in Kenya. The manual is intended to equip this cadre of human resource with the knowledge, skills, attitude and values to enable them support learners with disabilities to participate in the learning process as guided by the teacher.

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LEARNING AREA: INTRODUCTION TO EDUCATION FOR LEARNERS WITH DISABILITIES

Introduction

This learning area covers categories of learners with disabilities, assessment and early intervention, educational implications of different disabilities and development of education for learners with disabilities. The learning area is intended to equip the trainees with knowledge, skills, attitudes and values to enable them identify different types of disabilities, provide support in functional assessment and early interventions, understand the educational implications of disabilities and appreciate the programs supporting learners with disabilities in various learning settings.

General Learning Outcomes

By the end of the learning area, the trainee should be able to:

- a) apply competencies acquired to identify various categories of learners with disabilities and support them in learning process;
- b) Utilize knowledge in functional assessment and early intervention to support learners with different disabilities;
- c) Manage the implications of disabilities in learning for learners with disabilities;
- d) Explore development of education for learners with disabilities in Kenya;

Key Areas to be covered

1. Learners with Disabilities which covers categories and characteristics of learners with disabilities, Causes and preventive measures.
2. Functional and Educational Assessment and intervention for Learners with Disabilities which covers Functional and Educational assessment and interventions for learners with disabilities.
3. Development of Special Needs Education Programs in Kenya which covers programs for learners with disabilities in Kenya and emerging issues

Suggested Learning strategies

- Discussions
- Brainstorming
- Role play
- Buzzing
- Explanations

- Visit to institutions for learners with disabilities
- Field trips
- Case studies
- Project
- Sharing of experiences

Notes

Categories of learners with disabilities

The categories include the following;

- i. **Visual impairment.** This include those with low vision and the blind
- ii. **Hearing impairment.** This includes those who are hard of hearing and the deaf
- iii. **Physical impairment.** There are three categories of physical impairment: Muscular-skeletal, Neurological and other chronic health impairments.
- iv. **Intellectual disabilities.** This refers to a child with significant limitations in both intellectual functioning and inadaptive behaviour expressed in conceptual, social and practical adaptive skills
- v. **Specific learning disabilities.** This include those with difficulties in writing (dysgraphia), reading (dyslexia) and doing mathematical activities (dyscalculia,)
- vi. **Emotional and behavioural disorders** refer to a child who reveals consistent “age inappropriate behaviour” leading to social conflict, personal unhappiness, and school failure.
- vii. **Deaf blindness.** This refers to a child who has problems in seeing and hearing.
- viii. **Cerebral palsy.** This refers to a child who has a non-progressive disorder of movement, balance and posture due to a brain damage
- ix. **Speech and language difficulties.** This refers to a child who has problems in communication and oral motor function
- x. **Multiple disabilities.** This refers to a combination of more than one impairment such as cerebral palsy accompanied by epilepsy
- xi. **Autism.** A child with autism is one who has a brain developmental disorder that causes severe problems in social interactions, verbal and non-verbal communication and repetitive behaviour

Characteristics of learners with different disabilities

- Observable characteristics
- Behavioural Signs
- Physical Limitations
- Social /Emotional Challenges
- Learning challenges

Causes and preventive measures of disabilities

Prenatal causes (before birth) which include; Heredity, Diseases such as German measles, (Rubella), accidents, Drug & alcohol use by the mother, Rhesus factor (Chromosomal disorders), Malnutrition or poor nutrition of the mother, Medication of the mother during pregnancy, Trauma, , age of the mother, X-rays/radiation, premature birth.

Perinatal causes (during birth) which include; Accidents, Prolonged labour, Vacuum delivery, Breech birth, Lack of oxygen, sexually transmitted infections, low birth weight

Postnatal causes (after birth) which include diseases/ infections, accidents, Trauma, Drug use, Environmental factors Malnutrition (Lack of vitamin A), lack of immunization, Domestic violence

Prevention of disability

- Genetic problems can be prevented through genetic counselling. This can be done by taking family history and carrying out genetic testing for prospective parents.
- Drug related causes can be prevented by avoiding all drugs during pregnancy, self-medication, alcohol consumption, cigarette smoking.
- Screening at birth by a physician to determine whether the infant has any identifiable problems or abnormalities.
- Medical intervention which includes blood and urine tests to determine if the infant has known curable disorders that should be treated immediately to prevent the occurrence of a disability.
- Developmental screening which focus on the child's developmental progress in cognitive, social, emotional, physical, communicative, language and self-help to determine whether the child is at risk for delay, possesses an identifiable disability, is delayed in development, or is proceeding at the expected pace for his or her age. These tests are administered if a problem is suspected.



- Early intervention programs once a disability is detected.
- Getting enough food and healthy eating during pregnancy
- Avoiding exposure to toxic chemicals
- Getting infants and children enough food

Functional and Educational Assessment and intervention for Learners

Composition of the Members of the Multidisciplinary

Membership may include the following:

Special needs teachers, the parents or guardians occupational therapists, physiotherapists, social-workers, Psychologists, Nutritionists, medical practitioner

Roles of each member of the multidisciplinary team in the functional assessment process

SNE teachers cater for various disabilities and carry out the action plan for the child.

Parents or Guardians provide valuable information about the child to the professionals, take an active part in the teaching process especially parents of preschoolers and with training are able to reinforce learning.

Occupational therapists promote individual development of self, self-help skills, play, and autonomy.

Physiotherapists provide needed therapies such as those that enhance motor development, suggest prostheses and positioning strategies to improve functioning.

Social-workers assist the family in implementing appropriate child-rearing strategies and help families locate services needed

Psychologists provide a comprehensive document of the child's strengths and weaknesses and help the family to deal with the stress of having a child with a disability.

Medical doctors with specialization in different and relevant fields determine if a biological or health deficit exists and plans treatment.

Nutritionists offer personalized diet advice

Methods and techniques used in gathering assessment information

In special education, assessment is the systematic process of gathering educationally relevant information to make legal and instructional decisions about the provision of special services. The following are some of the methods that can be used to provide assessment of a child:

Norm-referenced test. It provides a comparison of a particular child's performance against the performance of a reference group of children, as in intelligence and achievement tests.

Diagnostic achievement test. This is designed to provide a profile of strengths and weaknesses, analyses errors among others in arithmetic or reading to pinpoint specific academic problems of the student for remediation.

Observation. This can provide information based on the child's spontaneous behavior in natural settings and a basis for intervention planning. It provides different information than that available from tests and interviews. Observations can be used to confirm and support information gathered from other sources.

Informal assessment. This comprises information from teacher made tests, particularly language samples, portfolios, or descriptions of significant events in the life of the child which may yield valuable insights leading to effective educational planning.

Interview. Information from the child, parent, teacher or others can provide perspective and insight into the reasons for the child's current performance.

Intervention measures for learners with disabilities in different learning settings

The following are some of the intervention measures for learners with disabilities

Therapies

Behaviour therapy is used to influence behaviour. It is used to increase, decrease or maintain behaviours.

Counselling therapy this is used to accommodate the social and emotional problems of learners.

Physical and Occupational therapists assume the primary responsibility of setting goals in motor development and mobility. A **physiotherapist** focuses on improving mobility and function in learners while an **occupational therapist** focuses on helping learners live as independently as possible. Motor and mobility skills constitute critical skill development for learners with physical impairment. These skills are necessary to maintain upright postures (sit, stand), perform functional movements (reach, grasp) and move around in the environment.

Placement options

The main placement options include:

- Special school
- Integration
- Inclusive education
- Home based programs.



- Hospital based or centre based programs

Development of special needs education programs in Kenya

In Kenya, the education and training of learners and trainees with disabilities started after the end of the second world war (MoE, 2009), when the church-initiated programmes to rehabilitate wounded men with disabilities during the war and later became education institutions. The earliest recorded initiative was established by the Salvation Army Church in 1946 to rehabilitate blinded men, a programme that would later become the first school to offer formal education for children who were blind in Kenya and East Africa (AFUB, 2007).

In 1960, the same church opened a rehabilitation centre for children with physical disabilities in Thika. Like the previous programme, this later became the first school for learners with physical disabilities in Kenya. With this precedence, and the gradual departure of missionaries, the government became more active in the provision of education for learners with disabilities with a focus on visual and hearing impairments, as well as intellectual and physical disabilities.

Education and training for learners and trainees with disabilities was offered in special schools until the 1970s when units and integrated programmes were initiated (MoE, 2009). Other initiatives included the Kenya Society for the Blind (KSB), Association for the Physically Disabled of Kenya (APDK), the Kenya Society for the Mentally Handicapped (KSMH) and the Kenya Society for Deaf Children (KSDC). The government supported the efforts of these players through provision of financial, technical and human resources, as well as the development of an enabling environment to facilitate their work. Currently, the government in collaboration with other service providers manage the majority of institutions providing education and training for learners and trainees with disabilities.

Programs available for learners with disabilities in Kenya

Kenya provides education for children with special needs in:

Special schools which exclusively provide educational services to a specific category of disability such as; schools for learners with hearing impairment, visual impairment, physical impairment and intellectual disability.

Units: In units' learners with special needs are placed in a selected regular school but in a separate classroom where they are provided with education according to their special needs.

Inclusive education: This is an approach where learners with disabilities are provided with appropriate educational interventions within regular institutions of learning with reasonable accommodations and support.

Home Based Education

Home-based education is a learning approach targeting children with severe multiple



disabilities who may not otherwise attend an institution of learning regularly due to the nature of their disability. This is provided by teachers from the neighbourhood institutions of learning, to a child with disability for smooth transition from home to an institution of learning.

Emerging issues in the field of special needs education in Kenya

The following are some of the emerging issues in the field of special needs education;

Digital literacy

Over the past few years, progress has been made in ICT integration in education. Digital literacy is making it easier for learners with disabilities to communicate and receive information. Computers and other technological aids are powerful tools for fostering social relationship among learners

Modes of assessment which include functional and educational assessment

Other placement options such as Sheltered workshops, Home based programmes, Hospitals and Hospices and transition

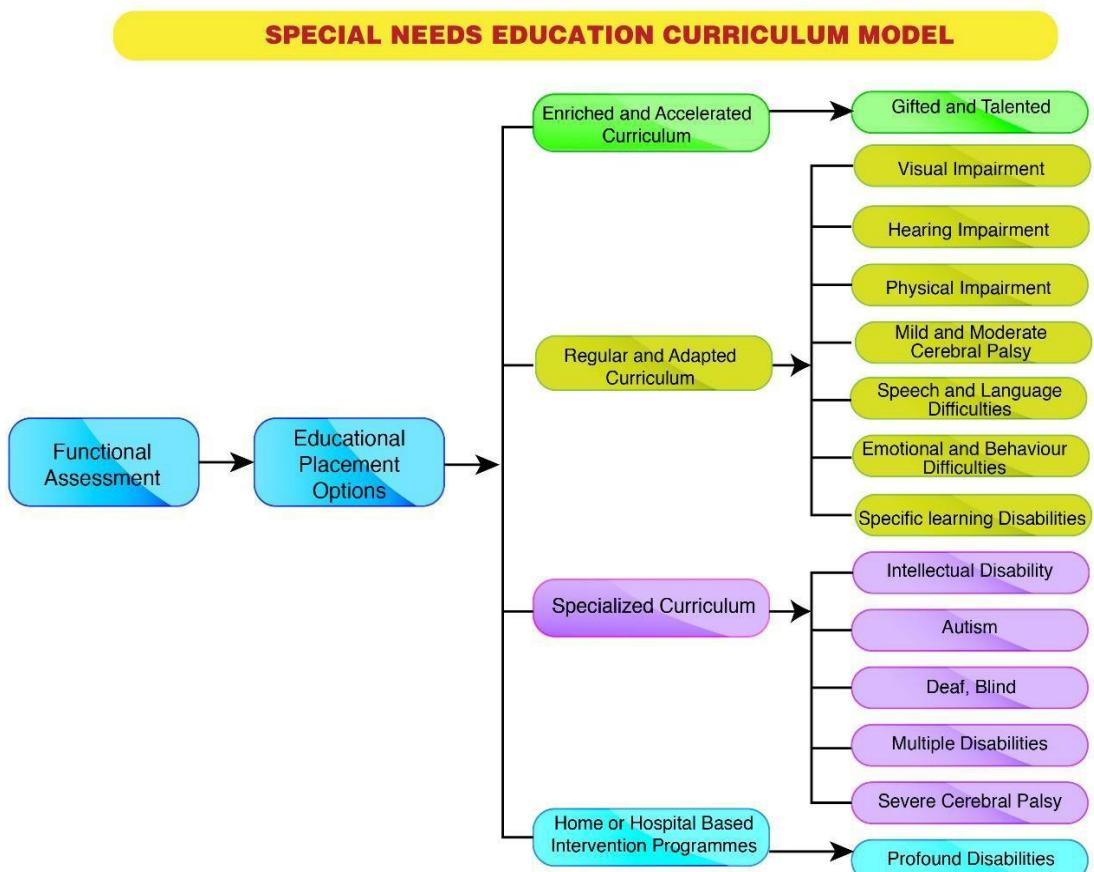
Transition

The first school related transition is the transition from home to school. Learners with disabilities in Kenya have challenges in terms of school readiness, accessibility and appropriate placement. In addition, dropout rates are high, there are very low transition rates from primary to secondary levels. Transition from primary to secondary school, vocational to job placement especially for learners with severe disabilities remains a major challenge. Children with severe, profound and multiple disabilities cannot transit just easily as those without and with mild and moderate disabilities

Competency-Based Curriculum for Learners with Special Needs

The special needs education curriculum model illustrated below indicates curriculum provision for learners with special needs.

Special Needs Education Curriculum Model



Curriculum Provisions for Learners with Special Needs.

Competency-based Curriculum provides learners with special needs in the following curriculum modalities:

1. Adapted Curriculum refers to modification of the regular curriculum designs to meet the needs of a specific category of learners with special needs.
2. Specialized Curriculum which is designed to meet the unique needs of specific categories of learners with special needs who may not follow the regular curriculum such as those with severe intellectual disability, deaf blindness, severe autism, severe cerebral palsy and those with multiple disabilities.
3. Specialist Curriculum support specific categories of learners with special needs to access the curriculum example braille skills, Kenyan sign language.
4. Accelerated and enriched curriculum which targets learners who are Gifted and talented.

5. Intervention programmes are developed to guide teachers, parents and caregivers in providing appropriate training and care for learners with profound disabilities who are usually homebound, bed-ridden or hospitalized.

Practical activity

- Trainee to model any one form of intervention activity for learners with different disabilities. The interventions may include; therapies, placement options, provision of assistive devices, and environmental adaptations

LEARNING AREA: CHILD GROWTH AND DEVELOPMENT AND IMPLICATIONS ON DISABILITY

Introduction

This learning area is intended to equip the trainees with knowledge, skills, attitudes and values to understand the typical and atypical child growth and development.

The learning area covers aspects of growth and development, developmental milestones in typical and atypical child growth and development, implications and possible interventions.

General Learning Outcomes

By the end of the course, the trainee should be able to:

- a) Apply the competencies acquired in identifying typically and atypically developing children for appropriate intervention;
- b) Explore the implications of atypical development on learning;
- c) Utilize skills acquired in addressing the physical, emotional, social, and cognitive needs of learners with disabilities.
- d) Provide support to learners with atypical development in the learning settings.
- e) Demonstrate skills in modification of the learning environment to accommodate diverse needs of learners with disabilities.

Key Areas to be Covered

1. Typical (Normal) child growth and development.
 - Developmental milestones in typical child growth and development.
2. Atypical (delayed) child growth and development.
 - Developmental milestones in atypical child growth and development.
3. Implications and interventions for Atypical child growth and development

Suggested Learning Strategies

1. Brainstorming
2. Discussion
3. Role play
4. Simulations
5. Online and library research

6. Project
7. Experiential learning
8. Excursions and field trips
9. Practicums

Notes

Typical (Normal) Growth and Development

Difference between child growth and child development

Child growth refers to the increase of body size of a child, usually measured through height and weight against the age of the child. Growth is therefore a physical aspect which is visible and measurable while child development is the increase in functioning of a child from simple to complex as a result of maturity.

Characteristics of child growth and development

The following are the general characteristics of child growth and development:

- Development is a continuous process: This implies that development starts during conception and continues throughout lifetime.
- Development involves changes in behaviour from simple to complex.
- Growth and development is holistic. This implies that growth and development occur in various aspects. These aspects include; physical, cognitive/mental, language, social and emotional. Development of all these aspects occur simultaneously in an individual.
- All areas of development are interconnected. This means that all the aspects of development are interrelated and change in one aspect of development influences all other aspects.
- Growth and development is sequential or follows a predetermined pattern. Every skill a child acquires will later be used as a foundation for more complex skills.
- Growth and development is an interaction between genetics and environment. This implies that the rate of growth and development will be influenced by both inherited traits and the environment the individual interacts with.

Developmental milestones in typical (normal) child growth and development

Developmental milestones are the skills that a child acquires within a specific time frame. Specific developmental milestones are reached by a child within different stages of growth and development. The milestones are manifested through the following aspects of growth and development.

Cognitive Development

Cognitive development involves the child's ability to grow and develop thinking or evaluation skills, and adapt to changes. It begins with the infant being able to identify objects, familiar people as well as ability to perform various actions. During the pre-primary years the child acquires cognitive abilities such as recognizing colours, concentrating on a task and being inquisitive. Other cognitive developmental milestones in typical development include:

- Adapting to changes in the environment
- Engaging in activities that require critical thinking or divergent thinking
- Being creative
- Negotiation skills
- Problem solving abilities

Social Development

This is the child's ability to interact and relate to others around them such as parents, siblings, peers, older people as well as strangers. The ability to share, take turns, and carry on a conversation is part of social development. The following are the most important social milestones that children need to achieve:

- Establishing and maintaining eye contact with others
- Establishing joint attention with others
- Participating in turn-taking games
- Participating in play activities
- Making choices
- Sharing
- Comforting those in distress
- negotiating with peers and adults

Emotional Development

Emotional development refers to how a child develops, displays, regulates and understands feelings and emotions. Emotional development includes the development of emotional regulation, learning how to soothe and calm oneself. This process starts early, with parents or caregivers providing young children with the comfort they need when distressed. Children should develop certain skills and reach certain developmental milestones, in order to become emotionally competent and stable adults. The most important of these emotional milestones include:

- Establishing and maintaining healthy interpersonal relationships.
- Making friends
- Displaying complex emotions
- Recognizing feelings and emotions in self and others
- Showing pride in achievements
- Making positive statements about self or showing a strong self-esteem
- Showing guilt over mistakes and/or having done something they should not have done
- Avoiding dangerous situations that may place them or others at risk
- Describing their own feelings and emotions
- Describing feelings and emotions in others

Language Development

This is the child's ability to understand and use language in communication. Communication takes place either verbally, by using words, or non-verbally, through the use of gestures. Some of the milestones in the development of language include:

- Saying the names of objects, places, people
- Responding to simple commands;
- Following and giving instructions;
- Communicating wants and needs verbally;
- Using complete and complex sentences;
- Asking and answering questions
- Starting and maintaining a conversation
- Taking turns in conversation;
- Pronouncing sounds and words correctly;
- Understanding nonverbal cues of others;
- Using language for social reasons;
- Understanding and using gestures and body language.

Physical development

This refers to the changes in size, shape, and physical maturity of the body, including physical abilities and coordination. Physical development involves both fine and gross motor skill abilities.

Fine Motor Skill Development

This is the child's ability to use small muscles, specifically their hands and fingers to perform activities such as picking up small objects, holding a spoon, turning pages in a book, or using a crayon or pencil to draw.

Gross Motor Skill Development

This is the child's ability to use large muscles. For example, a six-month-old baby learns how to sit up with some support, a 12-month-old baby learns to pull up to a stand holding onto furniture, and a five-year-old learns to skip.

The following are some of the milestones that indicate typical gross and fine motor development:

- Walking and running steadily;
- Balancing and maintaining good body posture
- Throwing, kicking and catching
- Grasping big and small objects
- Threading and lacing
- Colouring, drawing and writing

Factors that influence child growth and development

Heredity

Heredity is the transmission of physical characteristics from parents to children through their genes. It influences all aspects of physical appearance such as height, weight, body structure, the colour of the eye, the texture of the hair, and even intelligence and aptitudes.

Environment

The environment represents the sum total of physical and psychological stimulation the child receives. Some of the environmental factors influencing early childhood development include the physical surroundings the child lives in, as well the social environment and relationships with family and peers.

Nutrition

Nutrition is a critical factor in growth as everything the body needs to build and repair

itself comes from the food we eat. Malnutrition can cause deficiency diseases that adversely affect the growth and development of children. On the other hand, overeating can lead to obesity and health problems in the long run, such as diabetes and heart disease. A balanced diet that is rich in vitamins, minerals, proteins, carbohydrates and fats is essential for the development of the brain and body.

Family Influence

Families have the most profound impact in nurturing a child and determining the ways in which they develop psychologically and socially. Whether they are raised by their parents, grandparents or guardians, they need basic love, care and courtesy to develop as healthy functional individuals. Families that abuse or neglect children would affect their positive development.

Socio-Economic Status

The socio-economic status of a family determines the quality of the opportunity a child gets. Studying in better schools that are more expensive definitely has benefits in the long run. Well-off families can also offer better learning resources for their children while children from poorer families may not have access to educational resources and good nutrition to reach their full potential.

2.0 Atypical (Delayed) Child Growth and Development

Atypical development is when development does not follow the normal course. It is characterized by delayed developmental milestones in various aspects of development.

Characteristic of atypical (Delayed) child growth and development

Delays in physical development which include difficulty:

- Sitting or standing due to difficulty in maintaining posture.
- Walking, running, jumping, and/or moving due to physical or sensory-motor difficulties.
- Exploring and learning from the environment due to difficulty with sensory awareness of the body.
- Completing everyday tasks, such as getting dressed, completing puzzles, and brushing teeth due to sensory processing problems.
- Reaching or grasping of objects, including writing, coloring, cutting, and utensil use due to fine motor coordination challenges.

Delays in cognitive development which include difficulty :

- Learning new information appropriate for the child's age, such as colors, numbers, letters, and shapes.
- Initiating and completing tasks, such as getting dressed, playing with toys, and



completing puzzles.

- Following directions.
- performing tasks that require creativity.
- critical thinking and problem solving.

Delays in communication development which include difficulty:

- Expressing wants, needs, and ideas.
- Communicating intelligibly and fluently.
- Engaging in appropriate social interaction, including taking and sharing turns with others.
- Understanding and using age-appropriate vocabulary, language concepts, and conversation.
- Engaging in coordinated attention.

Delays in social/emotional development which include difficulty:

- Initiating, maintaining, and terminating appropriate social interactions.
- Engaging in appropriate verbal and nonverbal behaviors across settings.
- Expressing empathy
- Transitioning effectively across settings and activities.
- Complying with expectations and directions
- Using effective problem-solving strategies for a given situation.

Delays in adaptive behaviour development which include difficulty:

- Performing age appropriate daily-living and self-help skills such as, toileting, eating, dressing, and personal hygiene.
- Engaging in and learning from developmentally appropriate play;
- Establishing and maintaining friendships as developmentally appropriate;
- Recognizing and responding appropriately to safe and unsafe situations;
- Engaging in self-directed activities, such as independent play and pre-academic tasks, at a developmentally appropriate level.
- Initiating, maintaining, and terminating appropriate social interactions;
- Engaging in appropriate verbal and nonverbal behaviors;

- Demonstrating empathy;
- Using effective problem-solving strategies for a given situation.

Factors that negatively affect growth and development of a child

The following factors may affect growth and development of a child and cause developmental delay:

- **Complications at birth** such as premature delivery; low birth weight; anoxia (not getting enough oxygen at birth)
- **Environmental issues** such as Lead poisoning; poor nutrition; exposure to alcohol or drugs before birth; difficult family situations and trauma
- **Medical conditions:** Chronic ear infection, meningitis, encephalitis, Rubella, eye diseases
- **Other conditions** such as autism spectrum disorders (ASDs); cerebral palsy; foetal alcohol disorders. muscular dystrophy.
- **Genetic disorders** such as Down syndrome, Klinefelter syndrome and Turner syndrome.

Implications of atypical (delayed) development to a child

Cognitive delays may affect a child's intellectual functioning, interfering with awareness and causing learning difficulties that often become apparent after a child begins school. Children with cognitive delays may also have difficulty communicating, reading, writing and doing arithmetic. They also have difficulties solving problems which require critical thinking.

Delays in motor skills interfere with a child's ability to coordinate large (gross) muscles, such as those in the arms and legs, and small (fine) muscles, such as those in the hands and fingers. Infants with gross motor delays may have difficulty rolling over or crawling; older children with this type of delay may seem clumsy or have trouble walking up and down stairs. Those with fine motor delays may have difficulty holding onto small objects, such as toys, or doing tasks such as tying shoes, brushing teeth and writing.

Social developmental delays can have an impact on a child's ability to learn, communicate, and interact with others.

Early Intervention for atypical (delayed) growth and development of a child

Early intervention refers to identifying and providing effective early support to children and young people who are experiencing developmental delays. Effective early intervention prevents handicapping conditions caused by developmental delay from worsening or escalating to learning disabilities.

Through early intervention, children experiencing developmental delays get services at home, school or in the community. Different types of specialists work with children depending on which skills are delayed. Getting services early helps many children catch up and succeed in school and in life.

Development and implementation of an Individualized education programme is critical in planning for early intervention. This programme defines goals and the types of services that will support the child depending on aspects of development affected.

Early Intervention services may include:

- Speech and language therapy
- Physical or occupational therapy
- Psychological services
- Home visits and parental support services
- Medical, nursing, or nutrition services
- Hearing (audiology)
- Vision services
- Social work services
- Transportation
- Habilitation and rehabilitation services
- Assistive devices and technologies services.

Practical Activities

Trainee to be guided to carry out the following activities:

- Develop resources to sensitize the community on atypical child growth and development and its implication to the education of a child
- Use the resources to sensitize the school community.

LEARNING AREA: CURRICULUM FOR LEARNERS WITH DISABILITIES

Introduction

The learning area is intended to equip the trainees with knowledge, skills, attitudes and values to enable them understand the curriculum for learners with disabilities. This will enable them to support the learner in the learning process.

The learning area covers, CompetencyBased Curriculum for learners with disabilities, curriculum adaptations, learning strategies for learners with disabilities, assessments, learning resources, Individualized Education Program and Home-based Education programmes.

General Learning Outcome

By the end of the course, the trainee should be able to:

- a) Demonstrate understanding of the provisions of competencyBased Curriculum for learners with disabilities,
- b) Provide assistance in adaptation of curriculum activities to suit the needs of learners with disabilities and support individual learners during the learning process as guided by the teacher,
- c) Support in development and adaptation of learning resources and assessment for learners with disabilities,
- d) Support in the development and implementation of individualized education programmes and Home-based Education programmes for learners with disabilities.

Key areas to be covered

1. Competency Based Curriculum and adaptations for learners with disabilities-
 - Competency Based Curriculum for learners with disabilities
 - Curriculum adaptation for learners with disabilities
2. Learning strategies, assessments and learning resources for learners with disabilities.
 - Learning strategies for learners with disabilities
 - Assessment for learners with disabilities
 - Learning resources for learners with disabilities.
3. Individualized Education Programme and Home-based Education Programmes.
 - Individualized Education Programme for learners with disabilities

- Home Based Education Programme for learners with disabilities

Suggested Learning Strategies

- Brainstorm
- Discussion
- Practical work
- Modelling and simulations
- Online research
- excursions
- Role play
- Library research

Notes

Organization of the competency-Based Curriculum for learners with disabilities.

The curriculum is organized to accommodate learners with disabilities who follow the regular curriculum with adaptations (Age based) and those who may not follow the regular curriculum (Stage based).

- Learners with disabilities who follow the regular curriculum include learners with visual, hearing and physical impairment. After functional assessment these learners begin from pre-primary 1 and 2, then move to lower primary grade 1 to 3; this is referred to as Early Years Education (EYE). Learners then move to grade 4 to 6 known as upper primary. After upper primary learners move to grade 7 to 9 known as lower secondary. These learners finish Basic Education at Senior Secondary, that is Grade 10 to 12. At this level the learner specializes in either of three pathways namely Arts and Sciences, Social Sciences and Science Technology Engineering and Mathematics (STEM).
- Learners who may not follow the regular curriculum include learners with intellectual disability, Autism, Deafblind, Severe cerebral palsy and multiple disabilities. After functional assessment these learners begin at foundation level then move to intermediate and pre-vocational level. These learners complete Basic Education at Vocational level where they specialize in a particular vocational skill area.
- Learners with disabilities who may not attend formal schooling due to various underlying factors will receive education through Home based Education programmes.

Components of Curriculum Designs

The curriculum design has the following components:

- National goals of education

They express what the country expects to achieve through provision of education to its people. The following are the eight national goals of education:

1. Foster nationalism, patriotism and promote national unity
2. Promote social, economic, technological and industrial needs for National development
3. Promote individual development and self-fulfillment
4. Promote sound moral and religious values
5. Promote social equity and responsibility
6. Promote respect for and development of Kenya's rich and varied cultures
7. Promote international consciousness and foster positive attitudes towards other nations
8. Promote positive attitudes towards good health and environmental Protection

- **Level learning outcomes**
These are the demonstrable end results expected in learners after having gone through a specific level of CBC education.
- **Essence statement**
This is the rationale for including the learning area in the curriculum. It justifies the importance of the learning area by stating the skills that target the learners with disabilities will acquire and what is covered in the learning area.
- **Learning area general learning outcome**
These learning outcomes indicate what the learner is expected to achieve in a given learning area.
- **Strand**
A strand is a broad area of study within a specific learning area that cuts across all levels of education.
- **Sub Strand**
A sub-strand represents smaller concepts within the strand.
- **Specific Learning Outcomes**

Specific learning outcomes are lesson based. Each sub-strand in the curriculum designs has specific learning outcomes which are geared towards achieving the learning area general learning outcomes.

- **Suggested Learning Experiences**

Learning Experiences can be defined as interactions through which learning takes place. A learner with disability is exposed to situations and activities so as to develop desired knowledge, skills, attitudes and values.

- **Key Inquiry Questions (KIQ)**

These are open-ended questions that help to focus learning. They probe for deeper meaning and set the stage for further questioning. They are mainly ‘how and why’ questions.

- **Core Competencies to be developed**

Competency refers to the ability to apply appropriate knowledge, skills, attitude and values to successfully perform a task. In basic education, the learner is expected to develop and apply the following core competencies:

- a) Communication and Collaboration
- b) Critical thinking and problem solving
- c) Imagination and creativity
- d) Citizenship
- e) Digital Literacy
- f) Learning to Learn
- g) Self-efficacy

- **Links to Pertinent and Contemporary Issues**

Pertinent and Contemporary Issues (PCIs) are issues that affect people in their everyday life. These are health related issues, life skills and socio-economic issues.

- **Values**

Values are standards set by the society to regulate behaviour of the people.

- **Links to other learning area**

Link to other learning areas in CBC refers to transfer of knowledge, skills, attitudes and values learnt in one learning area to another.

- **Suggested Community Service Learning**

Learners are given the opportunity to apply what they learnt in school in the neighbouring community.

- **Suggested Non-formal activities to support learning**

Non-formal learning activities are structured learning situations which are meant to enhance what is learnt during formal learning.

- **Suggested Assessment Methods**

These are strategies used to determine the level of achievement of a learner in the learning process.

- **Suggested Learning Resources**

Resources are the learning items, materials and persons used to achieve expected learning outcomes.

- **Assessment Rubrics**

A rubric is a tool used to interpret and determine the level of performance of learners against set criteria and standards.

The learning areas developed and adapted for different categories of learners with disabilities.

Curriculum has been adapted to suit the needs of learners with disabilities as shown below;

Categories of Learners	Pre- primary	Lower primary	Upper primary
Visual Impairment	<ul style="list-style-type: none">• Mathematics Activities• Environmental Activities• Psychomotor and creative Activities	<ul style="list-style-type: none">• Mathematics Activities• Environmental Activities• Movement and creative activities	<ul style="list-style-type: none">• Mathematics• Science and technology• Social studies• Agriculture• Home science• Creative arts• Physical and Health Education

Hearing Impairment	<ul style="list-style-type: none"> Environmental Activities Psychomotor and creative Activities 	<ul style="list-style-type: none"> Environmental Activities Movement and creative Activities English Language Activities 	<ul style="list-style-type: none"> English Science and Technology Social studies Creative arts
Physical Impairment	<ul style="list-style-type: none"> Mathematics Activities Environmental Activities Psychomotor and creative Activities 	<ul style="list-style-type: none"> Mathematics Activities Environmental Activities Movement and creative activities 	<ul style="list-style-type: none"> Mathematics Science and technology Social studies Agriculture Home Science Creative arts Physical and Health Education

Specialist Curriculum that has Been Developed for Learners with disabilities. Specialist curriculum has been developed for learners who are blind and those who are deaf in the following learning areas.

Category of Learner	Pre-primary	Lower primary	Upper primary
Visual Impairment	Pre-braille activities	Braille literacy	Braille skills
Hearing impairment	Kenyan sign language	Kenyan sign language	Kenyan sign language

The following learning areas have not been adapted and therefore, will be taken by learners with disabilities without adaptation.

Category of Learner	Pre-primary	Lower primary	Upper primary
Visual Impairment	<ul style="list-style-type: none"> • Language activities • Religious Education Activities 	<ul style="list-style-type: none"> • English language Activities • Kiswahili language activities • Hygiene and nutrition activities • Literacy activities • Religious education activities 	<ul style="list-style-type: none"> • English • Kiswahili • Religious Education • Foreign language • Indigenous languages
Hearing Impairment	<ul style="list-style-type: none"> • Mathematics activities • Religious education activities • Language activities 	<ul style="list-style-type: none"> • Mathematics activities • Religious education activities • Literacy activities 	<ul style="list-style-type: none"> • Religious Education • Foreign language • Indigenous languages • Kiswahili • Mathematics • Agriculture • Home Science • Physical and health education
Physical Impairment	<ul style="list-style-type: none"> • Language activities • Religious Education Activities 	<ul style="list-style-type: none"> • English language Activities • Kiswahili language activities • Hygiene and nutrition activities • Literacy activities • Religious education activities 	<ul style="list-style-type: none"> • English • Kiswahili • Religious Education • Foreign language • Indigenous languages

The Stage Based Curriculum for Learners with disabilities

The Basic Education Curriculum Framework provides a different pathway for these learners which are stage-based rather than age-based. The Curriculum is organized into 4 levels namely Foundation, Intermediate, Pre-vocational and Vocational levels.

Specialized curriculum has been developed for the foundation and intermediate levels in the following learning area.

Category of the learner	Foundation level	Intermediate level
Intellectual disability	<ul style="list-style-type: none">Communication, social and pre-literacy skills	<ul style="list-style-type: none">Communication, social and pre-literacy skills
Deaf blindness		
Severe cerebral palsy	<ul style="list-style-type: none">Sensory integration and creative activities	<ul style="list-style-type: none">Daily Living Skills and Religious Education
Severe autism		<ul style="list-style-type: none">Sensory motor and creative Activities
Multiple disabilities	<ul style="list-style-type: none">Activities of daily living skillsPre numeracy skillsOrientation and mobility skills	<ul style="list-style-type: none">Orientation and Mobility SkillsPre-numeracy ActivitiesEnvironmental SkillsPsychomotor skills

Concepts and activities that may require adaptations to different categories of learners with disabilities.

The following concepts and activities require adaptation to enhance acquisition of specific competencies to learners with disabilities:

- Colour or drawing for learners with visual impairment and those with physical impairment.
- Mobility for learners with visual, physical impairment and deaf blind.
- Communication and social skills for learners with intellectual disabilities, deaf-blind and those with hearing impairment.
- Sound for learners with hearing impairment and those with deaf blindness.
- Geometrical concepts for all the categories of learners with disabilities.
- Games for learners with physical impairment.
- Videos for learners with visual impairment and those with hearing impairment.

Breaking down tasks into manageable units for specific categories of learners with disabilities.

The tasks may be broken down for learners with disabilities as follows:

- Identifying the target skill.
- Identifying the prerequisite skills of the learner and the materials needed to learn the task.
- Breaking the Skill into Components.
- Confirming that the task is completely analyzed.
- Determining how the skill will be learnt.
- Implementing intervention and monitoring progress.

Adaptation of learning activities to suit the individual needs of different categories of learners with disabilities.

Trainees need to be trained on how to adapt learning activities to suit the individual needs of different categories of learners with disabilities.

This may include:

- Verbal description of picture for learners with blindness.
- Assisting learners with physical impairments to play wheelchair volleyball.
- Assisting the learners with hearing impairment to feel vibration of a drum being hit to produce sound.
- Giving more time for a learner with a disability to complete a task of playing a game.
- Changing the rules of playing the game
- Allowing margins of error
- Adapting the material and the working environment.

Ways in which different categories of learners with disabilities acquire learning concepts.

Learners with disabilities can acquire concepts through a combination of the following activities:

- Experiencing
- Memorizing
- Understanding

Relaying learning concepts to learners with different categories of disabilities.

Learners with disabilities learn best through activity-based learning. In this approach learners are actively involved and participate both mentally and physically. Learning

by doing is the main focus in this method. Learners may be given guided exploration and explanations of learning materials they will be interacting with.

Assisting learners with disabilities in organizing their work.

It is important for learners with disabilities to maintain organization of their learning materials and take responsibility for independently storing and retrieving personal work when prompted. The trainees need to be trained on the following.

Guiding learners with disabilities to:

- Identify working space for example table, desk or any other working surfaces
- Organize the learning materials and equipment to give room for working and avoid congestion.
- Arrange their work either on the book, braille paper or any other writing, drawing, painting or printing material.
- Hold the learning materials and equipment in the appropriate position for example holding the exercise book and pencil appropriately.
- Organize materials and artifacts in their portfolio.
- Use digital devices to write, save, store and retrieve their work
- Organize their play and games activities.
- Bind and store their work either in braille or print.
- Display their work.

Meaning and purpose of Competency Based Assessment in relation to learning for learners with disabilities.

Competency Based Assessment is a process of determining the capability of a learner to apply a set of related knowledge, skills, values and attitudes required to successfully perform tasks.

Purpose of assessment to learners with disabilities

- Assessment helps to determine whether goals of education are being achieved.
- Assessment results are used to determine the level of performance of the learner.
- Assessment guides the teacher on the effectiveness of learning strategies used.
- Learners are able to know their progress in learning
- Guide to determine the effectiveness of the learning resources for the learner with disability.

- Guide to determine whether the content is appropriate for the learner with disability.

Modes of assessment used in Competency Based Assessment to assess learners with disabilities.

- Observation
- Aural questions
- Oral questions
- Written questions
- Assignments assessment
- Peer Assessment
- Self- Assessment

Adaptations made in assessment to accommodate different categories of learners with disabilities.

The following are strategies that can be used to make adaptations in assessment of learners with disabilities:

- Adapting test materials
- Modifying assessment methods
- Adapting the testing environment
- Using supplementary tools
- Learners can use word prediction and spell-checker software
- Breaking the task into smaller steps
- Adapt the pace of activities

Learning materials, devices, equipment and assistive technology used by different categories of learners with disabilities.

The following are examples of learning materials, devices, equipment and assistive technology used by learners with disabilities:

Categories of the learner with disabilities	Learning materials, devices, equipment and assistive technology
Visual Impairment	Braille materials and equipment Tactile materials Models Mobility aids Abacus Talking calculators Magnifiers Refreshable braille displays Screen readers Adapted keyboards
Physical impairment	Large felt-tip pen or modified pens or pencils or colour pencils. Reading stand or book holders. Automatic page turners Mobility aids Speech generation and voice recognition devices Adapted computer
Hearing impairment	Hearing aids Adaptive aids and equipment Assistive listening devices

Intellectual disabilities	Communication aids Cognitive aids Adapted worksheets Models Flash cards of words
Deaf blindness	Object symbols Calendar schedules using objects Braille materials and equipment Hearing aids Braille displays Mobility aids
Multiple disabilities	Models Adaptive aids and equipment Mobility aids
Autism	Visual clues Augmentative and alternative communication aids Words with illustrated pictures Sighted words or flash cards of words or pictures

Individualized Education programme (IEP).

An IEP is a written plan that describes what the teacher and other professionals will do to meet special needs of a learner.

Components of Individualized Education Programme

- 1) The learner's present level of performance. Shows strengths and areas of weakness or challenges after assessing the child through observation, tests or interviews.
- 2) Long term and short-term learning outcomes. Long term learning outcomes state what is expected to be achieved within a specified period for example one month or a term.
- 3) Evaluation procedure and criteria. Describes how progress will be assessed and specifies how well the learner is expected to perform.



- 4) Special educational needs and related services. Lists challenges calling for an IEP i.e. educational and other related services such as physiotherapy, occupational therapy, speech therapy, guidance and counseling in addition to the educational intervention, it should be specified as to whom, when and where these may be provided.
- 5) Implementation strategy. Shows the date when the programme will start, the duration of time it will take and the review date.

Sample IEP

1. Personal details about the learner

- Name.....
- Date of birth.....
- Age.....
- Grade/Level.....
- Parent/guardian Name
- Occupation.....
- Address.....
- Telephone/Mobile number
- Historical background: Medical history, disability history, home environment, learning, any schools attended before
- Date of initiation of IEP.....
- Date of termination of IEP.....
- Area of focus: Toileting

2. Present Level of Performance

Summary of strengths

- Identifies the need for toileting
- Communicates the need for toileting
- Can locate and move to the toileting area

Weaknesses

- Has difficulties in undressing
- Has difficulties in positioning
- Has difficulties in cleaning self

- Has difficulties in dressing
- Has difficulties disposing or flashing
- Has difficulties in Cleaning hands

3. Initial recommendations

The learner needs toilet training in the following areas:

- Undressing
- Positioning
- Cleaning self
- Dressing
- Disposing or flashing toilet after use
- Cleaning hands

4. Long term learning outcome

By the end of the term, the learner should be able to perform toileting activities independently.

5. Short term learning outcome

The length of time the skill will take should be determined by the teacher:

- Undressing: By the end of 2 weeks the learner should be able to undress in readiness for toileting.
- Positioning: By the end of 2 months the learner should be able to position self for toileting.
- Cleaning self: By the end of 1 month the learner should be able to clean self after toileting.
- Dressing: By the end of 3 weeks the learner should be able to dress self in readiness for toileting.
- Disposing or flashing: By the end of 1 month the learner should be able to dispose off /flash toilet after toileting.
- Cleaning hands: By the end of 3 months the learner should be able to clean self after toileting.

6. Suggested Learning Experiences under

Undressing skill

- Unbuttoning/unzipping



- Lifting upper clothes
- Lowering lower clothes to the right level

Assessment Modalities

- Tools for assessment e.g. checklists
- By who: Teacher, parent or house parent
- Interpretation (Analysis of the results): This is based on standards developed from the learning outcomes

7. Other professionals to involve

Child may require a speech therapist, physiotherapist, sign language interpreter.

8. IEP Implementation strategies

- When will the IEP start?
- When to review (like a monitoring to check progress or change)
- When it will end
- Evaluation report
- Contains information on how the learner progressed in acquiring the specific skills.
- What were the challenges e. g may be the child fell sick and got hospitalized, parent transferred among others?

9. Conclusion

This can be in 2 ways: the learner was able to acquire all the toileting skills or acquired some of the toileting skills.

10. Recommendation

- Scenario 1: If the learner acquired all the toileting skills, the IEP ends.
- Scenario 2: If the learner only acquired some of the skills in toileting, then the period of the IEP can be extended for the learner to acquire the remaining skills.

How to adapt learning resources for learners with disabilities

When adapting learning resources for learners with disabilities should consider the following:

- The target skill to be assessed.
- Learner's age.

- The working environment.
- Nature of disability.
- Level of functioning.

How to support a learner with disability to use a learning resource.

Consider the following when supporting a learner with disability to use a learning resource:

- The working environment should be conducive.
- Ensure learning resources are accessible and manipulative.
- Guide the learner to sit in the appropriate position.
- Learner to manipulate the learning resource.
- Provide one on one demonstration on how to use the learning resources.
- Allow more time for the learner to use the learning material.

Practical activity

Trainees to model a learning session in which the Learner Support Assistant is supporting a learner with disability to use a learning resource.

Home based Education programme for learners with disabilities.

Home based education programme for learners with disabilities, is an educational process where parents, teachers, or professionals support children with disabilities to learn at home, instead of having them formally educated in a public or private school setting.

Components of home-based education plan.

The following are components of home-based education plan:

a) Learners details

Full name and date of birth

b) Overview of the learning process

- The place learning will take place- describe where learning will take place throughout the year for example home, library.
- Discuss when learning will take place- describe when during the year learning of different skills will take place.
- Recording learning outcomes- describe how you intend to record learner's achievement for example diary, portfolio.
- Indicate an exemption- if yes indicate the learning area

- Indicate partial enrollment in a neighbourhood school- if yes indicate the name of the school, learning area and time of attendance.

c) Consider your learner's need

Describe learner's strengths, abilities, needs and what they are expected to achieve in a year.

d) Learning activities plan

Indicate how you will facilitate learning outlining: strands and sub strands, specific learning outcome learning experiences, learning resources and link to other learning areas.

LEARNING AREA: COMMUNICATION STRATEGIES FOR LEARNER WITH DISABILITIES

Introduction

This learning area is intended to equip trainees with knowledge, skills, attitudes and values on the identification and use of appropriate techniques in communicating with learners with specific disabilities. This will reduce communication barriers and enable trainees to support learners with disabilities during the learning process.

This is an integrated learning area covering all the communication modes and strategies which are necessary for successful interaction between the Learner Support Assistant and the learners with diverse disabilities.

The course covers augmentative and alternative communication, basic sign language, basic Braille and tactful communication

General Learning Outcomes

By the end of the course, the trainee should be able to:

- Explore the various methods of communication suitable for communicating with different categories of learners with disabilities;
- Utilize augmentative and alternative communication modes in assisting learners with disabilities to communicate effectively;
- Apply basic sign language in supporting learners with hearing impairment to communicate;
- Acquire basic braille skills to support learners with visual impairment when reading and writing;
- Demonstrate ability to conduct a one on one communication with learners with disabilities using tactful communication;

Key Areas to be Covered

1. Augmentative and Alternative aided communication
 - Unaided communication
 - Aided communication
2. Basic sign language
 - Manual alphabet and Numbers
 - Fingerspelling
 - Basic sign formation

- Receptive and expressive communication skills

3. Basic braille skills
 - Pre braille activities
 - Basic braille reading and writing
4. Tactual communication
 - Forms and strategies of tactual communication
 - Tactual communication devices and technology

Suggested Learning Strategies

1. Brainstorming
2. Discussion
3. Role play
4. Simulations
5. Online and library research
6. Project
7. Experiential learning
8. Excursions and field trips
9. Visiting learning institutions
10. Practicums

Notes

Augmentative and Alternative Communication (AAC)

Communication is the process of passing or receiving information such as facts, ideas, concepts, opinions, attitudes and emotions. Communication can either be verbal or non-verbal.

Augmentative and alternative communication (AAC) refers to communication methods used to supplement or replace speech or writing for persons with severe challenges in the production or comprehension of spoken or written language. Augmentative and alternative communication may be aided or unaided. The appropriate mode or modes of communication are determined by the needs of the individual with disabilities and their communication partners.

Unaided Communication

Unaided communication includes non-verbal communication modes such as facial ex-

pression, body posture, eye contact, gestures, body orientation and sign language.

Aided Communication

Aided Communication refers to when expression of the intended message relies on some physical form external to the communicator, such as a communication aid, graphic symbols, pictures, or an object.

Aided AAC systems require physical support, such as a voice output device or a picture exchange system. Examples of aided communication systems include:

- Picture exchange communication systems (PECS)
- Communication boards
- Core-word boards
- Theme boards
- Partner Assisted Scanning
- Communication passport
- Communication book/pen/ paper/pictures
- Objects of reference.
- Homemade books of picture symbols
- Recorded speech devices
- Electronic tablet speech application
- Speech generating devices.

Basic sign language

Sign language is one of the major forms of communication used by persons with hearing loss.

It consists of hand movements, hand shapes as well as facial expressions and lip patterns.

Sign language is used instead of spoken language by the deaf as well as the hearing communities when communicating with one another.

The following should be considered when learning sign language:

- **Facial expressions:** People who are deaf use facial expressions to determine the mood of the conversation or topic.
- **Utilize real-life situations:** Real-life exchanges with other people who know sign language will help to learn sign language more quickly. It is advisable to

join social groups to help you practice.

- **Practice fingerspelling:** Fingerspelling is quite simple, and an easy way to communicate with persons who are deaf without memorizing all the words and phrases.
- **Manual Alphabet and Numbers**

Manual communication systems use articulation of the hands (hand signs) to pass or receive a message. Being expressed manually, the messages are received visually, and sometimes tactually (Tactual signing).

Components of manual signing

The major components of manual sign language include: Hand shapes or hand forms, movement or motion (manner of articulation), location (place of articulation), and palm orientation.

Handshape

This is the shape that the hand and fingers adopt to articulate a sign.

Location

This is the place where the sign is articulated. It could be in neutral space or in contact with the signer's body.

Movement

Movement means the hand's pathway and the way it moves for example, circular, quick or slow.

Orientation

This is the direction the palm faces. It could be that the palm faces the same direction throughout the sign, or that it begins with one orientation and ends with another.

Note: If any of the components is altered, omitted or substituted with another, a different sign is formed and the message could be distorted.

Fingerspelling

Fingerspelling is the representation of the letters of a writing system, and numeral systems using the hands.

Fingerspelling rules

- Mouth the whole word not the individual letters.
- Keep your hand just below your chin and over to your shoulder.
- Keep your elbow down and close to your body, with your arm relaxed.



- Do not bounce your hand/letters.
- Do not move your hand horizontally.
- Do not look at your hand while fingerspelling.

Basic Braille Skills

Braille is a communication system that uses combinations of raised dots to write letters and numbers. It is a system that enables persons with visually impairment to read and write through touch. The following braille skills should be mastered by the learner;

- Inserting and removing paper in a braille writer.
- Scribbling and making random braille dots
- Placing fingers on the braille writer keys appropriately.
- Pushing all keys to write a full braille cell.
- Using the thumb on the spacebar to make a space.
- Using the fingers in isolation to write rows of braille dots
- Operating line advance/carriage return to move to the next line and backspace to go back.
- Using appropriate fingers on keys on braille writer
- Using appropriate finger strength to emboss dots of correct and equal height.
- Setting margin stops on a braille writer to create columns.
- Locating and naming parts of a braille writer such as embossing keys, embossing head, carriage return, backspace, line advance, paper feed knobs, paper stops, paper release levers, roller, bell.

Pre braille activities

Pre-braille are activities designed to increase tactual awareness and perception in individuals who will learn to read and write braille in the future

The following are some suggested pre-braille activities:

Thumb and Fingers Grasp in activities such as stringing beads, cutting with scissors, colouring, sticking using glue, pinching playdough or clay, fixing pegs in a pegboard, building towers with blocks, painting with paintbrush, turning pages of a book, paper weaving, putting shapes into a shape board, buttoning, zipping and lacing.

Pincer grip in activities such as picking up small objects, sewing, stringing beads, put-

ting clothes pegs on edges of boxes, putting coins through a small slot. \

Release grip in activities such as dropping an object on request, stacking activities, sorting activities, placing objects in containers.

Tracking in activities such as tracking along and across lines, tracking lines of braille cells, tracking from left to right and top to bottom.

Basic braille reading and writing

Braille consists of patterns of raised dots arranged in cells of up to six dots in a 3-by-2 configuration. Each cell's dot arrangement represents a letter, number, or punctuation mark. Also, many commonly used words and letter combinations have their own contracted single-cell pattern. Mastery of the pattern and configuration is critical in learning how to read and write in braille.

Braille reading and writing materials and equipment;

Materials and equipment used in reading and writing braille include;

- Braille note takers
- Braillers or braille writers
- Slate and stylus
- Embossers
- Braille printers
- Braille paper

How to guide a learner to read and write braille

- Provide tactile sensitivity training to help learners discriminate fine details by gently touching a variety of textures, and eventually braille dots.
- Train the learner to maintain proper sitting posture.
- Let the learner explore the braille machine to get accustomed to the feel, sound and keys.
- Assist the learner to recognize braille dots through early braille book exposure and tactile sensitivity training.
- Using hand-under-hand or hand-over-hand, assist the learner to locate the top left corner of his paper or book and find the first row of braille.
- Guide the learner to align fingers and with curved and relaxed hands, move the fingertips steadily along each row of braille.
- The learner should be guided, at the end of each row of braille, to hold his/her



place with the right hand and use the left hand to locate the next row of braille. Once found, the right hand will join the left hand and move along the row.

- While the learner's hands move along the rows of braille, the primary reading fingers will be the pointers.
- Guide learners to master the letters of the alphabet, followed by simple to complex words.

Practical Activities

Trainees to be guided to carry out the following activities;

1. Identify unaided communication resource
2. Develop the resource
3. Use the resource to assist a learner with communication difficulties to express his/her needs.

LEARNING AREA: FUNCTIONAL SKILLS

Introduction

Functional Skills are practical skills that provide an individual with relevant competencies to operate confidently, effectively and independently in life and work. This learning area is intended to equip the trainees with essential knowledge, skills, attitudes and values in functional skills to enable them support learners with disabilities in different learning settings.

The learning area covers Activities of Daily Living skills, Orientation and Mobility Skills, Social Skills, Habilitation and Rehabilitation.

General Learning Outcomes

By the end of this course, the trainee should be able to:

- a) acquire competencies in daily living skills to support learners with different disabilities in the learning process;
- b) apply skills in orientation and mobility to guide learners with different disabilities to operate independently in the environment;
- c) support learners with disabilities to acquire appropriate socials skills for healthy interactions;
- d) acquire competencies in habilitation and rehabilitation to support learners with disabilities to function independently.

Key Areas to be covered

1. Activities of Daily Living skills which covers Personal hygiene, Feeding, Dressing and undressing and Toilet training.
2. Orientation and Mobility Skills which covers Orientation skills and Mobility Skills.
3. Social skills which include Interpersonal skills and Emotional skills.
4. Habilitation and Rehabilitation which include Habilitation and Rehabilitation.

Suggested Learning strategies

- Discussions
- Brainstorming
- Role play
- Buzzing
- Explanations

- Visit to institutions for learners with disabilities
- Case studies
- Project
- Sharing of experiences

Notes

Activities of Daily Living Skills

Activities of daily living are basic skill a person needs to have to accomplish basic daily tasks every day for an individual to thrive

Personal hygiene

Personal hygiene refers to maintaining cleanliness of one's body and clothing to preserve overall health and well-being.

Importance of personal hygiene

- To minimize infections and health problems.
- Boosts confidence
- For positive representation
- Promotes social acceptance
- To diminish the danger of being mocked at school

The Personal hygiene skills that learners with disabilities need include:

Bathing which include skills of; demonstrating awareness of the need to bathe, identifying facilities used for bathing, identifying materials for bathing, taking a bath or a shower and care for bathing facilities and materials.

Brushing teeth which include skills of; demonstrating awareness of the need to brush teeth, identifying materials and facilities used when brushing teeth, practice appropriate teeth brushing procedure, care for the brushing materials.

Controlling drooling which include skills of; identifying the need to control drooling and controlling drooling by; wiping saliva, swallowing the saliva, closing mouth, positioning the head appropriately, appropriate sitting position, mouth, jaws and throat exercises.

Care for hair which include skills of; demonstrating awareness of the need to care for the hair, identifying materials and facilities used to care for the hair, practicing hair care skills, care for materials used in hair care.

Menstrual hygiene which include skills of; identifying presence of menstruation, communicating presence of menstruation, identifying sanitary materials (commercial or improvised) Choosing sanitary materials, obtaining sanitary materials (purchasing, improvising, requesting when in need), using sanitary materials, caring for reusable sanitary materials, disposing of used sanitary materials, cleaning self during menstruation.

washing clothes which include skills of; identifying need for washing, identifying dirty clothes, identifying appropriate detergents such as bar soaps, powder and liquid soap, use correct procedure for washing different types of clothes through sorting, soaking, washing, rinsing and airing.

Feeding

The importance of training learners with disabilities on feeding skills

- To enable the learner to eat and drink
- To express need for feeding
- To eat and drink independently
- To observe table manners

The skills learners with disabilities need for independent feeding include skills of; identifying need for feeding, communicating when in need of feeding, identifying edibles and non-edibles, identifying feeding utensils, identifying appropriate feeding time and place, eating and drinking procedure, creation of awareness by prompting, locating the food, scooping the right amount of food, chewing and swallowing, holding the cup, drinking without spilling, wiping the mouth, demonstrating appropriate table manners (etiquette) sitting position, eating without talking, quantity of food in the mouth ,eating speed, avoiding grabbing and scrambling for food ,avoiding licking hands and utensils, caring for feeding utensils and materials, handling utensils, clearing the eating place/ table, Washing utensils and materials, storage of utensils and materials

Dressing and undressing

Importance of training learners with disabilities on dressing and undressing

- To dress and undress independently
- To identify clothes for different occasions
- To observe dressing etiquette

The skills that learners with disabilities require for dressing and undressing include; identifying own clothes, identifying right and wrong sides of clothes, putting on and removing clothes, fastening clothes, identifying clothes for different purposes, caring for clothes and putting on the right shoes on the right foot, lacing shoes.

Toilet training

Importance of training learner with disabilities on toileting skills

The skills learners with disabilities require in toileting include; identifying the need for toileting, expressing need for toileting, identifying the toileting area, moving to the toileting area, identifying and using toileting materials and tidying up after toileting.

Orientation and Mobility Skills

Orientation skills

Orientation is the ability of an individual to know his/her position and direction in the environment.

Importance of orientation skills to learners with disabilities

- To enable them to know where they are, where they are going and strategize how to get to a destination
- To move independently
- Give the learner the positive experiences needed to encourage independent movement.

Orientation skills learners with disabilities require for appropriate positioning in the environment include; body awareness (identify major parts of the body head, eyes, ears, nose, legs, mouth, shoulders, stomach, hands and reproductive organs), positioning in space and direction (identify major parts of the body in relation to the following positions left and right, upper and lower, back and front, in front, behind, under, above and over), using cues, clues, landmarks (smell, sound, touch, temperatures pavements, moving vehicles, posts, fences, trees, sound flow of rivers, Roads) and assistive devices for environmental awareness.

Mobility Skills

Mobility refers to the ability of an individual to move in a given environment with confidence and control.

Importance of mobility skills to learners with disabilities

- To learn about their environment
- To understand their environment
- To gather sensory information
- Provides a set of foundational skills to use residual visual, auditory and other sensory information

The mobility skills learners with disabilities require for independent and safe movement in the environment include; use of parts of the body in mobility, body po-



sitioning and posture, mobility techniques (sighted guide, self-protection skills, white cane use,) assistive devices (auditory devices such as hearing aids, optical device such as spectacles, magnifying glasses, white cane, mobility devices, clutches, wheel chairs, walkers).

Social skills

Interpersonal skills

Interpersonal skills refer to skills of interacting with others effectively

Importance of interpersonal skills

Interpersonal skills enable the learner to:

- work more effectively as part of a team
- communicate effectively
- form and maintain social bonds
- relate to the situations of others
- negotiate with others
- apologize
- reconcile differences
- Influence others successfully

The interpersonal skills learners with disabilities require for independent movement in the environment include; maintaining eye contact and appropriate personal space, understanding gestures and facial expressions. taking turns, imitating tasks, observing good manners, knowing the rules of conversation, getting along in group interactions.

Emotional skills

Emotions are strong feelings that arise from reactions to situations, people and issues.

Types of emotions displayed by learners with disabilities in different situations

- Aggression
- Withdrawal
- Love
- Joy
- Hate
- Anger
- Fear



- Jealousy
- Desire

Situations that evoke different emotions in learners with disabilities

- Certain foodstuffs for learners with certain disabilities
- Teasing
- Rebuke
- Visitors
- Success
- Praise
- Misunderstanding
- Failure
- Insults
- Bereavement
- Threat
- Conflict

Habilitation and Rehabilitation

Habilitation

Refers to a process aimed at helping persons living with a disability attain, keep or improve skills and functioning for daily living. Habilitation services are designed to establish skills that have not yet been acquired at an age appropriate level.

Importance of habilitation to learners with disabilities

- Assist an individual in partially or fully acquiring or improving skills and functioning
- Enables them to go to school, or participate sports, or leisure activities
- Enhances independent living

Rehabilitation

Rehabilitation refers to reestablishment of skills that were acquired at the appropriate age but have been lost or impaired. Rehabilitative services help an individual to keep, get back, or improve skills and functioning for daily living that have been lost because a person was sick, hurt, or has a disability.

Importance of rehabilitation to learners with disabilities

- Improves coordination for better mobility and easier movement.
- Improves movement with ease
- Reduces swelling in the affected joints and muscles
- Helps improve balance
- Lessens pain
- Strengthens your muscles
- Improves endurance – gain strength and the ability to complete physical rehabilitation exercises and progress with your treatment program
- Decreases the frequency and intensity of muscle spasms
- Promotes healing of lesions and soft tissue injuries
- Prevents deformities and limb problems
- Corrects posture problems
- Enhances self-confidence and ability to deal psychologically with illness or injury.
- Provides greater independence

Components of habilitation and rehabilitation programme for learners with disabilities

It is important to note that the habilitation and rehabilitation services can involve the same interventions which can be provided in the same setting, to address the same functional deficits and achieve the same outcomes. The difference is whether they involve learning something new or relearning something that has been lost or impaired.

The services include the following interventions:

- early detection, diagnosis, and intervention;
- medical care and treatment;
- social, psychological, and other types of counselling and assistance;
- training in self-care activities, including mobility, communication, and daily living skills, with special provisions as needed (for example, for persons with hearing impairment or visual impairment);
- provision of technical and mobility aids and other devices;
- referral for complications



- specialized education services;
- vocational rehabilitation services (for example, vocational guidance, vocational training, placement in open or sheltered employment); and
- follow-up

Practical activity

Trainee demonstrate feeding skills to a learner with a disability. The skills may include creation of awareness by prompting, locating the food, scooping the right amount of food, chewing and swallowing.

LEARNING AREA: HEALTH NUTRITION AND SAFETY

Introduction

This learning area covers health promotion, safety in the environment and Nutrition. The learning area is intended to equip the trainee with knowledge, skills, attitudes and values in promotion of good health to be able to support learners with disabilities in acquiring good health practices.

General Learning Outcomes

By the end of the course, the trainee should be able to:

- a) acquire knowledge, skills, attitudes and values to promote healthy living for learners with disabilities;
- b) support learners with disabilities to acquire safety skills to enable them operate safely in the environment;
- c) support learners with disabilities to observe appropriate nutritional practices for healthy living.
- d) appreciate the importance of good health practices for the wellness of self and others.

Key areas to be covered

1. Primary Preventive Health Practices
2. Environmental Health
3. Environmental Hazards and Safety Measure
4. First Aid for Common accidents
5. Common Ailments
6. Nutritional Requirements
7. Nutritional Deficiencies

Suggested Learning Strategies

1. Brainstorming
2. Discussion
3. Role play
4. Simulations
5. Online and library research

6. Project
7. Experiential learning
8. Excursions and field trips
9. Practicums

Notes

Primary Preventive Health Practices

Primary Preventive Health comprises Practices intended to protect, promote or maintain health and well-being and at the same time helping to prevent disease, disability or death.

Primary preventive health practices include:

- Proper Nutrition
- Immunization
- Exercises and rest
- Infection Control
- Injury Prevention
- Prenatal and postnatal care

Environmental Health

Environmental Health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environment.

Maintaining a healthy environment is central to increasing quality and healthy life. It is therefore important to ensure the environment is safe and healthy by observing the following measures:

- Keeping the environment clean
- Proper disposal of garbage,
- unblocking drainages
- Cutting long grass and clearing bushes around residential areas
- Protecting water sources
- Avoiding use of dangerous chemicals
- Protection from fumes and poisonous smoke

Environmental Hazards and Safety Measure

An environmental hazard is a substance, a state or an event which has the potential to threaten the surrounding natural environment and adversely affect people's health.

Types of Environmental Hazards

Environmental hazards can be categorized into; physical, chemical, biological, and cultural.

Physical hazards are potential dangers that occur naturally and are observable in the environment. These include open pits, obstacles, sharp objects, unprotected electrical appliances and natural disaster events such as earthquakes, volcanoes, landslides, and droughts.

Chemical hazards can be both natural and human-made chemicals in the environment. Human-made chemical hazards include chemicals products, such as disinfectants, pesticides and plastics. Some heavy metals such as lead and mercury also constitute chemical hazards.

Biological hazards come from ecological interactions between organisms. Viruses, bacterial infections and parasites are examples of biological hazards. These pathogens and diseases causing organisms are transferred from one person to another.

Cultural hazards, also known as **social hazards** include; physical location, socioeconomic status, occupation, and behavioral choices. For example, smoking cigarettes is hazardous to your health, and this is a behavioral choice. If you live in a neighborhood with lots of crime, this is a hazard based on your location. Similarly, your diet, exercise habits, and primary mode of transportation all influence your health and the health of the environment around you.

Common hazards within the school environment may include; slippery surfaces, open pits, obstacles on walkways, sharp objects, unprotected electrical appliances, bushes and open pools of water.

Ways of preventing environmental hazards

- Keep floors clean and dry all the time
- Avoid littering the floors with peels and other slippery matter
- Fill or cover all open pits in the school or home compound
- Remove obstacles from pathways especially those used by learners who are blind or deafblind.
- Clear bushes and grass in the school or home compound
- Put a fence around boreholes, water wells and swimming pools.

- Turn off electrical switches when not in use
- Stay away from unprotected electrical appliances and naked wires
- Use sharp objects safely.

First Aid for Common accidents

First aid is the immediate assistance given to any person suffering from either a minor or serious illness or injury to preserve life, prevent the condition from worsening, or to promote recovery.

The main aims and principles of first aid are to:

- Preserve life – This includes the life of the casualty, bystander and rescuer.
- Protect the casualty from further harm – Ensure the scene is safe.
- Alleviate suffering by providing pain relief – This could include the use of ice packs or simply applying a sling.
- Prevent the injury or illness from becoming worse – Ensure the treatment you provide does not make the condition worse.
- Promote recovery by reassuring the casualty.

First aid kit

A first aid kit is a small box containing items used in giving help to a sick or injured person until full medical treatment is available.

The First aid kit should have the following items:

- Gauze to clean and cover a wound
- Bandage for covering or fastening the gauze in place.
- Triangular bandages for immobilizing a fractured limb
- Antiseptic for cleaning wounds and cuts
- Scissors for cutting the bandages and tapes
- Tweezers for removing debris such as glass, dirt, or splinters from a wound and stingers left behind by insect sting.
- Adhesive tape for fastening the bandage or gauze
- Gloves for protecting the first aid
- Elastic wraps keeping a sprained joint immobile and reduce swelling
- Splint for immobilizing an injured joint
- Safety pins for securing the triangular bandage or sling
- Face masks for self - protection when conducting first aid
- Painkillers for relieving minor aches and pains.
- Cotton wool for cleaning the wound
- Ointment for relieving pain

Common accidents in the learning and home environment

The following are some common accidents that may require first aid;

- Cuts, scrapes and grazes
- Burns and scalds
- Fractures, sprains and strains
- Nose bleeding
- Choking
- Stings and insect bites

First aid for common accidents

Bleeding

- Apply direct pressure to the bleeding part using clean bandage or cotton wool.
- Raise the injured area.
- DO NOT remove the foreign object, but apply padding on either side.

Cuts and wounds

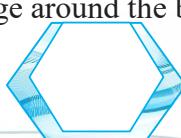
- Wash your hands with soap and water.
- Wash the **cut** to prevent infection.
- Stop the bleeding.
- Apply petroleum jelly
- Cover the **cut** with a sterile bandage.

Shock

- Lay the Person Down, if Possible.
- Elevate the person's feet about 12 inches unless head, neck, or back is injured or you suspect broken hip or leg bones.
- Treat Obvious Injuries.
- Keep Person Warm and Comfortable.
- Arrange to take the person to hospital.

Burns and scalds

- Place the burned area under running cool water for at least 5 minutes to reduce swelling.
- Apply an antiseptic spray, antibiotic ointment, or aloe vera cream to soothe the area.
- Loosely wrap a gauze bandage around the burn.



- give painkillers to relieve pain.

Fractures, sprains and strains

- Stop any bleeding. Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- Immobilize the injured area. Do not try to realign the bone or push a bone that is sticking out back in.
- Treat for shock.
- Arrange to take the casualty to hospital.

Nose bleeding

- Have the patient sit upright and lean forward. By remaining upright, you reduce blood pressure in the veins of your nose.
- Pinch the bridge of the nose firmly and repeatedly until bleeding stops
- Clean the nose but discourage blowing the nose for some time.

Choking

- Encourage the casualty to keep coughing to try to clear the blockage.
- Stand behind the person who's choking.
- Place your arms around their waist and bend them forward.
- Clench 1 fist and place it right above their belly button.
- Put the other hand on top of your fist and pull sharply inwards and upwards.
- Repeat this movement until the blockage is dislodged.

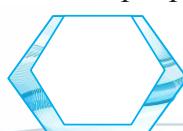
Stings and insect bites

- Place a cloth dampened with cold water on the sting or bite to reduce swelling.
- If the injury is on an arm or leg, elevate it.
- Remove the stinger
- Apply ointment

First Aid for Epilepsy

Epilepsy is a central nervous system (neurological) disorder in which brain activity becomes abnormal, causing seizures or periods of unusual behavior, sensations, and sometimes loss of awareness.

Some children with neuro-developmental disabilities such as down syndrome, autism, cerebral palsy suffer epileptic seizures. It is therefore important for learner support assistants to identify symptoms and causes of epilepsy and be trained on how to support



learners during epileptic seizure attacks

Signs and Symptoms of epilepsy

Epilepsy signs and symptoms may include:

- Temporary confusion
- A staring spell
- Uncontrollable jerking movements of the arms and legs
- Loss of consciousness or awareness
- Confusion
- Psychic symptoms such as fear and anxiety

Causes of Epilepsy

The following are possible causes of epilepsy:

- **Genetic influence.** Some types of epilepsy run in families. Certain genes may also make a person more sensitive to environmental conditions that trigger seizures.
- **Head trauma.** Head trauma as a result of accidents or other traumatic injury can cause epilepsy.
- **Brain conditions.** Brain conditions that cause damage to the brain, such as brain tumors or strokes, can cause epilepsy. Stroke is a leading cause of epilepsy in adults older than age 35.
- **Infectious diseases.** Infectious diseases, such as meningitis, AIDS and viral encephalitis, can cause epilepsy.
- **Prenatal injury.** Before birth, babies are sensitive to brain damage that could be caused by several factors, such as an infection in the mother, poor nutrition or oxygen deficiencies. This brain damage can result in epilepsy or cerebral palsy.
- **Developmental disorders.** Epilepsy can sometimes be associated with developmental disorders, such as autism.

First aid for epileptic seizures

- Move the child away from hard, sharp, or hot objects.
- Put something soft under the child's head to prevent head injury.
- Turn the child on one side to keep the airway clear.
- Do not put anything in the child's mouth or give liquids or medicines during or immediately after the seizure.
- Do not try to hold the child's tongue.
- Do not restrain movement.
- Reassure the child when consciousness returns.

Common Ailments

Common communicable and non-communicable ailments

Common communicable diseases include; Tuberculosis, poliomyelitis, cholera, hepatitis, dysentery diarrhea and measles.

Non-communicable diseases include; Heart disease, diabetes, cancer, asthma, arthritis, sickle cell anemia and epilepsy.

Prevention of common communicable diseases

Common communicable diseases may be prevented by observing the following:

- Handling and preparing food safely
- Washing hands often
- Cleaning and disinfecting commonly used surfaces
- Avoiding sharing personal items
- Getting vaccinated against immunizable diseases.

Controlling non-communicable diseases

Non-communicable diseases can be controlled by reducing risk factors, such as tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity.

Nutritional Requirements and Balanced Diet

Nutrition is the process of taking in food and using it for growth, metabolism, and repair. It is about eating a healthy and balanced diet.

A balanced diet is a meal consisting of a variety of different types of food and providing adequate amounts of the nutrients necessary for good health.

Types of nutrients that constitute a balanced diet

The following are food categories that form a balanced diet

1. Carbohydrates or energy giving foods
2. Proteins or body building foods
3. Vitamins and minerals or protective foods

Sources of different nutrients required by the body

Nutrients are found in the food we eat. The following are examples of sources of various nutrients required by the body:

- Sources of carbohydrates include; maize, wheat, potatoes, arrow roots, yams, green banana, cassava, rice, sorghum, millet among others
- Sources of protein include; meat, chicken, fish, beans, peas, green grams, milk, eggs among others.

- Sources of vitamins and minerals include; green leafy vegetables, fruits and meats.

Functions of different nutrients in the body

- Carbohydrates gives the body energy and warmth
- Proteins help in growth and maintenance of body tissues. They also contain enzymes which help various processes, such as digestion, to take place in the body.
- Vitamins repair damaged tissues, boosting immunity and protecting against illnesses.

Special nutritional needs for learners with different disabilities

Many children with disabilities have health issues that can impact their nutritional well-being and eating habits. Some issues that might affect your child include:

- Slower oral-motor development, Larger tongues, smaller teeth, challenges with chewing and food texture preferences
- Constipation
- Picky-eating or eating the same foods
- Body metabolism burns fewer calories due to hypothyroidism
- food intolerance
- Acid reflux

The following diet is recommended for learner with some of the above mentioned challenges

- Food that is easy to chew, swallow and digest
- Lots of fruits, leafy vegetables and fibre to prevent constipation.
- A variety of whole meal products
- Food that has less calories
- Dairy products should be avoided for those who have lactose intolerance
- Some children have gluten intolerance and therefore wheat products should be avoided
- Too much acidic food should be avoided for children who experience acid reflux.

Nutritional Deficiencies

A **nutritional deficiency** occurs when the body does not absorb or get from food the necessary amount of a **nutrient**. **Deficiencies** can lead to a variety of health problems. These can include digestion problems, skin disorders, stunted or defective bone growth, and even dementia.

Common nutritional deficiency diseases include; kwashiorkor, marasmus, scurvy, anemia, rickets and goiter

Signs and symptoms of deficiency diseases

Kwashiorkor

- Stunted growth
- Weight loss
- Edema (Swelling of the hands and feet)
- Bulging stomach
- Fatigue
- Irritability

Marasmus

- Weight loss
- Dehydration
- Stomach shrinkage
- Diarrhea
- Dehydration
- Sunken eyes

Scurvy

- Swollen and bleeding gums.
- Loose teeth.
- Bulging eyes
- Bleeding into the skin
- Scaly, dry and brownish skin.
- Very dry hair that curls and breaks off close to the skin.

Anemia

- Extreme fatigue.
- Weakness.
- Pale skin.
- Chest pain, fast heartbeat or shortness of breath.
- Headache, dizziness or lightheadedness.
- Cold hands and feet.
- Inflammation or soreness of the tongue.
- Brittle nails.

Rickets

- pain or tenderness in the bones of the arms, legs, pelvis, or spine.
- stunted growth and short stature.
- bone fractures.
- muscle cramps.
- teeth deformities, such as: delayed tooth formation and holes in the enamel.
- skeletal deformities, including: an oddly shaped skull, bowlegs, or legs that bow out.

Goiter

- A swelling at the base of the neck
- A tight feeling in the throat.
- Coughing.
- Hoarseness of voice.
- Difficulty swallowing.
- Difficulty breathing.

Practical Activities

The trainee demonstrated first aid for common accidents in the learning environment.

LEARNING AREA: PSYCHO-SOCIAL AND OTHER SUPPORT SERVICES FOR LEARNERS WITH DISABILITIES

Introduction

Psychosocial support for learners with disabilities include different types of treatment and services designed to assist the learner overcome challenges of life and function effectively in the society. This course will enable trainees to support learners cope with contemporary issues in the society. The course will focus on therapy services, guidance and counselling, behaviour modification strategies, parental empowerment and support and community Involvement.

General Learning Outcomes

By the end of the course the trainee should be able to:

1. acquire basic guidance and counselling services to support learners with special needs
2. provide therapy services such as speech, physio, occupational and hydrotherapies
3. empower and engage parents of learners with disabilities in the provision of educational services to such learners
4. involve the community in supporting learners with disabilities in the learning process.

Key Areas to be Covered

1. Therapy services
2. Basic Guidance and Counseling skills
3. Behavior management strategies
4. Parental empowerment and engagement
5. Community involvement

Suggested Learning Strategies

1. Brainstorming
2. Discussion
3. Role play
4. Simulations
5. Online and library research



6. Project
7. Experiential learning
8. Excursions and field trips
9. Practicums

Notes

Therapy services

Learners with disabilities require different therapy services to enhance their functionality in the environment. Such services include physiotherapy, occupational therapy, speech therapy, low vision therapy and hydrotherapy.

Physiotherapy

Physiotherapy, also referred to as physical therapy, is concerned with diagnosing and treating physical dysfunctions of movement caused by injury or illness.

The aims of physiotherapy are:

- Promoting optimal mobility, physical activity and overall health and wellness;
- Preventing disease, injury, and disability;
- Managing acute and chronic conditions, activity limitations, and participation restrictions;
- Improving and maintaining optimal functional independence and physical performance;
- Rehabilitating injury and the effects of disease or disability with therapeutic exercise programs and other interventions; and
- Educating and planning maintenance and support programs to prevent re-occurrence, re-injury or functional decline.

Occupational therapy

Occupational therapy focuses on how the patient uses fine motor and cognitive skills to perform tasks that are meaningful to them. This enables individuals with disabilities to achieve health, well-being and life satisfaction through participation in an occupation. Occupational therapy programmes include daily living activities such as getting dressed, feeding and toileting; gross motor and fine motor activities; pre-vocational and vocational skills; games and sporting activities; participating in social activities among others.

The main aim of occupational therapy is to promote, maintain and or restore functional independence in daily living skills.

Speech Therapy

Speech therapy is the assessment and treatment of language problems and speech disorders. Speech therapists use various techniques to assist with swallowing, including facial massage and lip, tongue and jaw exercises. Therapy strengthens face and jaw muscles used for eating, drinking and swallowing.

A speech therapy can assist learners with different kinds of speech and language difficulties as well as oral feeding problems caused by structural defects of the oral organs.

Speech difficulties include:

- **Articulation disorders:** These are problems with making sounds in syllables, or saying words correctly.
- **Fluency disorders:** These include problems such as stuttering, in which the flow of speech is interrupted by unusual stops, partial-word repetitions and prolonging sounds.
- **Voice disorders:** These are problems with the pitch, volume, or quality of the voice such as hoarse voice, too high or too low voice.

Language difficulties include:

- **Receptive disorders** These are problems with understanding or processing language.
- **Expressive disorders:** involves problems with putting words together, having a limited vocabulary, or being unable to use language in a socially appropriate way.
- **Cognitive-communication disorders:** these are problems with communication skills that involve memory, attention, perception, organization, regulation, and problem solving.

Oral feeding disorders include:

- chewing and swallowing difficulties
- coughing and gagging when feeding

Speech Therapy Activities

- ☒ **Language intervention activities:** language stimulation activities such as interactive games, stories, singing, describing pictures, talking about objects and events.
- ☒ **Articulation intervention activities:** Articulation, or sound production of syllables in words and sentences and demonstrations involving place of articulation for different sounds.

- ☒ **Oral-motor/feeding and swallowing therapy:** oral exercises such as facial movements, blowing activities, tongue exercises, lip and jaw exercises to strengthen the muscles of the mouth for eating; drinking from a straw, throat massage and other swallowing exercises.

Basic Guidance and Counseling Skills

Guidance and counseling refer to the services that promote personal, social, educational, and career development in learners with and without disabilities;

Stages of guidance and counseling process

- **Establishment of a rapport with the client:** this implies developing a good interpersonal relationship with the client.
- **Assessment and Diagnosis:** this involves close examination of the client to establish the root problem
- **Intervention and Problem-solving:** this include the providing possible solutions and implementing them to solve the problem.
- **Termination and Follow up;** This implies the cessation of the intervention, evaluation of progress further interventions.

Counselling Skills

A Counsellor should apply the following skills:

Communication skills.

Counsellors need to listen effectively, giving their full attention to the client. They need to be aware of body language and other non-verbal communication.

Questioning skills

Counsellors use questioning both to improve their understanding and also as an active way to help bring out the client's feelings and emotions.

Reflective and analytical skills

Counsellors use reflection and analytic skills to show that they have heard the client, and to validate the client's feelings and words.

Interpersonal relationship skills (Rapport)

Counsellors need to establish rapport with their client, but not to an extent that would



allow them to become emotionally involved.

Empathy

Counsellors need to be empathetic which means that they understand how the clients feels and can therefore ask appropriate questions and lead the client to positive conclusions

Behaviour Modification Strategies

Behaviour Modification refers to the techniques used to try and decrease or increase a particular type of behaviour or reaction. It is an approach which is based on the principles of operant conditioning that replaces undesirable behaviours with more desirable ones through positive or negative reinforcement. Positive reinforcement involves offering a reward for positive behaviours to encourage occurrence of the behaviour. Negative reinforcement is meant to reduce the behaviour through withdrawal of rewards.

Inappropriate behaviours observed in learners with disabilities include:

Aggression: physical expression of emotional upset directed at others; examples include hitting, biting, kicking, pushing, throwing items.

Self-Injurious behaviour: refers to tendencies of inflicting physical harm to oneself, such as biting, pinching, hitting oneself, rocking head on hard surfaces.

Anxiety: overwhelming sense of uneasiness, worry, nervousness often in anticipation of something; behaviours include seeking excessive reassurance, avoidance behaviours, unconscious motor behaviors such as fidgeting, pacing, bouncing knee, drumming fingers, chewing on items, fingernails, or skin, engagement in self-soothing behaviors such as thumb sucking, rocking, humming,

Compulsive: these are persistent impulse behavior or actions that a learner engages in without having control over them; such as waving a piece of string, lining up items, wringing hands and counting items engaging in routines in specific order.

Disruptive Behavior: behavior that causes disturbance to others or to self; examples include throwing items, threatening to hurt self or others, making loud noises, turning over desks and tables, hitting walls.

Distractibility: this is the inability to maintain attention for examples being drawn to unimportant/irrelevant stimuli and difficulty finishing a task.

Echolalic: parrot-like repeating or echoing of words or phrases heard previously.

Hyperactivity: this refers to being abnormally and excessively active; examples include talking excessively, fidgeting with hands/feet, squirming in a seat, having trouble staying seated, running or climbing excessively.

Impulsivity: this refers to acting spontaneously without thinking

Irritability: refers to being easily annoyed and provoked to anger or frustration.

Non-compliance behaviour: uncooperative, unwilling or unable to comply when asked to do a task or participate in activities, non-responsive to demands placed upon the learner; for example, refusing, stalling, or engaging in the opposite behavior when asked to complete a task

Perseveration: characterized by repetitive movement or speech or sticking to one idea or task that has a compulsive quality to it; for example, a child becomes focused on obtaining a specific object and, despite attempts to engage the child in another activity, the child continues to seek out the object.

Behaviour Modification Techniques

Positive reinforcement is pairing a positive stimulus to a behavior. A good example of this is when a teacher rewards a learner for performing a certain task in class with stickers, or other tangible rewards.

Negative reinforcement is the opposite and is the pairing of a behavior to the removal of a negative stimulus. For example, denying a learner to go out to play until he finishes an activity in class.

Punishment is designed to weaken behaviours by pairing an unpleasant stimulus to a behavior. Confinement in a 'time out' area for bad behaviour is a good example of a punishment.

Flooding involves exposing a learner to fear-invoking objects or situations intensely and rapidly. Forcing a child with a fear of height to walk up and down stairs 10 minutes would be an example of flooding.

Systematic desensitization is also used to treat phobias and involves teaching a learner to remain calm while focusing on these fears. For example, someone with an intense fear of bridges might start by looking at a photo of a bridge, then thinking about standing on a bridge, and eventually walking over a real bridge.

Aversion therapy is the pairing of an unpleasant stimulus to an unwanted behavior in order to eliminate that behavior. Some people bite their fingernails, and in order to stop this behavior, there's a clear substance you can paint on your finger nails that makes them taste awful. Painting your nails with it helps stop the behaviour of biting nails.

Extinction is the removal of all reinforcement that might be associated with a behavior.

Parental Empowerment and Engagement

Parents or guardians of learners with disabilities are mostly unaware of their roles and responsibilities in the education of their children, hence the need for empowerment and engagement. Majority are concerned in the provision of learning resources leaving all other responsibilities to the teacher. It is therefore important to empower and engage parents and guardians to facilitate holistic development of the learner.

Benefits of Parental Empowerment and Engagement

It is important to build effective partnerships between parents and guardians, families and schools to support the learning of children with disabilities which leads to achievement of learning outcomes. Parental empowerment and engagement lead to:

- Increased transition rate from one level of education to another,
- Reduced dropout rates,
- Improved bonding among teachers, parents and children with disabilities.

Parents or guardians can be sensitized on:

- Parental roles and responsibilities with regard to education according to the Constitution, school and other national policies.
- The need to ensure the child with disability is given proper care and protection to experience normal patterns of growth and development.
- The importance of providing basic care, nutrition, clothing, shelter and access to good health.
- Importance of early identification of disability and prompt referral for early intervention.
- The need to have a safe and conducive environment to enable the learner to be creative and innovative.
- Importance of creating a family culture where values taught in school are reinforced at home.
- The need to equip children with disability with basic self-help and fine motor skills such as toileting, table manners, etiquette, dressing among others.
- The importance of providing resources such as school uniforms and other items required in various learning areas.
- The importance of carrying out roles and tasks assigned by the teacher in reinforcing a skill, value or provision of extra information on an issue.
- Appropriate use of media with assistive technology and technology to assist their children in learning.
- Methods of identifying the potentials, special abilities and behavioural changes of children with disabilities that may require professional intervention.

COMMUNITY INVOLVEMENT

Roles of the community in provision of support services to learners with disabilities

Members of the community play the following roles in provision of support services:

- Advocacy for the right of learners with disabilities
- Creating awareness to enhance integration of persons with disabilities and eliminate stigma and discrimination.
- Mobilization of resources to enhance education provision for learners with disabilities.
- Providing employment opportunities for persons with disabilities.
- Improving infrastructure to accommodate persons with disabilities.
- Establishing inclusive social amenities with the community.

Practical Activities

Trainees to demonstrate the use of reinforcements to encourage positive behaviour in a learner with disability.

LEARNING AREA: ROLES AND RESPONSIBILITIES OF LEARNER SUPPORT ASSISTANTS

Introduction

This learning area covers the roles of learner support assistant in Classroom management, Individualized learner support, Report writing and Management of basic records.

The learning area is intended to equip the trainees with knowledge, skills, attitudes and values to enable them understand the scope of their roles and responsibilities. This will enable them to effectively perform their duties as they support learners with disabilities in the learning process.

General Learning Outcome

The following are the general learning outcomes that the trainee is expected to demonstrate by the end of the course:

- a) support in management of the learning environment for learners with disabilities;
- b) Provide support in development, adaptation, care and maintenance of learning resources for learners with disabilities.
- c) Provide individual support to learners with disabilities to enhance participation in the learning process.
- d) conduct home visits and follow ups to support learners with disabilities;
- e) Support in management of various records for learners with disabilities.

Key areas to be covered

1. Classroom management
 - Classroom arrangement
 - Individualized learner support
2. Basic Record Management
 - Report writing.
 - Management of basic records

Suggested learning strategies

The following are the suggested strategies that would enable the trainees to achieve the stated learning outcomes in the curriculum design. However, the trainer may employ other strategies that are at his/her disposal.

- Brainstorming

- Role play
- Discussion
- Demonstration
- Watch video clips
- Group work
- Presentations
- Library and online research
- Projects

Notes

Positioning for learners with different disabilities

Individual learners with disabilities will require to be positioned appropriately for them to learn well and participate in the learning activities. Learners may require to be placed as follows:

- Lying position for learners with physical impairment who may not stay in a sitting position.
- Strapping for learners with shaky movement or those who lack balance.
- Preferential seating for learners who may require being near chalk board, screen or light for example learners with low vision.

How to organize the classroom environment to accommodate learners with different disabilities

The following are some considerations that should be made in order to accommodate the needs of individual learners with disabilities in the classroom:

- Spacing between furniture to allow for easy mobility especially for learners who use wheelchairs and those with visual impairment.
- Storage area that is reachable by all learners.
- Accessible display of learning resources to all learners.

Practical activity

Trainees to demonstrate how to organize the classroom to accommodate different categories of learners with disabilities

Behaviour management

Meaning of behaviour management



This is a method of behaviour modification which focuses on maintaining order. It is focused on shaping and maintaining positive behaviors while discouraging negative behaviors.

Principles of behaviour management

The following are the principles of behaviour management:

- i. Negative consequences sometimes change behaviour, but they do not change attitude.
- ii. Only positive reinforcement strategies produce long-term attitudinal change.
- iii. Negative consequences do not improve the behavior of impulsive children and frequently increase the frequency and intensity of misbehavior.
- iv. Cognitive control of behavior can be learned through the use of appropriate positive reinforcement systems.
- v. Positive reinforcement systems must be incremental in nature such that the child can directly observe even small improvements in behavior.
- vi. You must always reinforce the final compliance with adult authority no matter how long it takes to get there.

Behaviour Management strategies.

Some of the strategies that may be used to shape behaviour of learners with disabilities include the following:

- Modelling ideal behavior.
- Letting learners help establish guidelines.
- Documenting rules.
- Avoiding punishing the class.
- Encouraging initiative.
- Offerings praise.
- Using non-verbal communication.
- Holding parties.

Assistive devices and technology used in the learning setting.

Learners with disabilities require assistive devices and technologies for learning depending on the nature of disability and level of functioning.

Examples of assistive devices and technologies include the following.

- Mobility aids, such as wheelchairs, mobility cane, scooters, walkers, canes, crutches, prosthetic devices, and orthotic devices.
- Hearing aids to assist learners hear or hear more clearly.
- Cognitive aids, including computer or electrical assistive devices, to assist learners with memory, attention, or other challenges in their thinking skills.
- Computer software and hardware, such as voice recognition programs, screen readers, screen enlargement applications, and refreshable braille display to assist learners with physical and sensory impairments use computers and mobile devices.
- Tools such as automatic page turners, book holders, and adapted pencil grips to assist learners with disabilities participate in educational activities
- Closed captioning to allow learners with hearing problems to watch movies, television programs, and other digital media.
- Braille writing equipment to assist learners with blindness to do their work in braille.
- Communication aids such as communication board and calendar box to assist learners with communication difficulties.

How to support different learners with disabilities in the different activity areas

Learners with disabilities require support to enable them learn useful skills in a number of activity areas where learning may not be incidental for them.

Guide trainees to demonstrate how to support learners with disabilities to learn skills in:

- Dressing, personal hygiene, toileting, mobility, feeding, games, reading, writing, arithmetic, creative activities and support during field trips.

Communication strategies used by learners with disabilities.

Trainees need to learn about the communication strategies used by learners with disabilities. This will enable the effectively support the learners

Some of the communication strategies include the following:

- Nonverbal Communication – such as gestures, pointing, nodding, sign language and focused eye contact.
- Reading and giving explanations.
- Use of pictures
- Verbal communication

- Braille, tactual and tactile communication
- Use of objects
- Alternative and augmentative communication such use of communication boards.

Basic skills for report writing.

The report writing skills that trainees need to acquire in order to support in management of records of learners with disabilities include the following:

- Understand the purpose of the report brief and adhere to its specifications.
- Gather, evaluate and analyze relevant information.
- Structure material in a logical and coherent order.
- Present report in a consistent manner according to the instructions of the report brief.
- Make appropriate conclusions that are supported by the evidence and analysis of the report.
- Make thoughtful and practical recommendations where required.

Documents that may be prepared for a learner with disability.

Some of the documents that may be prepared for a learner with disability include the following:

- Birth certificate
- Registration by National Council for Persons with Disabilities
- Medical report
- Functional assessment report
- School learning assessment report

Keeping inventory in the learning setting.

Inventory management includes taking stock of the following infrastructure like chairs, tables, desks, blackboards among other learning materials and equipment.

Trainees need to be trained on essential inventory management techniques which includes the following:

- Set par levels.
- First in, first out (FIFO)
- Manage relationships.

- Contingency planning.
- Regular auditing.
- Prioritize with ABC.
- Accurate forecasting.
- Last in, first out (LIFO)

Making different files for different documents used in the learning setting.

The following are file management tips that trainees should practice for effective support when working in a learning setting:

1. Use the Default Installation Folders for Program files.
2. One Place for All Documents.
3. Create Folders in a Logical Hierarchy.
4. Nest Folders within Folders.
5. Follow the file Naming Conventions.
6. Be Specific.
7. File as You Go.
8. Order Your Files for Your Convenience.

LEARNING AREA: NETWORKING, COLLABORATION, ADVOCACY AND ETHICS

Introduction

This learning area covers Networking, Collaboration, Partnership, Child rights and protection, advocacy and Professional Ethics for Learner Support Assistant.

The learning area is intended to equip the trainees with knowledge, skills, attitudes and values to enable them to:

- Identify networking and collaboration needs,
- Participate in development of partnerships with relevant stakeholder to enhance service delivery for learners with disabilities,
- Play an advocacy role to promote the human rights of learners with disabilities,
- Uphold professional ethic while discharging the duties of Learner Support Assistants.

General Learning Outcome

The general learning outcomes that trainees are expected to demonstrate by the end of this course include the following:

- a) Network and collaborate with relevant stakeholder in education of learners with disabilities,
- b) Participate in building of partnerships with relevant stakeholder to enhance service delivery to learners with disabilities,
- c) Advocate for the rights and protection of children with disabilities,
- d) Uphold professional ethics in discharge of duties of a learner support assistant.

Key areas to be covered

1. Building partnership in education of learners with disabilities
 - Networking, collaboration and partnership
2. Child rights and protection, advocacy and professional ethics
 - Rights of children with disabilities
 - Professional ethics for learner support assistants

Suggested Learning strategies

The following are the learning strategies that the trainer may employ to enable trainees

effectively participate in the learning process. However, the trainer may use other strategies at his/her disposal

- Brainstorming
- Role play
- Discussion
- Demonstration
 - Watch video clips
 - Group work
 - Presentations
 - Library and online research
 - Projects
 - modelling and simulations

Notes

Importance of networking and collaboration in education of learners with disabilities

Trainees need to understand that networking and collaboration enhance provision education of learners with disabilities in the following ways:

- Mobilization of resources to put up school and other facilities
- Provision of learning materials, equipment, assistive devices and technology.
- Provision of medical and other services to learners with disabilities.
- Support to parents and families of learners with disabilities.
- Registration of learners with disabilities with relevant institutions and organizations for support.
- Provision of scholarships.

Institutions and organizations for and of person with disabilities to network and collaborate with in provision of services to learners with disabilities

Some of the institution and organizations that provide support to learners with disabilities include the following:

- National councils for persons with disabilities
- Kenya society for the blind



- Kenya society for deaf children
- Autism society of Kenya
- Kenya institute for the blind
- Sense International
- Association of the Physically Disabled of Kenya
- Voluntary service overseas

Soft skills required for effective networking and collaboration

Some of the soft skills that the trainees should acquire for effective networking and collaboration with a view to enhance services to learners with disabilities include the following:

1. Cooperation
2. Empathy.
3. Critical thinking
4. Creativity
5. Communication
6. Information literacy
7. Media literacy
8. Technology literacy
9. Flexibility
10. Leadership
11. Initiative
12. Productivity
13. Social skills

Legislations and policies that safeguard the rights of children with disabilities and make presentations.

Trainees need to be guided on the legislation and policies that safeguard the rights of children with disabilities. Some of these legislation and policies include.

- Constitution of Kenya 2010
- Persons with disability act 2003

- Children's act 2001
- United Nations convention on the rights of persons with disabilities
- Basic education act
- Sector policy on education and training for learners and trainees education 2018

How the rights of children with disabilities may be violated in the school and community

Some of the ways in which rights of children with disabilities may be violated in the school and community includes the following:

- Marrying off children
- Child labour.
- Lack of access to education.
- Child Soldiers.
- Lack of access to clean water and nutrition
- Female Genital Mutilation.
- Lack of access to healthcare.
- Use of demeaning language against the child.

Advocacy activities for protection and safeguards of the rights of children with disabilities.

Trainees should identify and practice advocacy activities that are geared towards protection and safeguards of the rights of children with disabilities.

Some of the activities may include:

- Avoiding fear of controversy and taking advantage.
- Avoiding any illegal or unethical activities.
- Holding policy-makers accountable to their commitments.
- Keeping records of successes and failures.
- Posting advocacy plan on the web site
- Scheduling weekly or monthly meetings or conference phone calls to keep the advocacy group members on track, informed and motivated.
- Monitoring public opinion and publicizing positive developments.

- Acknowledging and crediting the role of policy-makers and coalition partners.

Practical activity

Trainees to model activities on Advocacy for protection and safeguards of the right of children with disabilities.

Ethical issues related to Learner Support Assistants.

The main ethical issues related to learner support assistants include the following:

- Competence required supporting learners with disabilities.
- Respect between the learner support assistant, the learners, teachers and parents.
- Conflict of interest – the main focus should be to support learners with disabilities to achieve the learning outcomes.
- Confidentiality- Safeguarding confidential information about the learners.

Professional, work ethics and values for Learner Support Assistant as they work with learners with disabilities.

Learner support assistant should have the following work ethics and values:

- Have a formal qualification
- Enjoy working with children
- Have appropriate organizational and planning skills
- Be an effective communicator
- Be a team player
- Be able to assist learners with disabilities
- Possess technological skills

LEARNING AREA: TRANSITION PLANNING AND IMPLEMENTATION

Introduction

This learning area covers transition planning, vocational and career placement and community participation and social integration. The learning area is intended to equip the trainee with knowledge, skills, attitudes and values to support learners with disabilities transit smoothly at various levels of education and be able to participate in community activities and use social amenities in the community safely.

General Learning Outcomes

By the end of the course, the trainee should be able to:

- a) Promote seamless transition of learners with disabilities to relevant and appropriate programmes;
- b) Support implementation of individualized transition plan for learners with disabilities;
- c) Prepare learners for career life.
- d) Place learners with disabilities in suitable careers.
- e) Undertake mapping on community-based organizations offering transitional placement for learners with disabilities.
- f) Prepare learners for effective community participation and social integration.
- g) Follow up learners with disabilities in different programmes after transiting from one level to another.
- h) Identify appropriate social amenities for learners with disabilities.

Key Areas to be covered

Transition planning which include; forms of transition and individualized transition plan

Vocational preparation and job placement which include vocational preparation and placement, Job placement for learners with disabilities, career transition plan

Community participation and social integration which include Community participation and use of social amenities

Suggested Learning strategies

- Discussions

- Brainstorming
- Role play
- Buzzing
- Explanations
- Visit to institutions for learners with disabilities
- Case studies
- Project
- Sharing of experiences

Notes

Forms of Transition

Transition planning

It is a process or a period of changing from one state or condition to another. Transition is a common phenomenon that is experienced by every human being for example, boyhood to manhood, girlhood to womanhood, singlehood to marriage. On the other hand ,the process of identifying students' life goals, making sure their education helps them reach their goals and coordinating the services or supports that they will need after school is complete (Wiley, D). The foundation of transition planning is a clear and shared vision of adult life for the student. It has to do with considering the end result from the beginning. For example, a learner with disability may have a vision of setting up a beauty parlor business back in the community. The teacher/trainer, parents, coach etc. must work together during the learner's period in vocational training to ensure that this goal is met. The training should be geared towards the goal of setting up a business, a business coach should be identified early.

Rationale of transition planning

- To counter the negative emotions and anxieties that result from moving into the "unknown", by proper planning, preparation and allocation of resources.
- To ensure that requisite adjustments both on the side of the learner and on the side of the service providers.
- To facilitate acceptance and adaptation to the new environment.
- To ensure appropriate intervention is put in place. To ensure planning is inclusive and correct.

Forms of transition for learners with disabilities

- Home to school
- One school situation to another
- Transition from special school/unit to mainstream
- From school (primary/secondary) to tertiary level institutions (TVETs and universities)
- Tertiary level institutions (TVETs and universities) to community
- Transition to family life

Factors to consider when planning for different forms of transition for learners with disabilities

- Involving learners and family in the programme planning process
- Planning for individualized programming and services
- Reviewing of individual assessment and programmes information
- Identifying programming and support services the learner will need
- Exploring career interests and focusing on establishment of career portfolios

Challenges and intervention measures in planning for transition of learners with disabilities

Individualized Transition Plan

An Individualized Transition Plan is a programme which outlines educational goals for a child with disabilities to achieve independent adult life after leaving school. The plan is based on informal and formal assessments that are used to identify the desired and expected outcomes by students and their families once they have school as well as the support needed to achieve these outcomes. This plan is developed collaboratively with the student, caregivers, vocational educators, vocational rehabilitation counsellors, and current IEP team members. Thorough plan will include the following: post-secondary opportunities, employment opportunities, living opportunities, financial and income needs. Friendship and socialization needs, transportation needs, health and medical needs, and legal/advocacy needs.

Components of Individualized Transition Plan for learners with disabilities

The transition process has 4 essential components

1. Policy and guiding principles
2. Collaborative consultation

3. The individualized transition planning process
4. Implementation of an individualized transition Plan

Vocational training opportunities for different categories of learner with disabilities

- Small scale business
- Hair dressing
- Computer skills
- Dress making
- Wood work
- Beading
- Animal husbandry
- Basketry and weaving
- Carpentry and carving
- Cookery
- Crop production
- Crocheting
- Knitting
- Building and construction
- Ornament making
- Building and construction
- Leather work
- Batik/tie & dye Painting
- Horticulture

Factors to consider when selecting vocational training opportunities for different categories of learner with disabilities

- Nature of disability
- Vocational courses available
- Entry requirements
- Age of the learner
- Duration of the study

Job placement opportunities available for different categories of persons with disabilities

- Sheltered workshops
- Persons with disability organizations
- Government
- Private sector
- Non-governmental organizations

Factors to consider in job placement opportunities available for different categories of learner with disabilities

- Student's skills and capabilities

- Student's preferences
- Kind of work the student is interested in
- The location of the placement and any travel problems that may be presented
- The student's expectations – some students may have unrealistic expectations or expectations may be too low
- Work demands and pressures – work placements can be daunting or extremely stressful for students with little or no prior work experience or for those who have low confidence
- Adjustments the student may need while on the placement
- Health and safety considerations

Strategies of engaging the community to support participation of learners with disabilities

- Through public awareness activities including family members, representatives of local business people who have successfully hired students with disability.
- Local talk show hosts who have shown positive supportive attitudes
- Having students with disabilities playing visible roles at public levels
- Soliciting community support for people with disability.
- Educating community members on appropriate ways of interacting with people with disabilities.

Use of Social Amenities

Social amenities in the community that can benefit learners with disabilities

- A 'Playground for all children including those with or without disability, 'well-resourced with materials and equipment using local, low-cost materials, and simple construction to cater for different categories of disabilities. Resources may include; balance boards, rolls, crawl through drums, wedges, swings, pole seats, simple parallel bars seesaw, wooden animals, tire gym, bouncing tube, bouncing tire, obstacle course
- CHILD-to-child activities
- Children theater
- A children's workshop for making toys or sheltered workshop

Ways in which social amenities in the community can be made accessible to learners with disabilities

- Making necessary adaptation to enhance accessibility and participation
- Maintenance of the of the amenities regularly to avoid accidents
- Equipping the amenities with appropriate resources
- Engaging the services of professions to train and support the children

Key Players in Transitional Planning

Transition planning involves a committed team. Each team member plays a specific role: These are: parents, siblings, community/Family, Friends, Special educators, and



Other professionals

Parents:

- The role played by parents is very pivotal
- Firstly, the parents are the first service providers having to meet the basic needs of the person with disability.
- Parents contribute in the following ways:
 - Provide useful information relating to the individual
 - Provide emotional support to learner
 - Gives the service provider the required impetus and confidence
 - Assists in the decision-making process
 - Ensures there is follow up and supervision during and after the transition planning
 - The involvement of parent ensures continuity
 - Provision of requisite resources

Siblings

Siblings like parents are the immediate contact persons to the learner with disability and they offer the following.

- Provide emotional support and information
- Provide a platform for Informal engagement with the learner with disabilities making hidden traits known.
- May be given specific tasks to carry out during the implementation period

Role of Community/family

Traditionally, African children belong to the community. The community if well involved will do the following:

- Provide useful information on learners with disabilities.
- Provide emotional support as they involve learners in community activities e.g. weddings, funerals, rites of passage etc. this builds confidence and acceptance.
- Assist in raising awareness on issues affecting learners with disabilities.
- Become partners with the learner e.g. when the learner starts an income generating project the community becomes the Immediate market

Special educators

Special educators bring with them the technical know-how required in planning and implementation of the transition process.

Their role in transition planning includes but is not limited to:

- Member of assessment team, IEP team,
- guides and counsels the learner with disability and family
- preparation of IEP
- Preparation of teaching/learning records
- Preparation of teaching/learning resources
- Implementation of IEP
- Review of IEP
- Networking with other service providers to assist the learner
- prepare and monitor the Implementation of a transition plan
- provide information on the learner

Other professionals

Transition planning requires a multidisciplinary team. Several other professionals take part. They are involved because of their professional input. They therefore provide professional advice and services. Examples of these professionals include:

- Therapists
- Ophthalmologists
- ENT doctors
- Clinical psychologists
- Social workers
- Counselors
- Business coaches/advisors etc.

Levels and Types of Transition

A. Transition from home to school

- Very fundamental

- Need to be successfully done as a base
- Should be timely (early intervention)
- Should be based on correct assessment
- Succeeds best after consideration, consultation, and placement

Causes of anxiety/challenges

- Parents not ready to let go (overprotection)
- Finding space in school of choice
- Poor preparation for transition will result in delayed milestones.

What to do

In a scenario where contact has been made:

- consult with parent to book learner for assessment
- Ensure the learner is assessed
- Have them make school visit
- Discuss expectations with parent/ guardian

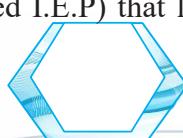
Preparing parents

- Sharing assessment results with parents in simple and understandable terms is important.
- When the assessment results suggest that learners have potential to join mainstream school, parents are prepared for the transition.
- Preparation of parents is two- fold:
 - Parents of the learner
 - Parents of other learners
- Sit with the multidisciplinary team to discuss IEP
- Create a file for the learner. This file will form a basis for the learner's records hence filing must be given priority.

B. Transition from one school situation to another

May occur because of:

- Inappropriate initial placement
- Midway discovery (reviewed I.E.P) that learner may benefit more from next



school

- Transfer of parent /guardian to distant environment

These may cause anxiety while adjusting to new settings, people, etc. The greatest task is to reduce anxiety.

What to do

- A decision needs be reached mutually with parent/guardian
- Make school visit to gather useful information
- Psychologically prepare the new teachers, students, caregivers etc
- Make copies of student's files including I.E. P.
- Accompany learner to new station for at least for a week.
- Continue to offer support you can, and gradually withdraw support

C. Transition from special school/unit to mainstream

This is necessitated by the capability of the learner to benefit from mainstream school. It requires proper planning, support, and cooperation.

The following activities are carried out:

- Conducting assessment of learner's knowledge level, skills, and functioning.
- Preparing parents
- Negotiating with school authorities
- Use of legislation for admission
- Orientation to school environment including the physical and social environment

Negotiating with school authorities

- With the level of information in our days, most school authorities will be aware of this type of transition.
- However, due to the importance of mutual agreement in the process it is imperative that the school authorities be persuaded to be part and parcel of the process.
- Among the issues to raise with school authorities are: Staff, Facilities, Assistance available and benefits to school and to the learner.

Use of legislation

If there is resistance to mutual agreement, then there is no choice but to invoke use of available legislation. Some examples of legislation are:

- The Constitution of Kenya 2010
- Disability Act
- The Sector Policy for Learners and Trainees with Disabilities.

D. Transition from school(primary/secondary) to tertiary level institutions (TVETs and universities)

Plans for this transition ought to have begun at least a year earlier (but the duration will depend on the learners' specific situation).

- Involvement of stakeholders is important at initial stages
- The learners need to be taken to the tertiary institution where they are to be enrolled for observational visit prior to their admission
- Joint meetings between the receiving institutions and transitioning institutions need to take place in order to harmonize the transition plan.

E. Transition from tertiary level institutions (TVETs and universities) to community

- The transitional plan should have begun at least a year earlier (but the duration will depend on the learners' specific situation).
- Home visits should be made, and partners/apprentice trainers identified and trained if the learner is going to be involved in a business venture.
- Community needs to be sensitized.
- The last vocational school/university term ought to be an attachment at learner's community with regular supervision under a partner/apprentice trainer, where applicable.
- The support from the vocational institution need to continue but be gradually withdrawn until such a time that the learner is independent.
- Regular follow up visits are recommended to evaluate progress and provide technical support.

F. Transition to family life

In most traditional African societies, family life is taught informally by older people, peers and from observation. Persons with Disabilities may not find it easy to acquire the same skills through the modes mentioned. In transition to family life

several factors need to be considered

Issues that stand out are:

- Support from family
- Genetics and genetic counselling
- Sexually transmitted diseases e.g. HIV and AIDS.
- Money Management.
- Understanding of social relationships including sex education

Advocacy

The word advocacy has its origins in law and is defined by most dictionaries as the process of ‘speaking on behalf of someone’. Today it has evolved to include work undertaken by development agencies, civil society groups and individuals to bring about change. One writer has defined this as ‘the process of using information strategically to change policies that affect the lives of disadvantaged people’. Another calls it ‘advocating on behalf of the voiceless’.

This process of change which advocacy aims to bring about can occur at different levels, from the local community level to the national and international levels. Change at one level may be necessary for change at another.

Persons with disabilities, especially learners face multiple disadvantages which can be addressed through advocacy by those charged with the responsibility of supporting them. Learning Support Assistants can play an important role in this endeavor. They can for example lead in advocating for inclusion of learners with disabilities in mainstream schools where such schools are not prepared to accommodate such learners. LSAs can also advocate for learners in home-based programs to receive early intervention services (speech, occupational, physio etc.) from their nearest government/community-based centers.

The Advocacy Cycle

These are the steps that the advocacy process follows:

Stage 1: Issue Identification

- Identify the problem that needs to be addressed

Stage 2: Research & Analysis

- gather the necessary information and ensure that the causes and effects of the problem are understood

Stage 3: Planning

- This is done after advocacy has been identified as the appropriate way of addressing the problem.

Stage 4: Taking Action

- Taking action using wide range of methods and activities available

Stage 5: Monitoring & Evaluation

- Monitor actions and evaluate the results throughout the cycle, learn from the events to inform further action

1. Issue Identification

- This entails analysis of the problem as it manifests itself
- It entails analysis of the causes of the problem
- The process involves facilitating the community, which might include school, church etc. to identify their needs and the issues they want to address.

To collect information regarding the problem, you can use the following methods:

i. Chatting and listening

- Listening for the issues that people have the strongest feelings
- Facilitating the community to express their needs

ii. Semi-structured interviewing

- engaging with key people in the community to discuss their knowledge, experience and understanding of issues
- Target people who are already trying to address the concerns, those that are looked upon by the community in time of need, opinion leaders

iii. Focus groups discussions

- Facilitate people with divergent views to discuss the problem, their differences, challenge their assumptions
- Facilitate people to build a common understanding of the needs in the community

iv. Community Mapping

- Facilitate the community to identify issues, resources available, access to the resources, status and condition, usability and how they are shared or utilized

- Facilitate the community to reflect on their history

NB: Agreeing on priority needs:

- Prioritize the needs and issues identified
- Build consensus and common understanding in the community on the most important need that should be addressed first following the order

2. Research and Analysis

- There is a need for one to have a deeper understanding of the complexity of the issues identified as problems before engaging in advocacy.
- Effective advocacy is based on accurate, reliable, and sufficient information in order to - understand the context (cause and effect).
- Understand how the context is changing to deal with potential future needs or prevent problems from arising.
- Understand what others are doing – to avoid duplication and to collaborate. For example, a regular school may receive funds to construct toilets for all learners; however, as a special education practitioner you realize that the planned design has not considered accessibility for learners who use wheelchairs. Here, one may begin to engage in advocacy so that the designs are changed to accommodate learners who use wheelchairs. For the change to happen, the special educator will need to understand what the Ministry of Education guidelines provide, which other policies support the need for accessibility and who in the school community can join up to call for the required changes to be made.

3. Planning Advocacy

At this stage, you need to:

- Clarify goals, objectives, and methods of measuring success:
- Come up with an advocacy position
- Understand risks and assumptions
- Allocate resources and responsibilities
- Focus into the future
- Deciding whether to advocate

Factors to consider on whether to advocate:

- Issue- does it really need to be addressed now? Is it a priority issue?

- Causes- do you have a good understanding of the causes of the problem and how they can be addressed
- Effects – can you identify the effects of the problem and back it up with reliable/credible information
- Other possible actions - is advocacy the best way to tackle this problem
- Targets – who is responsible for the problem and who has power to bring about change? do you have access to them and a chance of influencing them
- Allies – who will support you and what help will they give
- Community involvement- is the community mobilized and involved in advocacy strategy.

4. Taking Action

This involves developing an advocacy position.

An advocacy position is a statement of what an organization/group or individual believes about a particular issue, and how they think it should be addressed. Positions are expressed mainly through policy briefs or policy papers, research paper recommendations, verbal communication, letters, statements etc.

Positions focuses on: solution and recommendations, relevant information, possibility of working with the policy makers.

Advocacy Methods

- Networking –
- Lobbying meetings- phone calls, briefing documents
- Raising awareness- training, community meetings, religious meetings, posters
- Mobilizing- marches, rallies, letter writing
- Mass Media – briefing journalists, press release to newspapers, radio call in, newspaper features, documentaries.

Networking

Building alliances with many likeminded partners

Creating a movement for change around an issue

Builds on information sharing

Used mainly for long term advocacy work where sustainability is critical or



when one does not have enough skills or strengths in numbers

Lobbying

Lobbying is trying to influence the policy process by working closely with the individuals in political and governmental structures.

Education and raising awareness

Education and raising awareness enable people to act on new information and understanding

It focuses on facilitating discovery of truth and knowledge

It uses adult learning approaches and methods

Mobilization

Mobilization focuses on 2 categories of people:

- Those directly affected by the problem
- Those who are concerned for others e.g. Interests groups, individuals, and civil society institutions.

Mass Media

The mass media (television, radio and press – newspapers, magazines, social media, internet) play a significant part in advocacy, through influencing policy makers directly or through changing public opinion on an issue, so that the general public then put pressure on decision makers.

5. Monitoring and Evaluation

Monitoring can be defined as: A process of collecting information on the progress made in the process of implementing an advocacy strategy. The information collected must show progress against the set-out goals and objectives. E.g. if the goal was that by the end of a given period, six resource centers in sub county X should be improved to become inclusive, then our monitoring should collect information on what progress we have made at every level towards achieving the set goal.

Monitoring should be ongoing to enable those involved in advocacy to collect relevant data which they can use to improve and or inform their next course of action.

Evaluations on the other hand mostly happen at the end of the planned advocacy process. It enables an individual or group to take stock of the outcome and impact of their advocacy work.

