

Nurture

Issue No.VIII February, 2010

Pakistan's Pioneer Publication on Early Childhood Development



Children and Additional Support Needs
Learning with a Difference

Nurture

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Pakistan's Pioneer Publication on Early Childhood Development

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Nurture Magazine



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Write for us:

We invite you to send us your stories, anecdotes and experiences related to children's growth and development at the above address.

For more information on ECD practices, issues, programs and tools log on to www.ecd pak.com

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Editorial

Dear Readers,

It's always a pleasure reading your heart warming responses and appreciation for Nuture. We, the Nuture team, try our level best to keep you updated on current issues related to early childhood development, keeping your interest in mind. This time around, our issue focuses on the additional support needs of children. We thought this issue was important as there is a general lack of awareness about the term ASN.

In this issue, you will find a lot of useful articles written by experts and professionals in the field as we felt that an experts' perspective will lend authenticity to the topics and ensure that the information imparted is not based on preconceived notions and ill founded ideas. Through the various articles we have tried to cover as many aspects and sub themes as we could to give you a broad perspective of the issue.

The focused group discussion that we did with a teacher/CEO of READ, Ms. Shahina Alvi, a parent/corporate lawyer/ heading Inclusive Society Pakistan, Ms. Sadia Mumtaz and a therapist/teacher who is working on an African model to help people with their learning disabilities, Andrea Khan is one of the highlights of this issue. The discussion is useful for parents and teachers alike and will give them many suggestions on how to support and help their children in overcoming challenges. Many ideas are shared for the benefit of parents and teachers to help them bring out the best in their children in the face of adversity.

The current segregated education system in our society definitely needs to change if discriminatory sentiments are to be done away with and the inclusive environment is the answer to many of our social and educational problems. In this issue we have an important article discussing the widely promoted concept of "Inclusive Education", the ways through which it can be implemented in our schools, its benefits and costs and its relevance in today's increasingly global world.

An inspirational article has also been devoted to people who have achieved a lot despite the challenges that they face every day in life. In the article you will find a lot of personalities that can inspire you and your children to live positively and progress regardless of various hindrances and self limitations.

Moving on, ADHD (Attention Deficit Hyperactivity Disorder) is a common condition found in many children and people today. However, as with many other important themes and subjects, little awareness exists about it at the grass root level. We have covered the theme from two perspectives in our magazine: one from the point of view of parents and one from an educationist's standpoint. Keeping in mind that managing children who have ADHD both at home and in classroom can be a handful job, a lot of practical advices and information has been given to make it easier for teachers and parents to implement it in their respective settings.

Other important articles you're bound to find interesting includes one on multiple intelligences (yes, there are eight types of intelligences!), on detecting warning signs in children and on sensory processing disorders – the latter is discussed through case studies that parents of children who have ASN can relate to.

Like always, we have suggested books and websites you can peruse in your leisure time to gain enhanced knowledge. Also, feel free to write to us about any books and websites that you come across on ECD topics and would like to see in Nuture. We'd love to include your contributions.

We'd also like to thank the following schools for their co-operation and for letting us take pictures of their classrooms: Karachi Vocational Training Centre for the Intellectually Challenged, Anjuman Behbood e Samaat-e- Atfal (ABSA) and Dar-ul-Sukun.

I wish you all seasons' greetings!

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Letters to the Editor

Nurture is Pakistan's pioneer magazine on Early Childhood Development. The magazine is published bi-annually and captures different themes on Early Childhood Development.

If you have a message, suggestion or any comment contact us directly by sending an e-mail at:
nurture@ecdpak.com

I am an avid reader of your magazine. Like always, your magazine has meticulously chosen a very important aspect of child nurturing. The accompanying chartes have an attractive layout and are very helpful for the parents and teachers alike. The magazine is a testimony of in-depth research and technical expertise which have increased the authenticity of the magazine manifold. I was also delighted to see the names of the relevant websites that parents and teachers could use to further enhance their knowledge. Kindly send me more copies so that I can pass on the magazine to my teachers.

*Professor Abbas Hussain
Director Teacher Development Center*

I am a regular subscriber of Nurture. Your magazine is unique and informative and despite my busy work schedule I take out special time to read every issue. The chart and pamphlet that accompanied the last issue were very illuminating and gave great tips in making the environment safe for children. I'd like to suggest that you also pick up the theme on character building of children in your upcoming issue.

*Arusana Naqvi
Karachi*



I run my own school in a remote area near Thatta district. Local people have limited knowledge of electronic appliances and chemical materials here and hence are not aware of safety precautions and guidelines. Nurture has done a tremendous job by imparting important knowledge about safety measures against accidents and hazards linked to environment. The charts and pamphlets, given with the magazine have been placed on the notice boards in our schools to increase awareness amongst teachers and parents.

Aisha Khan
Lahore

I took real pleasure in reading the issue on 'Children & Their Environment' that carries useful information on the environmental safety for children. I also passed on the magazine to community schools where it was quite well received. The information given in the publication is useful and relevant for the people living in remote areas as they do not have an easy access to electronic media. Many parents have benefited from the information.

Siraj Masood
Gujranwala

I think the name of your magazine, Nurture, does justice to the aim of the magazine which is to create awareness on healthy ECD practices in Pakistan. The overall presentation of the articles has captivated my attention. I was delighted to read Anjum Sharif and Sanobar Nadeem's article "Safety of an Unborn Child" which provides critical information for both the to-be-born child and the expecting mother. I would like SEF to keep up the good. Congratulations and all the best.

Khanzada
Gilgit

The appreciation I have for your magazine cannot be put into words as it has won the hearts and minds of our institute which is also involved in educational development. The latest theme "Children and Their Environment" that has been covered is a far neglected area in child rearing and many important aspects have come forth through the contents. In particular the article by Ghulam Nabi Nizamani 'Accessible Built Environment and Children with Disabilities' is indeed a good attempt at inclusion of the many marginalized children through environmental reforms.

Deepak Dawani
Larkana

Additional Support Needs

A lack of awareness is one of the reasons why people misconstrue individuals who have 'additional support needs' as disabled due to which many children wrongly fall prey to social stigmatism and unfair discrimination. Riffat Rashid in her article dispels the wrong belief and explains what are additional support needs, what can lead a person to have them and ways to identify them.



Photograph taken at ABSA

What are Additional Support Needs?

The concept of additional support needs is a relatively new one. Previously, the term "special education needs" was used to refer to the needs of children who required an educational plan that was different from the ones being followed in the mainstream schools. If a child was known to have special education needs, arising from developmental, learning or physical challenges s(he) would be placed in a special school that only catered to children with disabilities. However, critics have argued that this approach dealt with students unfairly and even discriminated against those who had physical or mild to moderate learning disorders. Such disorders can be easily accommodated in mainstream schools by putting in place an inclusive methodology.

Over the years, the concept has evolved to embrace the idea of providing additional support to children who are facing challenges or difficulties in the mainstream classroom instead of asking the students to take admission in special schools. A child or young person is said to have additional support needs when, for whatever reason, they need additional support with their education. The need for additional support can be either temporary or permanent depending on the level of difficulty the child is facing.

People often assume that a person who requires

additional support needs is disabled. However children facing emotional problems or are being bullied but are otherwise physically fit, can have additional support needs as well. A disabled person is defined as one who has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities. For example, people with mobility, physical co-ordination or learning, speech, eyesight or hearing difficulties may be considered to be disabled. People who are disabled are likely to have additional support needs. However, a child does not necessarily need to have a diagnosis or disability to be considered as having additional support needs.

As opposed to the term 'special educational needs' which limit the provisions to those children and young people who require extra help, 'additional support needs' refers to children's needs of extra help for whatever reason for example a physical handicap, a specific health need such as an ADD, alienated due to being a minority, etc. Additional support is provided in order that children or young people with additional support needs can benefit

A child does not necessarily need to have a diagnosis or disability to be considered as having additional support needs.

from an education which is directed to the development of the personality, talents and mental and physical abilities of that child or young person to their fullest potential.

Why might a child have additional support needs?

The reasons why children or young people may need additional support are wide and varied. It may be because of a disability, family circumstances, social and emotional factors or because the learning environment does not meet their needs. Some common examples of factors include the following:

- Learning environment
 - Inflexible curricular arrangements
 - Inappropriate approaches to learning and teaching
 - More able children
 - Children with additional language needs
- Family circumstances
 - Homelessness
 - Parental drug or substance abuse
 - Children looked after by third parties
- Disability or health need
 - Motor or sensory impairment
 - Specific language impairment
 - Autistic spectrum disorder
 - Learning difficulties
 - ADHD
 - Depression or other mental health problems
- Social and emotional factors
 - Children who are being bullied
 - Children who are suffering discrimination
 - Children who are bullying
 - Children with behavioural difficulties

The term "additional support" simply means some kind of educational provision that is over and above or significantly different to the education generally provided to pupils of the same age in local mainstream schools.

This is not an exhaustive list and there could be other reasons why a child requires additional support at school. However, it does not imply that a child who is going through the above problems has additional support needs. What determines that is the level and quantity of support that a child requires. For example, a child going through emotional problems may not be as perturbed as to require additional support from

therapists, counselors or teachers etc. It is important to identify that the needs of different children are identified and assessed individually to support them effectively.

Types of Additional Support

A child, depending on her/his needs may require various types of additional support from the school or at home. S(he) can require this additional support through:

- The use of a particular resource
- A distinctive teaching approach
- Input from caregivers
- Input from additional staff members working in the

field of education

- Input from additional professionals apart from those working in the field of education, such as doctors, therapists, psychologists etc.

Again, the additional support required by children will be determined through proper assessment of their needs and problems.

How long can ASN last for?

There are many different reasons why a child can have additional support needs and they can last for a short period of time, long-term or lifelong. For example, a child who has experienced bullying may only have additional support needs for a set period of time until the difficulties come to an end. On the other hand, children or young people with a disability or health need, such as an ADD, may have additional support needs throughout and beyond their education.

Additional support needs can also occur at any stage in a child or young person's education. For some, these needs may only become evident through assessment and development. Some needs may be simple to identify and assess while others may be complex and concealed.

Why should "Additional Support Needs" be identified?

A person who has learning disabilities cannot cope up with the standard curricula being used in the classroom for students. The student can try but her/his pace of learning will suffer at some stage. In order to help the child take things at her/his pace and for her/him to be taught effectively, the additional support needs ought to be assessed and identified. A teacher, who has knowledge of such problems, can better help the student than a teacher who is unaware of the child's predicament and treats her/him harshly for poor performance. Also, when needs are identified the school can provide the relevant facilities for the student, such as prescribing extra hours with the teacher, or recommending a different style of teaching. Finally, it is important for children's additional support needs to be identified as early as possible so that appropriate support can be put in place. This can prevent further difficulties developing later on and in maximizing learning opportunities for all children.



Education for All – Going Inclusive

All children have the right to a good quality education and inclusive education ensures that the children are given that right. Parents, whose children need additional



Photograph taken at Dar-ul-Sukun

support, should not automatically assume that their child needs to go to a special school. The concept of inclusive education is being widely promoted and many schools now try to accommodate children with varying levels of additional support needs in the mainstream classroom. Studying in an inclusive classroom is beneficial, since it leads to greater interaction with the students and reduces the feeling of being discriminated for the students who are challenged.

Identifying Needs - Staged Intervention

In Scotland where a law has been passed on Additional Support Needs, a method called staged intervention is used to assess the needs of the children. Staged Intervention is used as a means of identification, assessment, planning and review to meet the learning needs of children and young people, and provides a solution-focused approach to meeting needs at the earliest opportunity and with the least intrusive level of intervention. It provides schools with structured planning and record-keeping procedures for those pupils who have additional support needs as well as a format for evaluating the strategies developed to support the pupil.

Children and young people will be placed on a Stage of Intervention depending on how their needs impact on their learning. The system is designed to be very flexible and to enable movement between stages depending on progress made.

The 3 Stages of Staged Intervention

Stage 1

- The class teacher will have taken into account the pupil's learning style, will have differentiated the curriculum and tried a variety of classroom strategies.
- If support in class does not address the difficulty, the teacher will consult and work with the support staff (if available) in school. Proposed targets are agreed.
- If the intervention is successful the child or young person would come off the Stage 1 list. If the additional support needs continue to be unresolved further interventions could be put in place.
- If difficulties persist a review meeting should be called and a move to Stage 2 be discussed.
- Most children and young people's needs will be met

at the classroom level by the class teacher's observations, assessments and planning for the class as a whole, for groups and for individuals.

Stage 2

- The lead teacher will contact specialized institutes e.g. speech and language therapist, psychologist to discuss difficulties and to help devise strategies to meet the child/young person's needs.
- Observation and consultation may be used at this stage
- A meeting of parents and professionals would discuss the results of this work and suggested strategies put in place.
- At the Stage 2 review joint decisions would be made as to appropriate next steps based on the progress made towards addressing the additional support needs.
- This could include - a move to Stage 1, remain at Stage 2 or a move to Stage 3.
- Where your child has needs identified which cannot be met wholly by the class teacher's planning then assistance from support staff if available within the school will be requested. Observations and further assessment will help the staff plan for and monitor how your child is achieving.

Stage 3

- Targets are set, needs are fully evaluated, strategies are put in place and monitored.
- Children who require substantial adaptation of the curriculum will discuss the possibility of an individualized education plan.
- Should your child continue to have difficulties in moving forward with his/her learning help, advice and direct involvement may be requested from specialist organizations and people. At this stage, a record of your child's needs, the support required to meet those needs, the learning outcomes and the planning needed for the programme will be drawn up.

All children have the right to a good quality education and inclusive education ensures that children are given that right.

While in Pakistan, a proper method has yet to be designed and formalized but teachers and parents can always use the method of "Staged Intervention" to determine the level of additional support required by children.

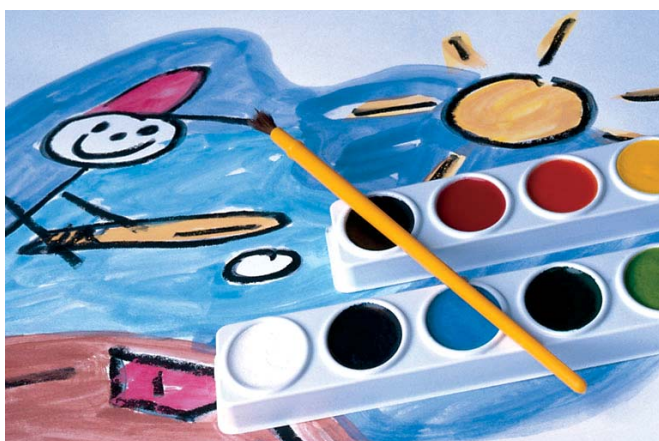
Reference: www.stirling.gov.uk/asl

About the Writer:

Ms. Riffat Rashid is presently working as an Advocacy and Publications Associate at the Sindh Education Foundation.

Sensory Processing Disorders and Learning

Explained through two case studies, Ms. Andrea Khan talks about what causes Sensory Processing Disorders (SPD), signs to identify them and the recommended treatment.



Farah is a charming little girl of five with big eyes and beautiful thick curls. Although she is a strong speller and an excellent reader, Farah cannot form letters, numbers or any recognizable shape. Her teachers are frustrated because she often leaves areas blank on her worksheets even though she can answer verbally. She wastes time fidgeting with her hair, her clothes, or items on her desk instead of completing her class work. Circle time is frequently troublesome. Farah is known for touching, hitting, and poking children sitting next to her. She is often sent to the principal's office for this type of behaviour. When Farah sits quietly during circle time, she picks at threads in her socks until they have big holes in them.



Ameer is a robust boy of eight. He is always running and jumping, often tripping and falling, or bumping into teachers, other children and even furniture. In the classroom, he can't sit still, rocks back and forth in his chair, moves around the room and watches other students. He doesn't seem to know his own strength and often breaks things or hurts others with no apparent ill intent. Academically, Ameer is easily distracted and can't stay focused in class and while doing homework. He struggles with writing, particularly with forming letters accurately and in copying from the blackboard or a book.

Note: The names of the children have been changed to protect their privacy.

What do these children have in common?

Both of these children have Sensory Processing Disorders (SPD), originally known as Sensory Integration Dysfunction. Dr. A. Jean Ayres developed Sensory Integration Theory, which refers to both a neurological process and a theory of relationship between the neurological process and behaviour. Her definition of Sensory Integration (1989) is as follows:

Sensory integration is the neurological

process that organizes sensation from one's own body and from the environment and makes it possible to use the body effectively within the environment. The spatial and temporal aspects of inputs from different sensory modalities are interpreted, associated, and unified. Sensory integration is information processing. The brain must select, enhance, inhibit, compare, and associate the sensory information in flexible, constantly changing patterns: in other words, the brain must integrate it.

Sensory Processing Disorders are often seen in children diagnosed with Attention Deficit Hyperactivity Disorders, Dyslexia, Autism Spectrum Disorders and a number of other learning disabilities. Learning is a sensory experience. We take in information through our eyes, ears, nose, mouth and skin but it is important to remember that these organs are merely sensory receptors. The actual processing of the information received through them is done by the brain. If our brain cannot make sense of the sensory

information it receives, then our world becomes a scary and frustrating place.

While everyone knows about the five senses: sight, hearing, smell, taste and touch, few realize that we have another sensory system, the vestibular system. The sense organs for the vestibular system are located in the inner ear with connections to other parts of the brain and sensory organs. The vestibular system

controls the sense of movement and balance, coordinates information received from other sensory systems and directly governs:

- Auditory functions
- Visual functions
- Muscle tone
- Balance
- Proprioception, the brain's unconscious sense of body in space, a very complex sense that uses information received from throughout our body.

What are the signs of Sensory Processing Disorders?

Sensory Processing Disorders may present itself as:

- over sensitivity to certain sensory input and under sensitivity to others
- vestibular system weakness affecting listening, eye functions, balance, muscle tone and proprioception.

The following chart lists a few of the signs of sensory over or under sensitivity.

System	Hyper Sensitive	Hypo Sensitive
Auditory	<ul style="list-style-type: none"> • Easily distracted by sounds • Afraid of loud or sudden sounds • Difficulty participating in group discussions 	<ul style="list-style-type: none"> • Hums, sings, taps, bangs or makes other sounds throughout the day • Appears to not hear what you say • Delayed speech
Visual	<ul style="list-style-type: none"> • Eyes tire quickly when reading • Poor eye contact • Gets upset if things are out of place 	<ul style="list-style-type: none"> • Flaps hands, rocks, or rolls head • Misses written or demonstrated directions
Tactile	<ul style="list-style-type: none"> • Is fidgety or disruptive when standing in line or close to other people • Avoids messy activities like painting, gluing, sandbox play 	<ul style="list-style-type: none"> • Difficulty sitting still, fidgety • Ignores when face and hands are dirty • Does not steady objects when working • High tolerance for pain
Taste	<ul style="list-style-type: none"> • Very picky eater • Eats only bland foods 	<ul style="list-style-type: none"> • Chews on clothes, fingers, toys • Prefers strong tasting foods
Smell	<ul style="list-style-type: none"> • Complains about cooking smells 	<ul style="list-style-type: none"> • Smells everything • Loves perfumes and colognes
Vestibular	<ul style="list-style-type: none"> • Suffers from motion sickness • Slow to participate in physically active tasks or activities 	<ul style="list-style-type: none"> • Clumsy trips or, falls often • Runs or bumps into things • Left/right confusion

Children who have trouble paying attention may actually be blocking certain types of sensory stimulation and seeking others, making it difficult for them to adjust their attention flexibly to meet varying demands from the environment. With this in mind, let's take another look at our two students, Farah and Amaar.

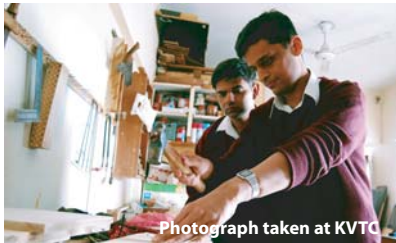
Farah is over reactive to touch. Sitting in such close proximity to other children is stressful for her because she is constantly focused on avoiding being touched. If another child inadvertently brushes against her, she reacts aggressively, either because it actually hurts her more than a typical child, or because of her

built-up anxiety. Because her attention is diverted to fending off unpleasant tactile stimulation, her ability to concentrate on the lesson is compromised. At the same time, Farah finds it calming when she touches other people and things. Fidgeting and picking at her socks actually helps her cope with her need to defend herself from unwanted touch, allowing her to be more attentive and less anxious.

Amaar, on the other hand is under responsive to touch and movement. He also has a poorly developed proprioceptive system resulting in his tripping and bumping into things and not registering pain. Because his

brain does not efficiently process sensory information from his muscles and joints, he receives insufficient feedback and applies more pressure than necessary. Underlying Amaar's hyperactivity is his need to seek out movement, tactile, and proprioceptive stimulation, which interferes with his ability to be attentive in class and to concentrate on homework.

Both children have difficulties with writing. Because of her over-reactivity to touch, Farah avoids the very movement activities, like painting, gluing, and modelling play-dough, that would develop her fine-motor skills and eye-hand coordination.



Problems with proprioception and spatial awareness often coexist with tactile sensitivities, making it difficult for a child like Farah to make sense of visually complex material like busy worksheets and puzzles.

Amaar's under sensitivity to touch coexists with proprioceptive immaturities. He does not have a sufficiently developed sense of body in space and spatial awareness to help him distinguish between "b" and "d", "M" and "W", and "3" and "E". Planning and sequencing the motor actions needed to write and draw do not come automatically for him, so he has to think before writing every letter and shape, which slows him down. He also has low muscle tone, resulting in a loose pencil grip, which affects the quality of his writing.

Some children compensate for low muscle tone by applying extra force, even using the muscles of the forearm, upper arm, shoulder and

He does not have a sufficiently developed sense of body in space and spatial awareness to help him distinguish between "b" and "d", "M" and "W" and "3" and "E"

back to increase pressure on the pencil. These children soon develop stiffness and pain when writing more than a few lines.

How are Sensory Processing Disorders treated?

Speech therapy, physiotherapy, and occupational therapy have traditionally been used to treat SPD, as well as other learning disorders. By gathering information from evaluations and assessments, it is possible to determine sensory sensitivities. The disorder can then be treated at its origin producing permanent changes in the nervous system, so that the child can learn and function more effectively both

in school and daily life. Sensory integration assessments and therapy are generally done by an occupational therapist.

What causes Sensory Processing Disorders?

There are many theories regarding the cause of SPD and associated learning problems. There appears to be a genetic component or predisposition involved. However there is evidence of environmental factors. SPD is prevalent in adopted children, particularly those who have been institutionalized for the first year of life, and in premature babies having fairly long incubation after birth, resulting in a lack of normal movement and tactile stimulation. Since the vestibular system is located in the inner ear, problems can occur after repeated or severe ear infections. Limiting children's natural movement by excessive use of infant seat, jumper and/or playpens can result in learning difficulties later in life.

Physical movement is crucial. The neural pathways in the brain that later come into use for learning are formed through the simple physical movements that developing children normally carry out (i.e. rolling, crawling, climbing). It is vital that children have many and varied physical play opportunities. The best toys are the simplest ones. In this day and age children spend hours sitting in school, commuting by car instead of walking and then relaxing in front of the television or playing computer games, instead of engaging in active and imaginative play with other children in their neighborhood.

At the same time the rates of ADHD and Autism Spectrum Disorders are rising at an alarming rate. Physical movement and traditional play activities are the modalities by which children develop an integrated brain. These same activities, professionally administered, offer the "cure" for learning difficulties resulting from

How to Support Learning in Children with SPD?

Step 1: Read as much as you can about the type of sensory processing disorder the child has. Interventions depend on what sense is involved and whether the child is over responsive or under responsive.

Step 2: Discuss interventions with other professionals and parents. Meet with the child's parents to discuss what interventions work at home. Visit an occupational therapist to learn about intervention strategies.

Step 3: Recognize that the child needs extra support in the classroom or behaviours will get worse. The extra support isn't viewed as a crutch but is viewed as an aid.

Step 4: Plan ahead for situations that you know may cause discomfort for the child. Whenever you're doing something different with your class, anticipate how the child may react.

Step 5: Communicate with the child's other teachers about things that are working in your classroom. Interventions need to be consistent across environments.

Step 6: Reward the child for small steps. Sitting in a chair for 5 minutes may be a huge step for a child with vestibular dysfunction.

Step 7: Recognize that sensory processing disorder may affect the child's interactions with peers. Brief social skill lessons may help the child be more socially adept.

Source:
www.ehow.com/how_2156885_support-children-sensory-processing-disorder.htm

Sensory Processing Disorders.

About the Writer:

Andrea Khan, a graduate of Teachers College New Brunswick, Canada has been residing in Karachi for 19 years. Andrea taught at the Karachi American School for ten years. She coordinated the Learning Differences Project at Zubaida Medical Centre before launching her own organization, STRATEGIES FOR LEARNING, offering neurodevelopmental and sensory integrative therapies for children with attentional and learning disorders.

Learning Differences: Impact on Children & Role of Caregivers

In this article, "Learning Differences – Impact on Children", Arisha Qayyum and Ayesha Zahid Khan discuss various types of Learning Differences commonly found in children and then outline signs and symptoms that can be used to detect those differences. The impact of learning differences on children can be varied and has also been discussed in the article along with the important role which caregivers have to play in addressing the problems.

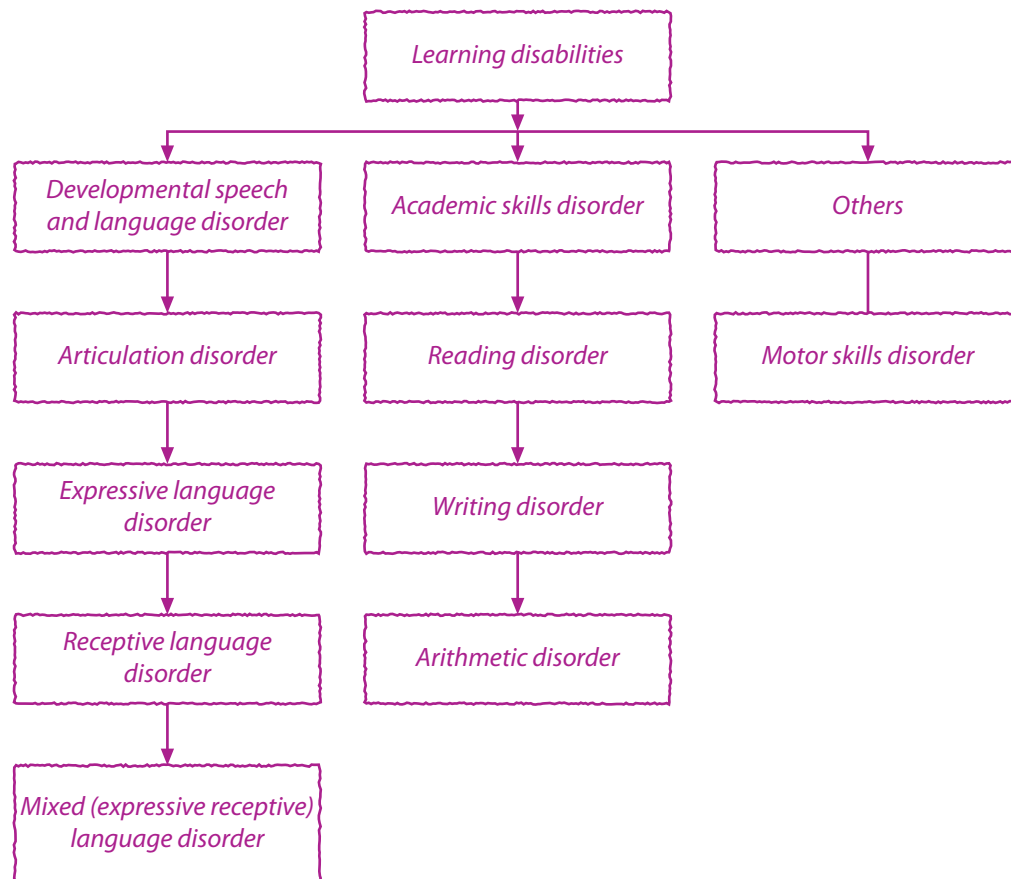


Photograph taken at ABSA

Learning differences cannot be labeled as easily as other medical conditions or physical handicaps. It is a broader term that covers a pool of possible causes, symptoms, treatments and outcomes. There is no single cause for learning differences and therefore finding a single remedial technique is difficult.

A learning disability is caused by a deficit in a specific brain area that affects how information is received, processed, or communicated. Children and adults with learning differences have trouble processing sensory information because they see, hear and understand things

differently. A learning disability signifies inadequate development in a specific area of academic, language, speech, or motor skills, which is not due to mental retardation, autism, physical/neurological disorder or deficient educational opportunities. People with these disorders are usually of average or above average intelligence but as children have difficulty learning some specific skill (arithmetic, or reading e.g.) it results in their impeded school progress. Children with a learning disability cannot try harder, pay closer attention, or improve motivation on their own; they need help to learn how to do these things.



Learning disorders must be differentiated from normal variation in academic attainment and from scholastic difficulties due to lack of opportunity, poor teaching, inadequate schooling or cultural factors that can result in poor performance. Sometimes learning differences are misdiagnosed in the presence of other conditions e.g. slow mental development, visual impairments, hearing problems etc. Every child should ideally be screened for learning disability at the start of pre-school or at the age of 4 years. Screening tests can be done later in life also when a caregiver perceives signs of delayed learning.

Learning differences can be divided into three main categories. Several sub-categories have also been identified:

Developmental Speech and Language Disorders

Earliest indications of learning disorder are often seen through speech and language problems. Children with developmental and speech disorders have difficulty producing speech sounds, using spoken language to communicate or understanding what people are saying. This problem can lead to one or more of the following diagnosis:

- **Developmental Articulation Disorder:** This is speech difficulty which results mainly in omitting speech sounds (e.g. cay for clay) lisping or lalling. Substituting for e.g. toof for tooth is sometimes classed as articulation disorders. It includes for example articulation errors that involve the failure to form speech sounds correctly; as well deficit in linguistic categorization of speech sounds for

example, difficulty in sorting out which sounds in the language make a difference in meaning.

- **Developmental Expressive Language Disorder:**



The expressive language disorder is the inability to make the movements needed to produce a word, even though the sufferer knows the word intended. Children with language impairments have problems expressing themselves in speech.

It can take other forms as well e.g. a 4 year old speaking only 2 word phrases and a 6 years old not able to answer simple questions. Language disorder may be either acquired or developmental. The development type of expressive language disorder is usually recognized by age 3 years, although milder forms of the disorder may not become apparent until early adolescence, when language ordinarily becomes more complex. The outcomes of the developmental type of expressive language disorder are variable.

- **Developmental Receptive Language Disorder:**

Some children have trouble understanding certain aspects of speech. Their brain receives information in a different way e.g. a child asked to hand over a bell may feel constant confusion even in following simple directions. In such cases hearing of the child is fine, but (s)he cannot make sense of certain sounds, words, or sentences they hear. Hence there is a strong relationship between understanding speech and using it. If a child is suffering from receptive language

disorder s(he) also develops expressive language disability.

Mixed (expressive-receptive) Language Disorder Identification

The difficulties may occur in communication involving both verbal language and sign language. The language difficulties interfere with academic or occupational achievement or with social communication. A child having this disorder has the difficulties associated with expressive language disorder e.g. markedly limited vocabulary, errors, intense difficulty recalling words or producing sentences with developmentally appropriate length or complexity, and general difficulty in expressing ideas. The child also has impairment in receptive language development. Mixed receptive expressive language disorder may be either acquired or developmental.

Academic Skills Disorder

Many aspects of speaking, listening, reading, writing, and arithmetic, overlap and build on the same brain capabilities. So it is not surprising that people can be diagnosed as having more than one area of learning disability. Therefore, any disorder that hinders the ability to understand language will also interfere with the development of speech, which in turn hinders the ability to read and write. A single gap in the brain operation can disrupt many types of activity.

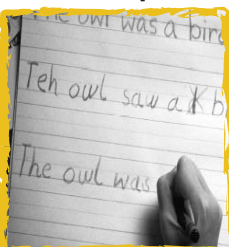
• Developmental Reading Disorder (Dyslexia) :



This disability affects 2-8% of elementary school children worldwide. Dyslexia is not a disease, but describes a mind that learns in a different way from other people. Each person with dyslexia has different strengths and weaknesses, although many have unusual

talents in art, athletics, architecture, graphics, drama, music or engineering. All these tasks require a rich, intact network of nerve cells that connect the brain centres of vision, language, and memory. If the brain is unable to form images or relate new ideas to those stored in memory, the child cannot understand or remember the concepts. The disturbance in reading significantly interferes with academic achievement or with activities of daily living that requires reading skills.

• Developmental Writing Disorder (Dysgraphia)



Also referred to as dysgraphia, learning differences in writing skills involve difficulty with fine motor skills such as motor memory, muscle coordination, and movement in writing. Evidence suggests it may be hereditary. Disabilities in basic writing affect

the learner's ability to write words with correct spelling, appropriate word choice, and basic mechanics such as letter formation, grammar, and

punctuation. People with learning differences in basic writing may not understand the relationship between letters and the sounds they represent and often can not distinguish the correct written word from the incorrect word.

• Arithmetic Disability (Dyscalculia):



Arithmetic is a complex process and it refers to the inability to perform operation in mathematics or arithmetic. It could be described as an extreme difficulty with numbers. A number of different skills may be impaired in mathematics disorder, including

linguistic skills e.g. understanding and clustering objects into groups, etc. Child may feel frequent difficulties with arithmetic, confusing the signs; s(he) may also feel difficulty conceptualizing time and often have poor sense of direction. The child may feel problem in measurement of distance and in understanding and doing word problem.

Motor Skills Disorder:



These disorders include delays in acquiring language and academic skills that can affect the ability to learn, but do not meet the specific criteria for diagnosis of learning disability. In this disorder the child may show poor balance, can easily bump into things and can be

clumsy e.g. trip over easily and often spill or drop things. S(he) may have poor hand-eye coordination and may also feel inability to coordinate both sides of the body simultaneously. For the children with motor skills disorder practical tasks prove very hard e.g. riding a bike, using keyboard and mouse. Children may be extra sensitive to noise, touch, light and taste and find difficulty in concentrating for a period of time. Often fine motor task (e.g. coloring) are also impaired.

Stuttering:

In stuttering, speech is characterized by marked repetition of some sounds or words and disturbance in verbal fluency i.e. the speaker finds difficulty in stopping a sound. It is originally contrasted with stammering, but both terms are now used to describe speech which is not fluent. It also includes the symptoms of prolongations of sounds, long pauses between words, substituting easy words for those that present difficulty in articulating (like words beginning with certain consonants) and repeating whole words (like saying go, go, go, go instead of just a single "go").

Every child should ideally be screened for learning disability at the start of pre-school or at the age of 4 years. Screening tests can be done later in life also when a caregiver perceives signs of delayed learning.

The school drop-out rate for children or adolescents with learning disorders is reported at nearly 40% or approximately 1.5 times the average.

Speech and Language Disorder Identification

To diagnose speech and language disorders a speech therapist tests the child's pronunciation, vocabulary, and grammar and compares them to the developmental abilities since in most children of that age. Psychologist tests the child's intelligence, physician checks for any ear infections, and an audiologist may be

consulted to rule out auditory problem. If the problem involves articulation, a doctor examines the child's vocal cord and throat.

Impact Of Learning Differences On Children & Role Of Caregivers



For children with learning differences, learning and school is a nightmare and the future seems filled with endless struggling and failure. Demoralization, low self-esteem and deficits in social skills may also be associated with learning disorders. Social indicators

of children with learning differences may include impulsiveness, frustration, poor sportsmanship, and difficulties with creating friendships, accepting changes in routine, interpreting subtle or nonverbal cues, and working with others. The lack of self esteem experienced by students with learning differences might create feelings of inadequacy or inferiority, which could be impediment to establishing social relationships. The school drop-out rate for children or adolescents with learning disorders is reported at nearly 40% or approximately 1.5 times the average.

With learning difficulties, children have trouble expressing their feelings, calming themselves down, and reading nonverbal cues, which can lead to difficulty in the classroom and with their peer group.

Social and emotional skills are an area where children can have a huge impact. For all children, especially for the children with learning differences, social and emotional skills are the most consistent indicators of success, outweighing everything else, including academic factors. Academic challenges may lead to low self-esteem, withdrawal, and behaviour problems, but a caregiver can counter these things by creating a string of support system for the child and helping her/him learn to express her/himself, deal with frustration and work through challenges, Caregivers can:

- Make the child understand his/her condition, so that

(s)he can feel better about him/herself. It is best for the child to know that s(he) is bright and able but has a specific difficulty rather than being told nothing at all and left to feel stupid and a failure.

- Boost the confidence and self esteem whenever possible.
- Encourage independence: Give her/him some responsibility in the home especially in areas where s(he) is more capable than her/his siblings and other peers in school.
- Ensure that everybody at home and in the school understands the child's condition, so that they can also help.
- Always emphasize the positive and play down the negative (e.g. encourage and give reward only on the correct work done i.e. you got two spelling correct).
- Find more and more information on learning differences to empower themselves only then they will be able to help their children in a better way.

All a caregivers needs to remember is that their children can do much better and can learn but (s)he cannot do this alone. Your support is vital to allow children to make a difference in their lives.

References:

Gerald.C.Davison. and John.M. Neale. *Abnormal Psychology*. 7th edition
Diagnostic and Statistical Manual of Mental Disorders (DSMIV)
Web: <http://www.kidsource.com/kidsource/content/learningdis.html>
Milan, Anne. Hou.Fong. and Wong. Irene." Learning Disabilities and Child Altruism, Anxiety, and Aggression.
Kavale, K.A., and S.R. Forness. 1996. "Social skills deficits and learning disabilities: A meta_analysis." *Journal of learning Disabilities*, 29 (3):226 to 237.



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Inclusive Education - Better Together

In his article "Inclusive Education – Better Together" Rayed Afzal has discussed the importance of inclusive education in facilitating the learning process of children and has outlined the role of parents, teachers and administrators in making inclusive education possible.

More than 72 million children are not enrolled in schools. Working children, girls and disabled children form the major part of those that are excluded and are most likely to miss out on education entirely. The lives of millions of children are at stake here and who is to blame? Is it the policy makers who have breached upon the children's right to get quality education or is it the parents who fear that their children won't be treated right and thus, don't send them to schools? In reality, many factors are at work and that has kept countless children away from acquiring basic education.

However, the many factors do not justify the fact that these children have to go on without acquiring basic education, considering the right to get education is one of the basic human rights outlined by the United Nations. Exclusion has to be stopped and human rights advocates, educational reformists and other social activists are widely promoting the concept of inclusive education as a way of doing just that.

Inclusive education is based upon the idea that quality education in a classroom be provided to everyone, regardless of their skin colour, additional needs, disabilities,

gender, culture, nationality etc. It implies that children with disabilities be accommodated in mainstream schools and children with additional support needs be provided with adequate facilities to support their learning. The onus of accommodating all the students falls on the school and they are required to modify their classrooms accordingly.

Secondly, the concept of inclusive education talks about providing "quality" education. Adjusting everybody in a classroom doesn't imply that a school deteriorates its educational quality and disadvantages the students studying in an inclusive classroom. It implies that education level be marked to a certain standard and be molded to suit the needs of a diverse classroom. For a classroom to be truly inclusive, it is encouraged that all students learn and participate effectively in the classroom, as opposed to just being accommodated.

The Benefits

The benefits of inclusive education are manifold. Firstly, it allows all children to interact with a lot many other children coming from diverse backgrounds, facilitating the learning process and making it more interesting for

Universal Primary Education & the Need for Inclusion

The promise of EFA, as the phrase implies, applies to all children. It does not differentiate between able bodied and disabled children. The Convention on the Rights of Persons with Disabilities, adopted by the United Nations General Assembly in December 2006 and in force since May 2008, is the latest legal tool supporting integration of disabled people and the most recent reaffirmation of the human rights of disabled learners. It recognizes a clear link between inclusive education and the right to education. Yet children with disabilities are still among the most marginalized and least likely to go to school.....The barriers for disabled children vary. Physical distance to school, the layout and design of school facilities, and shortages of trained teachers all play a role. Among the most serious obstacles, however, are negative attitudes towards the disabled, which affect both the school participation and the self-confidence of disabled children (Dutch Coalition on Disability and Development, 2006). Speeding up progress towards UPE will require a far stronger focus on public policy facilitating access for the disabled – and on political leadership to change public attitudes. The starting point is that disabled children should be treated as an integral part of the learning community rather than as a 'special' group requiring separate classes or institutions.

Source: Excerpted from the EFA Global Monitoring Report 2009

the children. This way, children learn to accept each others' differences and any biases or prejudices they may have are dispelled by team working and learning together with everyone. Making the learning process interesting for children directly increases the attendance in classrooms which is one of the many focus points for schools. Growth in attendance leads to more participation from all the important stakeholders - administrators, teachers, parents and students.

Parents' participation is important as it helps to assure an unhindered learning process at home and does wonders to the motivation of school going children. For children with additional support needs, gaining attention and assistance at home is very important. While schools should offer facilities so that their needs are met in the classroom, it is equally important for parents to sit with them and help them with their difficulties.

Many teachers shy away from teaching in an inclusive classroom as they perceive it to be an additional burden. However, providing inclusive education in classroom, unlike the popular belief helps teachers as well. For teachers, teaching an inclusive class would mean learning more skills and acquiring special training,

which is likely to broaden the scope of their abilities and increase their professional competency. Also, with the concept of inclusive education being highly promoted globally, the demand for teachers who can handle an inclusive classroom is going to increase drastically.

The Ultimate Goal of Inclusive Education

As stated, inclusive education talks about providing access to education to everyone and not only that, but about maintaining a certain level of educational standard that satisfies basic learning needs. This implies that individuals, regardless of their differences, study in the same classroom and acquire the same education as anybody else. Inclusion as a concept talks less about a physical space and is more about a state of being and a condition. It is a concept that is built upon tolerance and acceptance. This concept serves as an important tool to bridge the gap between the rich and the poor, the haves and the have-nots. For children, who study together, learn to live together and in turn, give birth to a tolerant and accepting society which is actually the ultimate goal of providing inclusive education.

Why have we not been able to achieve the goal of providing inclusive education in schools?

Considering the statistics and the number of people that are not even enrolled in schools, providing inclusive education does seem like a distant, unachievable notion. It is certainly a difficult idea to implement what with the presence of deep rooted racisms and other discriminatory sentiments in many societies that don't let many individuals of our society blend in with the rest. This is especially true for people who suffer from disabilities or require additional support.

The perceptions and attitudes of teachers can also be a hindrance when they would rather devote limited time and effort to teach an exclusive classroom then putting in extra effort and undergoing specialized training to teach a larger, more diverse classroom. Schools that are present in the rural areas and even some urban ones, have a lack of appropriate resources and the will to provide inclusive education.



Moreover, quality is a subjective concept and it is certainly a challenge to maintain a constant level of “quality” in education when you want to impart education to everyone – regardless of their incomes, cast, creed etc. Lack of awareness about inclusion and the increasing commercialism in schools also leads to a lot of people being excluded from gaining a quality basic education.

These reasons do not justify the absence of inclusive education in our classrooms but should rather be used to better identify and overcome challenges so that a true inclusive classroom can come into being.

Who turns around the situation?

For an effective implementation of any program, the key stakeholders need to be identified, their expectations outlined and their roles highlighted. Parents, teachers and the school management form the major stakeholders in inclusive education. Without any of them, inclusive education will always suffer from shortcomings and loopholes.

The Parents

Parents can be divided into two groups: One group consists of aware parents who have accepted that their child needs additional support and are seeking ways to support him/her. The other group consists of parents who are in a state of denial and rather believe in some superstition or myth than accept that their child needs additional support. The latter group of parents is less likely to know about inclusive education and thus dealing with them is difficult. They are likely to blame the schools and other external factors instead of focusing on providing adequate support to their child. These parents do not want their child to have any specific learning aid. They keep comparing their child to other children of the same age in their extended families. Educational achievement of the child is the most important concern for these parents and you find them ignoring the child's developing needs.

Parents, who are aware about inclusive education, need only to be told the challenges their child is facing and how they can be provided with additional support. These parents are accepting and tolerant towards the



shortcomings of their child and know that given the right support, he/she will cope up eventually.

Administration

It is unfortunate but children who require additional support are likely to be admitted to schools that have recently been opened rather than the ones that are well established and have a good standing. The new schools are likely to have more time to devote to these students and are less likely to be worried about putting in extra effort. The well established schools are likely to already have full classrooms and are more concerned about grades and board positions than keeping providing inclusive education as one of their objectives.

Since there is little guidance or professional advice available in the country on inclusive education, the children requiring such education are often found doing much less in the classroom than they actually can. The main reason for this is the school administration's lack of training and expertise in this field.

Teachers

Most teachers have their performance evaluated on the basis of syllabus completed during the academic year or the grades their students have achieved in an examination. They are offered little information about inclusive education, let alone any sort of training for this purpose. They may give extra time and attention to such children but that would be due to the demand of the parents. The extra time might not mean quality teaching since they would not have any of the adaptive materials required for this purpose.

Affordability

Educationists claim that implementing inclusive education is expensive. It certainly requires additional resources. Teachers need to undergo specialized training to teach an inclusive class. The syllabus needs to be modified to suit everyone which requires extra time and effort. Some schools may also need to hire counselors to help children in an emotionally difficult time. Aides and tools need to be bought such as a wheel chair, hearing aids etc.

Barriers in Schools

A participatory study with students with mobility disabilities from 8 different schools indicated the following barriers:

- Physical environment (e.g. doors, pathways, elevators, washrooms, stairs, ramps, lockers, fountains etc)
- Intentional attitudinal (e.g. isolation, bullying)
- Unintentional attitudinal (e.g. lack of knowledge awareness)

Source: Pivik, McComas and Laflamme (2002)
www.earlylearning.ubc.ca

What can be done?

The biggest improvement that can take place in providing the inclusive education does not take place in the classroom, rather it happens in the way the school management looks at the education in general. Education is all about the holistic development of students. Improving emotional IQ is an important part of the teaching learning process. Emotional IQ improves when students learn to empathize rather than sympathize. Another important part of formal education is communication. People with better communication skills are more successful in their professional careers when compared with those who lack such skills.

Inclusive education provides the rest of the students of the class with an opportunity to develop both of these abilities. Children understand the learning difficulties of a child sent to their class for inclusive education. Very soon they acquire an understanding of the things their new classmate can and can't do. They learn to help in every way: Academics, colouring, games, getting in the school van etc.

It is always a treat to ask children about what kind of help their new friend needs just a week after the child is admitted to their classroom. They will give you a detail list of support that is required for such a student. Even greater pleasure is to find out that the rest of the students know exactly when they need to stay back and let their friend make an effort rather than depending on them.

Once the school administration has the benefits of inclusive education rooted deep within their minds and souls comes the step of developing the same belief among the teaching faculty and the students. The head of the institution needs to highlight the benefits of having an additional support need child to the faculty and students one after another with conviction and eloquence. It often takes teachers a longer time to come to terms with having a child with additional support needs in their classroom



as they usually translate it to be 'extra work'. That's where some type of training is always beneficial. Once the teachers learn how to handle the additional support needs they become more confident and then tend to enjoy their new responsibility.

A note of caution: Some of the parents of the children with whom the additional support needs children are to study might need a briefing as well. The misconceptions about children with special needs are common. Some of which are: "Our children will waste a lot of time because of these children," or "Why should my child be helping another child climb the stairs?" or sometimes even such preposterous questions like "Is it contagious?"

Parents of children with additional support needs must know the learning targets of their child. They should be trained on how to provide special help at home and then they might need to get involved in the development of adaptive tools or learning aids for their child. Inclusive education is a sign of a healthy and robust community; A community where people with learning difficulties are given a chance to perform to the best of their abilities. A good inclusive program reflects the patience and broadmindedness of the community at large - the two things we desperately need to develop within our ranks!

Inclusive Education – The International Perspective

The United Nations and other international organizations are encouraging the development of inclusive education systems for a number of reasons. The most important reason is the human rights for all children to receive education. Providing education for all children in one educational system has educational, social and economic advantages:

"Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to all the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system"

*The Salamanca Statement, United Nations, 1994
(Source: <http://ptan.org/association%5Cpaie.htm>)*

About the Writer:

Mr. Rayed Afzal has been associated with spreading education for more than twelve years and serves as a director/CEO of New Century Education and Literate Pakistan Foundation.



Learning Differences and Remediation Strategies

In her article, Shahina Alvi has discussed important strategies and techniques that teachers can use while teaching children who have learning differences. She has also brought to light some warning signs that can help parents and teachers identify learning differences in children so that interventions are undertaken before it's too late.

Learning differences result from the brain's varying ability to collect, process, analyze, and store information. These differences can often make it difficult for a student to learn as quickly as others. Educationists now recognize that educational interventions in the form of careful assessment and special teaching programs are required to facilitate the learning process of children with learning differences. Generally the learning differences become evident when a child is consistently performing at an academic level that is clearly below expectations for

his/her age. A series of other indicators can also accentuate the need for a proper diagnosis. These may include amongst others:

- A history of delayed speech and language development
- Attention deficits or problems with sustained attention (poor concentration span)
- Short term memory problems – difficulty with retrieval by association, difficulty with recall
- Perceptual deficits - poor auditory memory, difficulty

with sound blending, poor left-right discrimination, poor visual memory, problems with visual/auditory discrimination

- Oral language problems - with verbal labeling, word finding
- Reading disabilities
- Spelling and written language difficulties - bizarre spelling, difficulty in ordering and organizing work
- Arithmetic difficulties
- Sequential problems - letter order confusion, reversals of letters in words, difficulty remembering months of the year in sequence or arithmetic tables
- Poor motor skills - early clumsiness, handwriting problems

The successful remedial teacher is aware of all the major techniques and may synthesize and adapt them in his or her teaching programme, with reference to an individual child's particular strengths and weaknesses.

Importance of Early Intervention

Early identification of children experiencing difficulties in learning is essential for timely and effective intervention. Research evidence shows that earlier detection of learning differences can lead to better prognosis. Early identification can lessen the long-term effect of the symptoms when it is accompanied by appropriate remediation and understanding. Our own experience shows that children who come for remediation by the age of seven progress much quicker than children whose

problems are detected at a later stage. Apart from the educational implications, there is also an emotional and psychological toll on the child. The older the child and the more persistent his failures, the heavier the burden of self-blame, anger and frustration on the child.

While it is not wise to jump at conclusions and label children, but very often, identification of the child's ordeals can be a source of great relief for the parents, teachers and for the child himself as it takes away the blame from the child and provides an explanation for the problems he is going through. It is important however that a detection of learning differences is ascertained only after a qualified assessment is undertaken.

Remediation & Learning Strategies

The first step in intervention is the identification of the younger at-risk child or the older child with tangible language difficulties. Qualified psychologists can assess children to identify problems.

A word of warning is necessary here: Assessment and remediation are inseparable. Screening without appropriate remediation is unethical and only makes matters worse.

It is increasingly believed that teaching programmes for children with specific language difficulties should be individualized, be aimed to identify and improve a child's specific weak skills and capitalize on alternative strategies and strengths. Preferably, these programmes should be on a one-to-one basis.

Most specialized programmes are highly structured. The work is typically cumulative, starting from the lowest units (the letters of the alphabet and their associated sounds, for example), and the easiest concepts. The child builds up her/his skills to read words and progresses from concrete to abstract concepts in a sequential manner. A lot of over-learning is stressed, to achieve the automaticity of the good reader and writer.

The process of remediation can take place at an institute, or schools can initiate their own remedial programmes and withdraw children for specified periods from the classroom. However, educational intervention need not stop at the classroom door. Even within the framework of ordinary lessons, teachers can take many steps to help the child. Some types of intervention that can be provided by the school teacher include:

- Specially prepared or highlighted work sheets
- Teaching the technical or difficult vocabulary prior to a lesson
- Providing a tape recording of the literature being studied
- Providing a photocopy of notes to save note-taking at speed
- Allowing the child to tape record her/his notes or written work
- Giving time to transcribe the tape recorded work
- Allowing the use of a word processor for longer pieces of work



Case Study:

A nine year old child currently coming to our institute, READ, was identified as having severe language difficulties at the age of six. Another assessment was done abroad that confirmed the initial diagnosis. However, the parents chose not to send the child for remediation and one and a half year later he was still unable to read simple three letter words. His problem during this time was aggravated by his over-zealous teacher who subjected him to corporal punishment when he 'would not' read. The child is now attending READ since more than a year and is still very aggressive. He is at grade two – two grades below his peers.

An important part of the remediation process is to eliminate the factor of constant failure. The work given never exceeds the child's present abilities but it builds towards her/his expected abilities.

Remediation Techniques

To a great extent, most specialized language programmes are multi-sensory. This implies the simultaneous use of more than one sensory modality - i.e. the visual, auditory and tactile senses - to learn to read, write and spell. A number of teaching methods have been developed on a multi-sensory basis in the last fifty years. The successful

remedial teacher is aware of all the major techniques and may synthesize them and adapt them in his or her teaching programme, with reference to an individual child's particular strengths and weaknesses.

There is no definite time frame for the overall remediation process, but we find that progress is more rapid with younger children. As good language skills stem from reading, it should form a major component of the daily lesson. Children should be introduced to sound based reading skills and be taught higher frequency words and phonetically irregular words as sight words, to speed up reading.

A method that works with one student may sometimes be unsuccessful with another. Games and worksheets are often specially prepared or adapted for a particular student's use. Successful remediation largely depends on teaching a child as s(he) can learn and not how we believe s(he) should learn. Unfortunately, in schools children with learning differences often spend hours over-practicing their weak points rather than using their strengths to overcome their weaknesses.

All components of the lesson plan should complement each other. The major components of reading, writing and spelling should be supported by work done on corresponding sub skills to strengthen these areas. Sequencing, short-term memory, visual/auditory discrimination, reasoning, analytical thinking and fine motor skills are some of the areas that should be worked on regularly, through brief activities and games.

Early identification of learning differences can lessen the long-term effect of the symptoms when it is accompanied by appropriate remediation and understanding.

Over learning should be emphasized so that new material is introduced gradually while reviewing the work that has been done. The programme should be structured and disciplined but not rigid. Teachers can be encouraged to be innovative in their use of the techniques, as long as they are based on sound remedial principles.

Hence with adequate assistance and help from the teachers, therapists and parents, a child with learning differences can be well on her/his way to overcome the day-to-day challenges s(he) faces in the classroom and learning.

About the Writer:

Ms. Shahina Alvi, CEO & Director, R.E.A.Dyslexics has been associated with the institute since 1988. In addition to this, she is one of the three course leaders for the READ Diploma Course which is a six-month remedial teacher-training program. She also conducts screening of children with learning disabilities and provides parents with information about how to follow-up with specialists, if required. Apart from this, she provides remedial tuition to students in higher grades. Shahina also conducts workshops on different aspects of learning difficulties encountered by children.



Photograph taken at Dar - ul-Sukun

Being left-handed



in a right-handed world

Be it our interests, origins, abilities and beliefs – we all have our differences and similarities. The only thing that is important however is to accept each other as we are, without having prejudices. There is nothing bad or shameful about being left-handed as explains Melaine D'Cruze in her article. Oprah Winfrey, Barrack Obama and Wasim Akram have moved past their challenges and achieved great heights – so can you.



My son was about a year-and-a-half when I noticed his preference for using his left hand over his right. In due time, I was convinced that my child was left-handed. This was the time I became curious on how his being left-handed would affect his lifestyle. It led me to learn everything that I could about left-handedness.

My quest revealed that even in this day and age, children who are left-handed are 'corrected' to use their right hand, even though they may be predominantly left-handed. The first people to notice a child's being left-handed are the parents who generally 'correct' their children to use their right hand for day-to-day activities. Delving deeper into the cause for this 'corrective behaviour' from the parents, I realized that there was a lack of awareness of what left-handedness is all about, what causes it and what implications it could have on the child's life in the long run. Many parents feel that it is culturally inappropriate for a child to use his/her left hand for many simple tasks, particularly eating, etc. The second form of 'correction' comes from the school, where teachers like the parents due to unawareness force the child to write

with their right hand and mar their writing performance for life. In addition, school desks are mostly designed for right-handed children and left-handed children suffer the hardship of trying to adjust to these school furniture. I was appalled to discover some of the cases where parents and teachers have even resorted to physical punishment to make the child right-handed!

What most people don't know about left-handedness is that it is hereditary, i.e. it is passed on from generation to generation and it runs in families. Left hand dominance comes when the right side of your brain or the right hemisphere is more dominant than your left hemisphere. Hence, left-handed people are not in any way abnormal, but very normal. My husband was born left-handed, but due to 'correction' brought on by his parents and the teachers at school, he was forced to do most of his work with his right hand, however, he often displays ambidexterity. Another colleague of mine who faced the same issue as a child also shared that she was often confused even to this day as to which is the 'right' hand to use for various activities. A few studies have also shown

Famous Left Handed Personalities



◀ **Barack Obama** is the 44th and the current President of the United States. He is the first African American to hold the office, as well as the fourth president who is left handed. Obama is a graduate of Columbia University and Harvard Law School. Obama is also the 2009 Nobel Peace Prize laureate.



▶ **Wasim Akram** is a World Cup winning former Pakistani cricketer. He was a left-arm fast bowler and left handed batsman, who represented the Pakistani cricket team in Tests and One Day Internationals. He is considered to be one of the pioneers of reverse swing bowling. He is also one of the few cricketers who have been inducted in the ICC Cricket Hall of Fame.



▶ **Oprah Winfrey**, a left handed woman was raised up in an abusive and disturbed household. Undeterred by the challenges that she faced, she went on to become one of America's most influential and wealthy women. In 1993 Winfrey won the Horatio Alger award "given to those who overcome adversity to become leaders in their fields," according to Jet magazine.

that interfering with left-handed children and forcing them to use their right hand affects their decision making skills among other things in the long run.

Adding to this, there are several myths and misunderstandings about people who are left handed. Some say they are special and exhibit extraordinary talent than most right handed people and to the other extreme, people think they are clumsy and inefficient. There are no right and wrong answers to these myths. A few research studies have shown that left-handed people view the world differently than their right-handed counterparts. Several accomplished personalities throughout history have been left handed. Authors like Lewis Carroll and H.G. Wells; musicians like Carl Philipp Emanuel Bach and Jimi Hendrix, artists like Michelangelo and Leonardo da Vinci; and sports personalities like Alan Border, Wasim Akram and Saeed Anwar (cricket) are a few examples.

There is a very small minority (7 to 10%) of people in the world who are left-handed and this leads to a lot of challenges for the left-handed in many day-to-day activities. For example, many implements and devices like the computer mouse, cameras, drilling machines and musical instruments are designed mostly keeping in mind the right-handed customers. This is the key factor in promoting the misconception about left-handed persons being 'clumsy and accident prone'. However, we can see some awareness in many countries where innovations in designs are including implements made to be used by the left-handed which are welcomed by the left-handed community, e.g. the left-handed scissor and the left-handed guitar.

From an educational point of view, a few simple changes made by the teachers or the schools can make a world of a difference to left-handed children in the class. Firstly, the teacher should be aware of the fact that left-

handedness is normal. With proper instructions teachers can effectively teach the child to write. A very useful resource on teaching left-handed children to write can be found here: <http://www.handedness.org/action/leftwrite.html>. Parents will also find information on this website to be useful not only to help the child adjust but also to prevent any hardship might face, particularly in case of writing. They can also orient the teachers about the techniques and tools to help such children and facilitate learning. This will help greatly in developing the left-handed child as a confident and contributing member of the society in future.

Secondly, the schools should also recognize the fact that there might be a few left-handed children in the classes and may want to design desks more suited for them. The schools can also facilitate support of such children's learning by investing in procuring an appropriate number of learning tools and equipment custom-made for left-handed users, which can reduce the risks of accidents. For example, a simple activity like cutting paper can be done with a left-handed scissor so that children remain a part of the learning experience. It is because of these factors that it is critical to include such facilitation at the early learning stage which will have a lasting impact on the child's learning and life skills.

Every year, an international day is celebrated on August 13 to acknowledge and recognize left-handed people. For more details, please visit: <http://www.lefthandersday.com/>. It would be highly beneficial if the left-handed community in Pakistan would become a part of this network and create more awareness to develop children for the future.

About the Writer:

Ms. Melaine D'Cruze currently works as Assistant Manager, eLearning at the Aga Khan University, Institute for Educational Development (AKU-IED).



Inspirational Stories

We have all read about people who have overcome extraordinary physical challenges to leave a mark on history through their achievements; be it Helen Keller or John Keats. But we fail to read about the heroes who live amongst us, who battle adversity everyday and still make a valuable contribution to our society. Profiled for Nurture are some such heroes.



Dr. Salma Maqbool, A Noted Social Activist

Dr. Salma Maqbool, a blind social activist from Pakistan, Chairman and Trustee of the Pakistan Foundation Fighting Blindness and Director of the Darakhshan Resource and Training Centre for blind and disabled girls and young women. Dr. Maqbool was best known within the World Blind Union family as Chairperson of the Committee on the Status of Blind Women in the late 1980's and until 1992. Dr. Maqbool led a very full and interesting life that was dedicated to improving the situation for blind women and girls both in her home country of Pakistan and internationally. We remember her with fondness and express our sincere condolences to her family and friends.

Source: www.worldblindunion.org

Dr Fatima Shah, A Noted Social Worker & Educationist

Dr. Fatima Shah was born in Bhera in Punjab. She grew up in Aligarh and earned a degree in medicine from Lady Hardinge Medical College in New Delhi. Migrating to Pakistan in 1947 she became a pioneer social worker in the All Pakistan Women's Association. Blindness ended her medical career at the age of forty. But despite her disability Dr. Fatima Shah rendered many services for the handicapped. She organized the Disabled People's Federation of Pakistan to serve as a national affiliate to the Disabled Peoples' International of which she was a world council member. She played a significant role in the establishment of a global body called the World Blind Union and also became a member of the Federal Council National Parliament. Among the various awards bestowed upon her was the Takeo Iwahashi Award at Gothenburg, Sweden, which she received for her outstanding national services in the field of organization of self-help movements of blind people and their progress and development. The government of Pakistan also conferred upon her a Tamgha-i-Imtiaz. Dr Shah wrote a book, titled "Disability: Self-help and Social Change", which was sent to all the libraries of the world. Dr. Fatima passed away in 2002.

Source: Herald, January 2000

Mr. Farrokh K. Captain, Chairman, Pakistan Human Development Fund

Mr. Farrokh K. Captain, Chairman, Pakistan Human Development Fund (PHDF) received both his Bachelors and Master degrees from the Massachusetts Institute of Technology where he was a member of the class of 1966. He then worked as a Management Consultant with Arthur D. Little First in the USA in Cambridge, Massachusetts, and then went on to establish their practice in Pakistan. From 1978-1994 he led a major US-Pakistan joint venture chemical manufacturing business in Pakistan as Captain-PQ Chemical Industries (Private) Limited. He is also a member of the Board of the American Business Council. At the age of 50, Mr. Captain stepped back from active business, turning this over to professional management. He has spent the years since exclusively in the field of social work. He is a Trustee of the Layton Rehmatulla Benevolent Trust. A much renowned chain of 10 Hospitals for curable blindness spread throughout Pakistan, which treats 1 million patients a year Free of Charge and to date have treated 10 million patients. In 2002 he was invited to join President Musharraf's Human Development initiative in Pakistan as Chairman of the Pakistan Human Development Fund. He is also one of the 25 founder members of the Pakistan Human Development Fund each of whom has contributed \$ 100,000 to this initiative. He is a leader in the still underdeveloped share-holder activism movement in Pakistan. In this capacity he has contributed significantly to the enhancement of minority shareholder rights reflected by both changes in the laws and corporate practice in Pakistan. He has completed 18 Years service and is presently serving his seventh three year term as a Director of Shell Pakistan Limited, representing the interests of the minority shareholders of Shell Pakistan Limited. He has served for 29 years as MIT's Alumni representative for Pakistan and is President of the MIT Club of Pakistan.

Mariam Khan, A Promising Artist

Mariam Khan was diagnosed with Down's syndrome when she was born. Mariam's mother has been her support and guide throughout her life and has encouraged her daughter in all her endeavours. Now a young woman in her teens, she can speak only thirty words, but each one is meaningful and used purposefully. Art is her way of communication. Through art, Mariam speaks many languages. Mariam studied from the Fixon School of Art (FACTS) and Creative Techniques in Karachi. Her art has been acknowledged at both, national and international levels. Mariam's first exhibition was at the Sheraton Hotel in Karachi in 2002 where more than fifty of her paintings were on display. She is the first Down Syndrome patient who has painted "Colour Theme" for a multinational company, Novo Nordisk. She has also participated and exhibited her work at various international forums including the International Child Art Federation in Germany (2005), in a subway in Italy by a well known Italian designer and at the VSA Arts at Washington DC.

Source: www.coloursofinspiration.com



Asad Rafi, A CSR Professional & Motivational Speaker

Asad Rafi is a graduate of Karachi Grammar School. He started his career at the age of 21 at IBM Pakistan and worked there for over 15 years, before joining SI3 as a communication specialist. At the age of 20 he was diagnosed with Friedrich's Ataxia. It is an inherited disease that causes progressive disease to the nervous system. Ever since, he has been motivating his friends, family and colleagues. He is a voluntary motivational speaker and has been involved in authoring various articles on multiple diversified topics e.g. motivational topics, sports etc. His articles have been published in local newspapers as well as magazines. His articles can be found on the website www.netxpress.com.pk and other websites as well including on Nowpdp.com and face book also. He is the head of CSR (Corporate Social Responsibility) in SI3. He is also associated with different NGOs working for the betterment of disabled people and doing CSR work. He is working with NGO's including NOWPDP

which is working for the betterment of disabled people all over Pakistan. His talks are aimed at raising awareness about Friedrich's Ataxia and to change the mindsets of people about making Pakistan a more wheel chair friendly place. The feedback he has been receiving has been very encouraging. Besides delivering lectures at renowned educational institutions including LUMS, Aitchison College and IBA, Asad has also been interviewed by multiple TV channels including DAWN, Aaj, Business Plus, Samaa TV, CNBC and Hum TV.



Muhammad Akram, An IT Geek & Activist

Muhammad Akram lost the ability to hear when he became a teenager. His parents consulted countless specialists and tried various treatments, but nothing seemed to work. When medicine failed him, Muhammad became severely depressed and started pondering over his uncertain and undoubtedly difficult future: what would he do? How would he face this challenge? Would he ever be able to live an independent life? His parents desperately wanted to help their son, but did not know how. Incidentally, Muhammad's brother bought a computer for Muhammad to play with and eventually Muhammad's interest grew from computer games to computer technology itself. He became interested in obtaining a diploma in Computer Science and thus enrolled in Petroman Computer Institute where he eventually received his diploma. Bolstered by this achievement, Muhammad continued his higher education and completed his B.Comm and further specialized in

IT to finally become a Microsoft Certified Professional (MCP). The impressive qualifications opened many windows of opportunity for Muhammad and in mid 1996 he joined Pakistan Institute of Quality Control (PIQC) as a Computer Programmer. He also joined Pakistan Association of the Deaf (PAD) as a volunteer and in 2001 Muhammad joined Deaf Friends International (DFI), where he eventually became Assistant Director. Muhammad also joined Heaven Care Resource Center Inc (Philippines) as a web developer and the Deaf Tour Assistance (Philippines) as marketing manager. To this day, Muhammad continues to defy odds and inspires others to achieve their dreams. All of Muhammad's work on behalf of the disabled is double-sided. On the one hand he has shown able-bodied people, that the disabled are as normal as any one of them. On the other hand, he has taught disabled to believe in themselves, to pick themselves up off the ground and strive to achieve their dreams, no matter how great they may be, because, as Muhammad always says "Nothing is impossible as long as you have the will to achieve it".



Ghulam Nabi Nizamani, CEO & Social Activist

Ghulam Nabi Nizamani was born, raised and educated in Sanghar, a small town in Sindh. As a child he suffered from polio and has used a wheelchair since then. With a Masters in Sociology and Economics, he is presently the CEO of the Pakistan Disabled Peoples' Organization, a network of Disabled Peoples' Organizations of Pakistan. He is associated with a number of organizations and forums in various capacities from coordinator to facilitator and expert. These include the Community Based Rehabilitation Asia Pacific Network, Disabled Peoples' Forum Asia, Disabled Peoples' International Asia and Pacific, Disabled Peoples' International (DPA) South Asia and the Disability with United Nations Economic and Social Commission Asia and the Pacific. He also serves as a coordinator in All Sanghar Handicaps' Association (ASHA) Pakistan.

Being your Child's Savior- Timely Detection of Warning Signs

Many a times additional support in children go undetected as parents and teachers are not aware of the warning signs that the children show. In this article, Sohail Ittehad Hussain talks about why it is important that warning signs be detected at the right time and discusses the various measures parents should take to help their child.



Photograph taken at Dar-ul-Sukun



Photograph taken at Dar-ul-Sukun

When it comes to children who require additional support, it is important that their particular needs be identified as soon as possible in order to make suitable arrangements for them at home and at the concerned educational institutions for providing guidance, assistance and management.

Like a stitch in time saves nine, timely detection of warning signs will ensure good management of the disorder.

In a developing country such as ours, state institutions are rarely proactive nor have the means to provide systematic care or house to house diagnostic services covering the specific support needs of children of the entire population. Even family physicians, psychologists, psychiatrists, neurologists or educationists will not be

automatically attracted to provide help to our children, unless parents are first able to identify the needs in children. Parental involvement is of paramount importance therefore, especially for the early detection of the signs that can impair the healthy development of a child physically, emotionally and mentally.

While some of the contributing diseases in the case of

children with disability, like autism, cerebral palsy, Down syndrome and other mentally challenging disorders become detectable in early infancy, disorders like attention deficit (ADD) and or attention deficit hyperactivity (ADHD) are at times difficult to diagnose with any clinical certainty and the conditions can easily be overlooked or neglected by doting or clueless parents throughout childhood and adolescence. As a result such disorders may well be carried into adulthood. It is important for parents to realize that they are in a unique position to have intimate knowledge of their child's



genetic background and are ideally placed to judge whether their children are at a higher risk of suffering from these disorders, especially when there is a known family history to support such prior apprehensions.

Needs' Trap

It is important that parents ensure a healthy home environment and social surrounding for the upbringing of their children. If the home or social environment for some reason is not nurturing, it would impede health development of children. It has often been observed that stress and trauma in a child's life, like death of a parent or divorce of the parents can have an adverse impact on

the development of the child, who may otherwise not have been at risk of suffering from ADD or ADHD. Similarly, any unrelated and untreated medical condition or inability to cope with difficult school work, depression, anxiety or insufficient rest and sleep could also create pseudo symptoms of a disorder. It is therefore important that the spoilt, bratty or bizarre behaviour of the child is discounted in the short term before coming to any absolute conclusion about the observed disabilities and disorders.

Thus parents have to be aware of the real, nagging and sustained symptoms of these disorders if they are expected to make an early but sound judgment call on any developmental malaise affecting their children. According to the American Academy of Child Adolescent Psychiatry (AACAP) and the National Institute of Mental Health (NIMH), the symptoms must be observed to have persisted continually for a standard period of time before any development disorder can be affirmed or confirmed for treatment.



Timely Detection

It is understandable that the earliest chances of observing symptoms or traits of a disorder would be at home. According to the experts, the onset of disorders in classic cases of ADD and ADHD for example

are said to appear much before the age of 7. By this age the child can be expected to be facing real handicaps in life as would be observable at home, in the classroom, the playground, community and all other social settings. This emphasizes the need for the parents to carefully and routinely observe the child's behaviour and not ignore or laugh off frequent tantrums and the like just as cute willfulness and childish stubbornness of the adored child. Sustained vigilance would therefore, be the key for screening all suspect cases.

These are just guidelines that should prompt and spur the parents to devote more attention to any problem that may have the possibility to turn out to be a disorder. But the disorder can only be deduced and confirmed after the most careful and extensive observations. It is wisely recommended that a child psychiatrist, psychologist, development pediatrician, behavioural neurologist or a clinical social worker should also be consulted as early as possible. Thereafter, in a joint consultation that may ideally include the child's teachers also, a comparative behavioural rating scale may be drawn up. This consensus scale could then be used to draw up a specific plan for administering behavioural therapy or medication as may be considered necessary for that particular child.

Parents of children, who are required to move due to transfers frequently such as in our military, civil or Foreign Service, should pay special attention to the developmental needs of their children. Frequent changes of residence,

school, teachers and friends can put considerable strain on children and they may require additional support in order to deal with the changing environment.

Following are some suggestions which will facilitate in timely detection:

- Parents must visit their family physician routinely for medical checkups. Schools can also aid in organizing annual medical examinations of students that allow for screening of all students in school. This screening is vital for identifying any major or minor ailments and infirmities like the innocuous build up of wax in the ears, injury related or temporary deafness, shortsightedness, tonsillitis, trachoma and even malnourishment that if left untreated and can affect the student's performance adversely.
- Keeping abreast of your child's progress at school is important. Schools should also take parents into confidence vis-à-vis the child's progress. Discussing any difficulties a child might be facing can aid in arriving at the right conclusions. For example a child may be performing poorly during an academic term due to a medical condition or due to the fact that s(he) is emotionally disturbed. Correct diagnosis will automatically lead to the right action.
- Parents must advocate that the school has provision for addressing need of all children. For example if it is not possible to employ a separate student counselor, at least a senior teacher may be deputed and if possible trained to provide counselling to the students in need of additional support. This will go a long way towards building an institutional framework that would help in timely referral of some children to behavioural therapists or any other health specialist depending on the needs of the referred students.

Recognizing a problem early is critical to any subsequent cure. Like a stitch in time saves nine, timely detection of warning signs will ensure good management of the disorder in the first instance and a possible cure when the management is sustained over a period of time. The role of the parent for being the child's savior is therefore, undeniably pivotal.

Frequent changes of residence, school, teachers and friends can put considerable strain on the school going child.

The close links of the child with the parents make the role of a parent as a child savior all the more important.

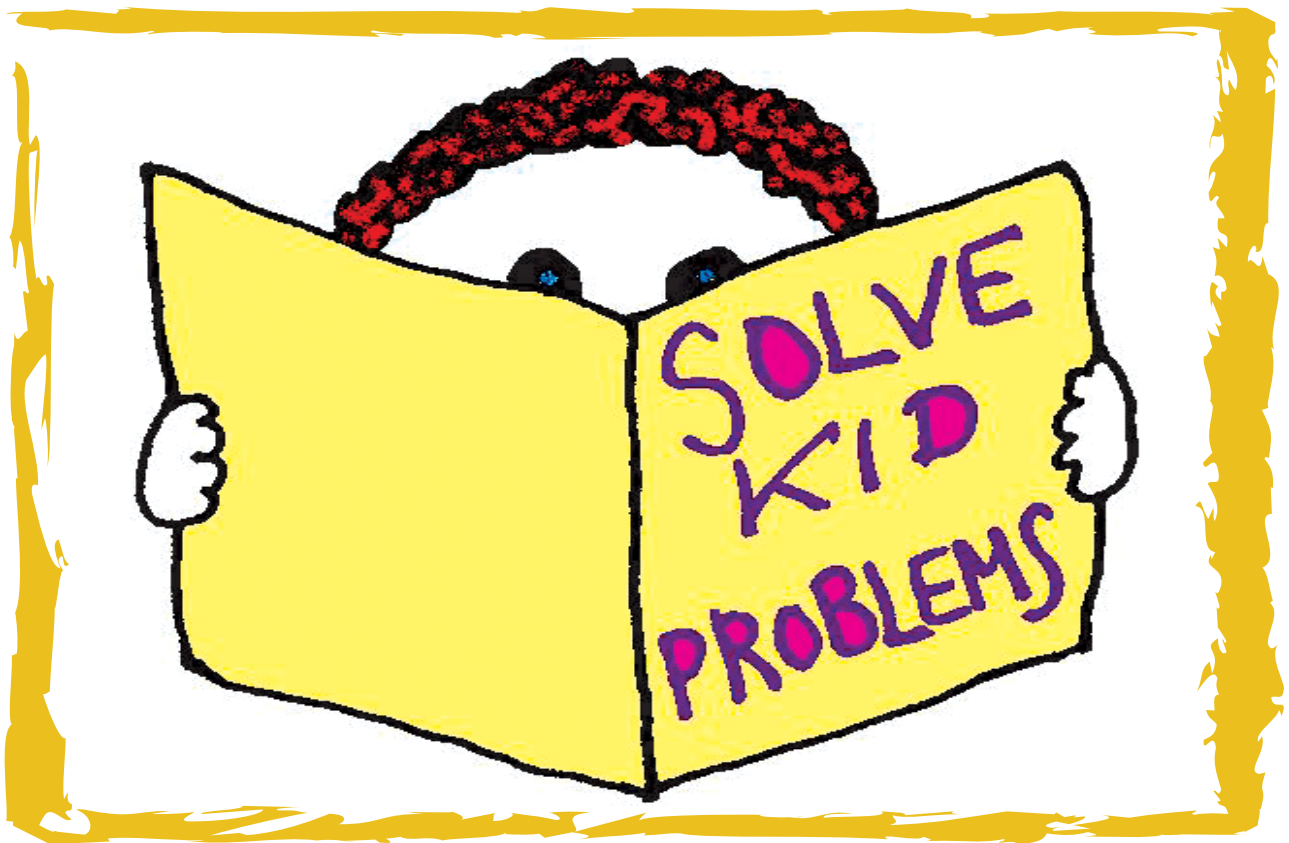
About the Writer:

Mr. Sohail Ittehad Hussain is a former Ambassador of Pakistan and has been a career diplomat. He has served in Singapore, Brazil, Turkey, Libya, Niger and Zimbabwe as a resident diplomat and was actively associated with Malta, Suriname, Paraguay, Bolivia, Botswana, Burkina Faso, Liberia, Namibia, Togo and Zambia as well.



Parenting a Child with ADHD

Parenting a Child with ADHD can be a tough job. In order to assist parents in their task, Ms. Anjum Sharif & Ms. Sanober Nadeem has penned down their suggestions and strategies that will help in parenting an ADHD child. From managing the child's anger to making their routine, this article covers the basic things parents should know.



As parents, you are at your wit's end trying to make your child sit down. The restlessness of your child is never-ending; the talkativeness and his/her demand for extra attention, irritating. You are tired of trying to keep the child in line and justifying his bad behaviour to everyone. From the books and the experts you have consulted, you have come to know of Attention Deficit Hyperactivity Disorder (ADHD).

However, knowing the name of the condition is not an end to the problem. There are many questions that have been left unanswered. What is ADHD? How will it impact your child's life? Where can I get help for my child and

yourself? Is there anything I can do at home to help her? How can my child grow up to lead a normal life? This article answers these questions for you.

ADHD is usually described as being made up of three core behaviours:

1. ADHD, Predominantly Inattentive Type: Inattention but not hyperactivity-impulsivity symptoms
2. ADHD, Predominantly Hyperactive-Impulsive Type:

ADHD is common, affecting 4% to 12% of school age children

‘It’s like trying to watch the TV while someone else is constantly changing the channel - a bewildering stream of changing images, sounds and thoughts. It’s impossible to focus on any one thing because something new is always distracting you.’ A young student with ADHD describes his condition.

Hyperactivity-impulsivity but not inattention symptoms.

3. ADHD, Combined Type: Both inattention and hyperactivity-impulsivity symptoms.

Most of the time people mistake Attention Deficit and Hyper Activity (ADHD) to be a behavioural problem but this is not the case. ADHD is a neurobehavioural developmental disorder. Simply put, it arises because of a chemical imbalance in the brain. ADHD is common, affecting 4% to 12% of school-age children. It's more common in boys than in girls.

What can I do at home to help my child?

Being a parent or a guardian of a child with ADHD, one needs to realize the seriousness of the challenges associated with ADHD and the importance of “being there” for your child. One of the most important things you are responsible to do as a parent is to get your child regularly checked by a pediatrician as in some cases, children may need medications and a professional’s advice.

Manage Anger

Children with ADHD are likely to undergo a lot of mood swings and are prone to get upset and angry quickly. They get provoked easily and their outbursts can be aggressive. Children who take medicines may display disruptive behaviour when the medication wears off. To manage their anger:

- Find positive outlets for anger like strenuous outdoor play and exercise.
- Limit television and video games - children with impulse control problems may be more easily influenced by the aggressive reactions they watch on television.
- Ban violent video games and images at home.
- Set up clear rules and enforce rules consistently.
- Control yourself – make a conscious decision to stay calm.

- Assume a calm posture – “Do I want a conversation or a confrontation?”
- Have self respect – don’t give in to self pity.
- Take care of yourself.
- Be the calm in the storm – Talk to the children about what they are feeling and give them different labels for what these feelings are.
- Get down to their eye level when you are talking to them.
- Be sympathetic about the fact that the child is going through behavioural difficulties
- Create awareness in the child about the impact of his or her behaviour.

Adapt Home Environment & Its Furnishings

Children with attention difficulties need their environment to be structured because they have trouble structuring it on their own. They do best in an uncluttered environment where everything is kept away. In a cluttered and messy environment, every object serves to distract them.

Some studies suggest that parents can calm children with ADHD by using soft neutral colors in rooms that have very few paintings and other decorations, and by using fabrics and wallpaper without patterns. If parents let the child keep toys lying all over the house, he or she will jump from one toy to another. Keep toys away and let the child play with only a few at one time.

Make a Routine

- Make a schedule. Set specific times for waking up, eating, playing, doing homework, doing chores, watching TV or playing video games, and going to bed. Develop a calendar or checklist with words or pictures that cues the child about what to expect or anticipate, either in terms of a daily routine or a difficult activity. Hang the calendar or checklist at the child’s eye level.
- Make simple house rules. It's important to explain

Parents describe ADHD symptoms in their child:

“The baby is always on the go as if driven by a motor. He never sits peacefully and says inappropriate things at inappropriate times. She is constantly getting into things and talks excessively”

“Not paying attention to the baby at one moment means being at the emergency room at the next. This one time, I was talking on the phone and after finishing the call, I found that my son had crawled up to the draperies. He destroyed his nursery – pictures, rugs, drapes and everything else.”

“She wants constant attention and never sits down”

“If he doesn’t get his own way, he’ll throw a chair across the room or throw a tantrum. He waves his arms and legs in the air and yells his head off. He throws three to four tantrums a day.”

“He never stops moving and consistently fidgets!”

what will happen when the rules are obeyed and when they are broken. Write down the rules and the results of not following them.

- Make sure your directions are understood. Get your child's attention and look directly into his or her eyes. Then tell your child in a clear, calm voice specifically what you want. Keep directions simple and short. Ask your child to repeat the directions back to you.
- Reward good behaviour. Congratulate your child when he or she completes each step of a task.
- Make sure your child is supervised all the time. Because they are impulsive, children who have ADHD may need more adult supervision than other children their age.

Discipline & Praise

Disciplining the child is not about giving harsh punishment or spanking. Disciplining is about giving the child immediate feedback for his actions constantly. If you want to control your child's temper and tantrums, you have to set rules and make your child aware of the boundaries he cannot cross. When disciplining, tell your child what to do instead of asking him/her. Remember time-outs and re-directing behaviour are better techniques than spanking.

Be understanding and appreciative

If you start hitting and spanking, you are telling your child it is okay to hit other people.

All children have their own strengths and talents. Sometimes they may be hard to identify amidst the behavioural problems but they are there. Focus on your child's strengths and provide him/her with opportunities to succeed. This will help build her self esteem and confidence. It is

important to "catch your child being good" at many times throughout the day. With ADHD children, praise has to be at the moment of the action and immediate, the same way as disciplining. ADHD children respond to immediate feedback.



Be a good role model to your child

This is one of the biggest factors that will determine what kind of a person your child grows up to be. Although it may not seem like it, your child watches you and strives to be like you. Praise efforts and acknowledge the little steps and accomplishments. Give immediate and frequent feedback.

Wow! I like the way you're playing with your sister!

I didn't know you had such nice table manners!

Thank you for answering the phone.

It is fun to play in the park with you.

Wow, what a lovely dress you are wearing!

Spend Quality Time

One of the best ways to help ADHD children is to spend time with them. Set aside some time each day to talk to your child and get to know him. Help him/her learn to communicate well with others and to know that s(he) can come to you with any problems. ADHD often means a child cannot pick up social cues or read other people's body language. These are things people usually learn without formal instruction. Because they don't know how they are coming off or how to read body language, ADHD children often push adults to their limits and get in trouble but these children often have no idea how they are "coming off" to others. They don't realize that their voice is too loud or that no one likes their clowning. Give your child "the vocabulary of feelings." Tell the child how his or her actions affect others in terms of feeling.

You're crying. Are you sad?

Wow, you seem really upset. Are you angry?

When you hit your brother, he feels angry and hurt.

Pointers for parents of children with ADHD

- Make sure your child is looking at you before you speak to him or her.
- Insist that your child make direct eye contact with the person to whom (s)he is speaking.
- Present multi-task activities one step at a time using simple language and avoiding complex command.
- Designate a specific place for the child's important things, such as a cubby or shelf.
- Alternate tedious activities with more fun ones. Children with attention difficulties do well when given incentives (e.g. "When you finish cleaning up the toy cars, you can have a snack.").
- Watch for times of the day or situations that can over stimulate your child.
- Provide opportunities for the child to burn off excess energy in productive ways. Like the child help you in chores such as watering the plants, bringing in the mail, etc.
- Help your child prepare for school. Get ready the night before school-lay out clothing and school materials. Make enough time for your child to dress and eat in the mornings.

Potential Consequences when ADHD is Left Untreated

- Increased risk for school failure and dropout
- behavioural and disciplinary problems
- Social difficulties and family strife
- Accidental injury
- Drug abuse
- Depression and other mental health disorders
- Delinquency, criminality, and arrest in adulthood

Conclusion

If the child is diagnosed with ADHD, work closely with the child's healthcare, educational and other family members to ensure the most effective management of the problem.

Individuals with ADHD may need some special support, but the condition can be successfully managed. Know that after overcoming some initial challenges with your help, the child can have a content childhood and grow up to be a successful, independent adult.

About the Writers:

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Co-Author: Ms. Anjum Sharif a clinical psychologist is currently working as Coordinator Community Programme at AKU-HDP. She has vast experience of working in the communities especially with children under eight years of age.

Myths about ADD / ADHD

Myth #1 - All kids with ADHD are hyperactive: Some children with ADHD are hyperactive, but many others with attention problems are not. Children with ADHD who are inattentive, but not overly active, may appear to be spacey and unmotivated.

Myth #2 - Kids with ADHD can never pay attention: Children with ADHD are often able to concentrate on activities they enjoy. But no matter how hard they try, they have trouble maintaining focus when the task at hand is boring or repetitive.

Myth #3 - Kids with ADHD choose to be difficult. They could behave better if they wanted to: Children with ADHD may do their best to be good, but still be unable to sit still, stay quiet, or pay attention. They may appear disobedient, but that doesn't mean they're acting out on purpose.

Myth #4 - Kids will eventually grow out of ADHD: ADHD often continues into adulthood, so don't wait for your child to outgrow the problem. Treatment can help your child learn to manage and minimize the symptoms.

Myth #5 - Medication is the best treatment option for ADHD: Medication is often prescribed for ADHD, but it might not be the best option for your child. Effective treatment for ADHD also includes education, behaviour therapy, support at home and school, exercise, and proper nutrition.

Source:

http://helpguide.org/mental/adhd_add_signs_symptoms.htm

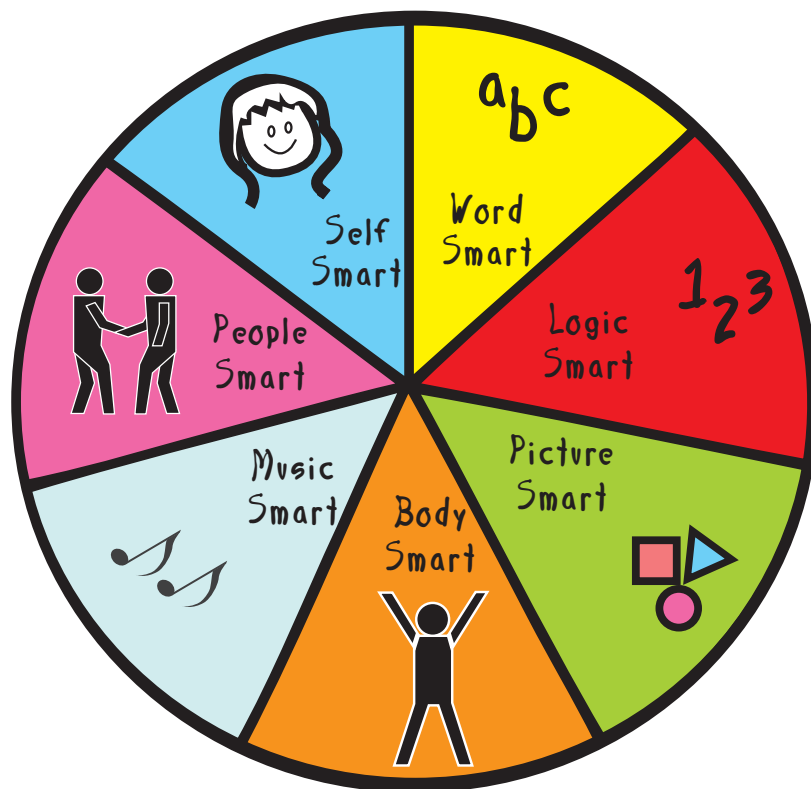
Activities for Children with ADHD That Should Be Encouraged:

- **Scouting:** Scouting includes many of the elements that can help your child to focus, providing physical stimulation, highly structured activities that make use of various learning styles, consistent peer interaction, close adult supervision, competition, and, most of all, fun.
- **Team sports:** Baseball, basketball, football and soccer can all be a good choice for your child, as they require team involvement and high physical energy. Team sports give him the opportunity to discover social skills.
- **Lego, blocks, jigsaws, woodcrafts and mosaics:** Children with ADHD often love to solve quizzes or puzzles. Building models or making things out of wood or metal will help your child learn how to turn his ideas into concrete reality.
- **Swimming:** Swimming can be very helpful as it will burn out much of his extra energy. Different water sports and competitions can provide opportunity to excel, increasing his self confidence.
- **Art class, dance or music classes:** Art and dance/music are two great ways to help your child express himself. Many ADHD patients are good at arts while being extremely weak in studies.

Source: <http://www.adhdchildparenting.com/adhd-child-therapeutic-activities.php>

Developing Multiple Intelligences in Children

To accommodate various learning styles in a classroom, the classroom, teaching methodologies and the curricula has to be designed in such a way so as to make learning effective for everyone. In her article, Ellen Mays discusses how that can be achieved and talks about ways in which teachers help enhance the eight types of intelligences in children.



Every classroom is composed of a diverse group of learners, each with different needs, interests, abilities and learning styles. It becomes a teacher's challenge to create a classroom which addresses the needs of each child; providing extra support for struggling students and advanced activities for students that excel. When the education of children is approached by using the experiences and strengths they bring to the learning situation, success can be achieved. Academic difficulties begin when students do not have the hooks with which to connect the information given with their own experiences and strengths.

Research shows that a uniform approach to education: children sitting in desks, silently and independently completing worksheets all day, and blindly following a

standard curriculum, is simply ineffective. A one-curriculum-fits-all approach assumes all learners are the same. This is just not the case.

In order to accommodate the vast diversity in learning styles, curricula and classrooms need to be designed to approach learning in a multi-sensory and multi-disciplinary way. This means learning occurs through a variety of approaches, weaving together, merging, and integrating multiple subjects creating an inter-disciplinary curriculum, while utilizing all sensory pathways: seeing, hearing, smelling, tasting, and feeling. Engaging children in a variety of experiences, which benefits all students, increases the likelihood of learning and retaining information.

Multiple Intelligences

Gardner's Multiple Intelligences theory is a very useful model for developing a systematic approach to nurturing and teaching children and honouring their individual needs and strengths within a classroom setting. The theory of Multiple Intelligences includes the notion that each person is smart in all eight types of intelligence. Every person is smart to varying degrees of expertise in each of the intelligences, stronger in some ways and less developed in others.

Because research now shows that we can become more intelligent in more ways, both students and teachers can become more adept in all eight intelligences. This is possible by providing a planned cycle of experiences and opportunities which foster each and every type of intelligence and by making these opportunities available to every child in our classrooms. By broadening our view of intelligence and valuing and nurturing abilities other than mathematics and reading, we can open doors by using the strengths of children as a means of complementing their less developed areas.

The eight human intelligences proposed by Gardner are Linguistic (able to use language fluently), Logical-mathematical (able to work well with logic or numbers), Musical (able to appreciate music in all forms), Bodily-kinesthetic (able to skillfully use small-motor and large-motor muscles), Spatial (able to creatively visualize by taking "mental pictures"), Naturalist (able to accurately categorize and classify things found in nature), Interpersonal (able to read people and understand relationships), and Intrapersonal (able to understand oneself and know how to use one's talents).

The following is a brief description of each type of intelligence and how teachers can foster each type of intelligence in the classroom.

Linguistic

Learners of this classification think in words and use language to express meanings. They like to tell jokes, read and write stories, and play word games.

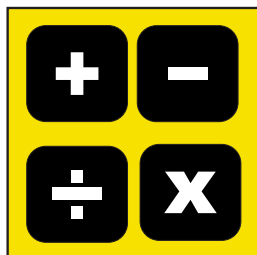
Teachers can create reading and writing projects, help students prepare speeches for sharing time, make word games and word searches.



Logical-Mathematical

Learners approach problems logically and understand numbers and abstract patterns. They like to work with numbers, ask questions, and know how things work.

Teachers can construct Venn diagrams, record and organize information on graphs, draw maps, and make time lines.



Musical

Learners are aware of patterns in rhythm and music. They like to listen and play music, sing, hum, and move to music.

Teachers can rewrite song lyrics to teach a concept. Teachers can encourage students to make songs about what they are learning. Teachers can have students learn dances and music from different countries.



Bodily-Kinesthetic

Learners use their body to communicate and solve problems.

Teachers can provide tactile and movement activities, offer role-playing activities, and allow students to move while working rather than just sitting on a desk.

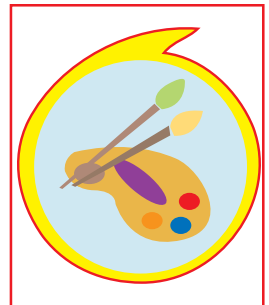
For example, when teaching the alphabets, have the children work together to make the letters with their bodies.



Spatial

Learners create mental images and think three-dimensionally. They like to draw, paint, and work puzzles.

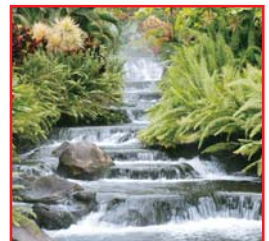
Provide opportunities for children to show understanding through drawing or painting. For example, after children read a book they can create their own shadow box of their favorite scene in the story to demonstrate their understanding of what they read.



Naturalist

Learners are sensitive to the natural world and can see patterns and connections with the plant and animal kingdoms. They like to spend time outdoors, observe nature, and listen to nature sounds.

can use outdoors as a classroom, taking frequent nature walks to stimulate curiosity. Teachers can also conduct hands-on science experiments and have plants inside the classroom for students to observe.



Interpersonal

Learners are sensitive to the feelings and moods of others. They enjoy sharing, working as a team member, and like working in large groups.

Teachers can encourage cooperative learning, assign group projects and give students the opportunity for peer teaching.



Intrapersonal

Learners are sensitive to their own moods and feelings and they know their own strengths and weaknesses. They like to learn through observing and listening.

Teachers can allow students to work at their own pace, involve students in journal writing and other forms of reflection.

The theory of multiple intelligences includes the notion that each person is smart in all eight types of intelligences.

Critics claim that many of these categories are talents or gifts and can hardly qualify as intelligences. Whether it is stated as intelligences, strengths, talents, modalities, or learning styles is not an issue or even a productive debate. What this theory of multiple intelligences does is to confirm that each of us receives, processes, uses, and

stores, information in different ways. Some of us tend to visualize more than question, or better at reading a book to understand a concept rather than listening or observing. It is important to keep in mind that we are a blending of all the eight types.

What has occurred over the years through traditional "sit in the desk with worksheets" education is that many children have not been able to reach their full potential in school because their learning style or type of intelligence has not been used to nurture their own learning. Not recognizing and adapting to the diverse needs of all students' learning, results in only certain



students thrive while others struggle to simply get by, never fully understanding or achieving their full learning potential. This especially holds true for children with learning disabilities or differences and their abilities to fully thrive in a classroom.

Children with learning differences simply learn differently. Referring to children with differences in learning as "learning disabled" is inaccurate because these children have the ability to learn and thrive, and it is only a matter of defining their learning style and modifying the classroom to meet their needs. As educators it is helpful to view each child as learning differently from another. This way we become more accepting of the qualities that make each learner unique. The theory of multiple intelligences as the cornerstone of classroom teaching and pedagogy honors the differences in each unique learner and creates a classroom environment where all children's abilities to succeed are realized.

Environmental Strategies to Support Multiple Intelligences

The most significant modification we can make to meet diverse needs is by incorporating and using well-planned learning stations or centers where children can spend most of their day. Learning stations are temporary activity locations where materials are put out and later put away, usually by an adult. Learning centers are permanent locations, visually and spatially defined areas, where materials are organized by subject and available for children to select independently. The following suggested learning centers foster the development of each type of intelligence and allow children opportunities to build on and expand their strengths.

Verbal/Linguistic

- Library or book-nook
- Story time
- Writing center
- Listening center
- Publishing center

Logical/Mathematical

- Math center
- Science center
- Take-apart center
- Puzzle center
- Computer center
- Cooking center

Musical

- Music center

- Instrument center
- Singing circle
- Listening center

Visual/Spatial

- Art center (e.g., sculpting dough, collage, painting, drawing)
- Block center
- Media center (e.g., videos, slides, photos, charts)

Kinesthetic

- Gross motor center (e.g., open space for creative movement, climbing structure, mini-trampoline)
- Dance circle
- Woodworking center

- Manipulative center
- Imaginative-play center
- Playground/outdoor play
- Tactile-learning center (e.g., sandpaper letters, sample textures and cloth)

Interpersonal

- Puppet theaters
- Dramatic play center
- Sharing/social area
- Group discussion area
- Cooking center

Intrapersonal

- Lofts
- One-person centers & stations
- Life skills/self-help center

Conclusion

Howard Gardner's Theory of Multiple Intelligences honours and promotes the development of all eight avenues of intelligence in young children. This approach provides a framework to identify how children learn; to build on their strongest assets; to help them become more intelligent by exposing them to a variety of ways of learning; to better individualize for their interests and needs; and to use teaching strategies that make learning more efficient, successful, and enjoyable for all children. We can foster meaningful learning experiences by using multiple teaching tools and strategies and by building positive, supportive relationships with children. Through environments that offer a variety of stimulating, hands-on materials that children individually select and by creating learning centers that provide natural opportunities to move, be active, and fully engaged in either solo or small group experiences, we better serve and meet the needs of more children.

References: Boyles, Nancy. *The Learning Differences Sourcebook*, 1998

About the Writer:

Ms. Ellen Mays is a peace educationist who has experience in the field of early years teaching. She designs and undertakes projects with children on themes of peace, global citizenship, and moral responsibility for humanity that aim to ultimately empower children to find and value their own voice and role in creating a more peaceful world.

Career Choices

Interpersonal Intelligence:

- teacher
- business person
- homemaker
- politician
- psychologist
- manager
- social leader

Intrapersonal Intelligence:

- entrepreneur
- creative writer
- leadership trainer
- philosopher
- psychologist
- therapist
- writer

Linguistic Intelligence:

- lawyer
- comedian
- editor
- historian
- manager
- novelist
- public relations person – reporter – sales people
- philosopher
- talk show host
- writer

Logical-mathematical Intelligence:

- accountant
- banker
- biologist - chemist - microbiologist - physician
- computer programmer
- economist
- city planner
- engineer
- investment broker
- technologist
- programmer - researcher
- scientist
- statistician

Spatial Intelligence:

- photographer
- graphic designer
- advertiser
- architect
- cartographer
- chess player
- engineer
- fashion designer
- interior designer
- landscape architect/designer
- painter
- urban planner

Bodily- Kinesthetic Intelligence:

- acrobat
- ballet dancer
- actor
- jockey
- choreographer
- gymnast - stunt people
- commercial artist - craftsperson
- inventor - juggler - magician
- mime
- sculptor

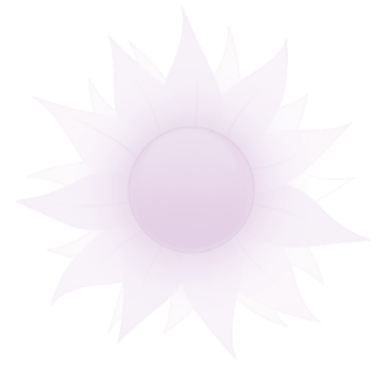
Musical Intelligence:

- composer
- dancer - professional performer
- instrumentalist
- music teacher/ music therapist
- singer
- recording technician - song writer
- sound engineer
- violinist

Naturalist Intelligence:

- biologist
- chef
- environmentalist
- landscape artist
- sailor
- zoo keeper

Source: <http://www.casacanada.com/career.html>



Understanding the Nature of Learning Disorders in Pakistani Classrooms

This article describes in detail the various implications that learning disorders can lead to in an educational setting. These manifestations are often misinterpreted and negatively responded in traditional classrooms. Dr. Kausar Waqar and Dr. Nilofer Vazir highlight the common practices, myths and beliefs, and recommend strategies which will help teachers in better understanding and addressing the problems of children with LD.



Photograph taken at ABSA

Walking briskly through the school corridor during break time, the teacher decides to take a short cut through a less frequented room, when she unexpectedly comes upon a student sitting there quietly. This is Faiq. Mohammad Faiq is 14 years old. He studies in class six in a local English medium school. He is a keen student and puts in a lot of effort in his work. He is mostly smiling and cheerful and interacts well with his classmates. Due to his mild articulation problems, he faces some difficulty answering oral questions during class, sometimes resulting in his becoming an object of derision by his class mates. He has difficulty in reading and comprehension at grade level. Although hard working, his pace of both oral and written work is very slow. He has a short attention span and has trouble sequencing

words, time, and order of sentences, events and alphabets.

Faiq has some significant areas of strength. Some like his positive approach have already been mentioned. In addition he has dexterous hands and an imaginative mind, helping him to come up with beautiful creations. He particularly excels during nature walks, where he is able to bring to his classmates' attention some facets of already familiar objects, which were hitherto hidden from them. His academic difficulties are a source of great concern for his parents and teachers. He is frequently reprimanded for his failures, which result in loss of confidence and good humor on Faiq's part. It is on such occasions, Faiq is found to be sitting in unfrequented corners at school and home. Faiq has a learning disability

(LD) and the degree of his problems is moderate.

The above description is very familiar to some teachers. Students like Faiq are found in the mainstream classrooms all over the country, but teachers have very little knowledge about their problems and also how to go about addressing them. Children with LD are variously described as slow learners, problem students, class clowns, backbenchers etc. In order to understand the problems being faced with these children it is important to gain more knowledge about Learning Disability.

According to the National Joint Committee on Learning Disabilities, a learning disability is a "general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of these conditions or influences."

Although many definitions are in use by different organizations and individuals, the definition given above is sometimes preferred because it acknowledges the fact that learning disability is not a childhood specific phenomenon, it ramifies into adult life also. This definition also recognizes the concomitant presence of other conditions and tries to spell out the differences therein.

Reflecting on the definition further it is clear that this is not a single disorder, rather a group with wide range of possible difficulties in learning for a specific individual. Therefore learning disability may manifest in different individuals differently and all people with LD may not exhibit all the features/characteristics associated with it. Learning disability is not like other medical disorders with known causes and predictable set of symptoms. It is a broad term that covers a pool of possible causes, presentations, symptoms, treatments, managements, outcomes and effects on life. The effects of Learning Disability on an individual's life can be devastating and all encompassing.

Learning Difficulties– Common Features and Practices

Some of the more common features and life influencing effects are described below.

IQ Achievement Discrepancy:

A discrepancy between IQ of the child and their achievement is present in children with LD. Two years difference in them is taken to be significant and constitutes one of the criteria for LD. However the issues are far more complex and all focusing on it too much has the danger for other important considerations being ignored.

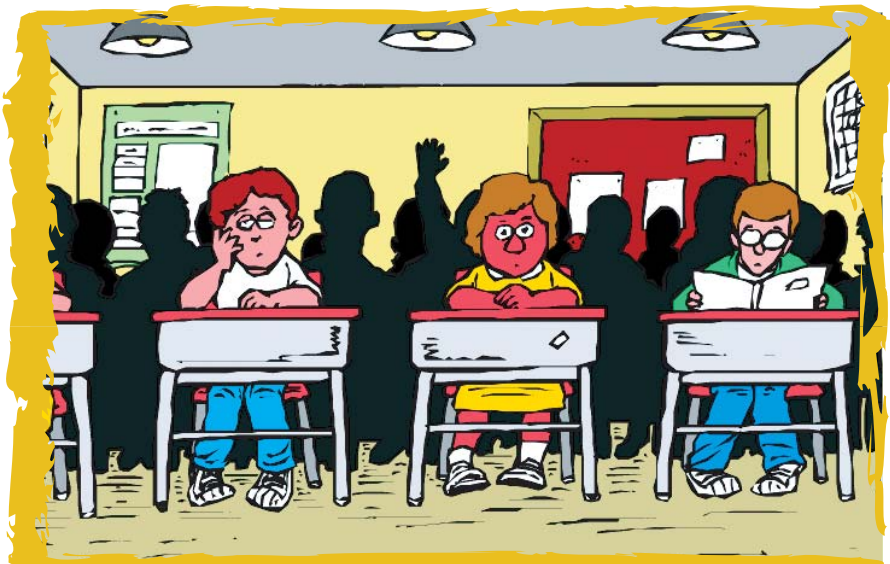
Hyperactivity and Disorders of Attention

Hyperactivity manifests itself as inability to sit still in the class. Unfortunately this is an ability most sought after in students by most teachers. "Sit still and pay attention" is the mantra for them. Without realizing the implications teachers discuss these children in staffrooms with the result the child soon gets a label and all teachers deal with the child as 'hyper' a word seldom understood; hence, misused. Children with LD face various problems like they cannot sit in one place for long periods mainly because they have a limited attention span and not for lack of trying. People with LD may also have difficulty following instructions and staying on task, completing work, controlling impulses, keeping their hands to themselves. All this contributes towards their troubles in keeping work materials organized, and finishing assignments on time. Short attention span and distractibility are the other compounding problems.

Learning disability is not like other medical disorders with known causes and predictable set of symptoms. It is a broad term that covers a pool of possible causes, presentations, symptoms, treatments, managements, outcomes and effects on life.

Impulsivity:

Children with LD are inclined to act on impulse rather than thought. They seem unable to curb their immediate reactions or think before they act. As a result, they may blurt out answers to questions or inappropriate comments, or run into the street without looking. Their impulsivity may make it hard for them to wait for things they want or to take their turn in games. They may grab



a toy from another child or hit when they are upset.

Recognizing, Processing and Interpreting Information through Sensory Channels:

The process of recognizing, processing and interpreting information through sensory channels- visual and auditory may present problems for children with LD. This proves to be especially limiting since the majority of information in the classrooms is presented through these two sensory channels. The problems in learning that arise due to these two features are many and all encompassing.

Learning disability may manifest in different individuals differently and all people with LD may not exhibit all the characteristics associated with it.

Visual discrimination is the ability to differentiate objects based on their individual characteristics. Visual discrimination is vital in the recognition of common objects and symbols because these are the attributes which children use to identify different objects including color, form, shape, pattern, size, and position. In Pakistani classroom visual problem is generally associated as not being able to read the

blackboard or text, and the teacher's solution is to make the child sit in the first row assuming all will get well and the child's grades will improve once he/she can see. However, this is not the case as problems in visual discrimination can lead to difficulties in accurately identifying symbols- reading and gaining information from pictures, charts, or graphs. Educationally, this can interfere with the child's ability to consistently recognize letters, numbers, symbols, words, or pictures and lead to confusion of similarly shaped letters, such as b/d and p/q. This can obviously frustrate the teacher and parents as what is learned on one day may not be there, the next day.

Auditory perception is the ability to interpret the information gained through the ears. There are no problems in the ability to hear; only how what is heard is interpreted may have a problem. This can directly interfere with speech and language, reading and

writing, spelling. Phonological awareness, auditory discrimination problems lead to problems in the ability to recognize differences in phonemes (sounds). This includes the ability to identify words and sounds that are similar and those which are different. Similar to the visual discrimination problems in letters for example b/d etc.,



auditory discrimination can present problems for children. For example they can always hear "day" when people say "bay". This can cause tremendous confusion in the way instructions are followed or are expected to be followed. The child can be labeled disrespectful and mischievous. In addition, problems in auditory memory are also present. The child may not be able to recall accurately what he/she has heard leading to problems in the ability to follow instructions given verbally or may have trouble recalling information from a story read aloud. For example the teacher may say "call your dad." The child in his/her confused state of hearing may hear 'mad' or 'bad' and subsequently, tries to get something bad. The child is not only unable to identify the word but also has a lapse in memory of what the teacher has asked him to bring to school. Quickly, these children are punished and labeled as disobedient or trying to play smart. Auditory sequencing and auditory blending are other important skills, deficits of which may lead to many problems in classroom.

Spatial relationship refers to the position of objects in space. It also refers to the ability to accurately perceive objects in space with reference to other objects. This has implications not only for reading and writing but also how the children orient themselves in space, especially in relation to other people and objects and how they make movements. This leads to them bumping into things or other children, putting things on edges of tables etc leading them to fall off. A quick and sharp rejoinder comes from peers, 'Are you blind?', 'Look where you are going,' or teachers term children as 'clumsy' and 'not paying attention' to the task. This obviously also leads to social problems and fights among children, problems in play and virtually all areas of a child's life. These children are often isolated, "nobody wants to be my friend." Traditionally, cleverness, correctness in academic tasks,



Photograph taken at ABSA

and winning at games are seen as essential traits for including children in educational process. Often these children are labeled as gauche, careless and awkward. As a result, a child with learning disability is usually the last one to be picked as playmate, ridiculed for being clumsy and an easy target for bantering by class fellows and playmates.

Fine and Gross Motor Integration and General Coordination Defects:

The effects of the above problems are manifested in academic as well as social areas of the child's life. In the academic area, writing skills and eye hand coordination are affected, coupled with problems in fine and gross motor integration and general coordination defects. In early years classroom, one of the requirements is neat handwriting with correct script. This expectation is seldom addressed by all children. Some children who are unable to grasp the pencil or chalk with a firm grip constantly drop or loose their pencils. These result in many embarrassing moments and situations for the child. The teacher's frustration leads to beating on the knuckles, with the affirmation that the child will be more careful next time. Another misuse on the part of the teacher is



Photograph taken at ABSA

her/his lack of understanding why children are unable to do writing with precision as they require. In order to get perfect script and develop the skill teachers move around the classroom with an eraser, rubbing out children's effort in the hope of improving their writing and maintaining immaculate and neat work. On the other hand some children have a very heavy grip, often which leads them to write hard on the paper or slate, with the result that either the paper tears or the chalk and pencil breaks. Either way children are not sure what and why this is happening with them, why do things fall from their hands, why they press and write, or why their writing is so illegible? They continue to remain frustrated and soon lose self-esteem and confidence in themselves and acquire a defeatist attitude, "I cannot do it; it is so hard." The teacher on her/his part depends on the traditional mode of giving the child repetitive writing practice to do to improve the script. This defeats the purpose and as research demonstrates no change can come after three attempts; this also is a lost cause.

Language

Language is considered to be a system of communicating with other people using sounds, symbols and words in expressing a meaning, idea or thought. It is a system for encoding and decoding information. In linguistics the term is extended to refer to the human cognitive facility of creating and using language. All languages must define the structural relationships between these signs in a system of grammar, the context wherein the signs are used (pragmatics) and dependent on their context the content specificity, i.e. its meaning (semantics). Children with LD may present problems in all areas of acquisition and use of language in expressive as well as receptive areas.

Learning disability is not a childhood specific phenomenon; it usually ramifies into adult life also.

Problems in "phonology" are also manifested as problems in mechanics of language. Production of sounds and how different individual sounds make up the words are areas of difficulty. Coupled with mild coordination problems, slurring of speech is the result. Teachers have to realize that stammering or stuttering does not improve with repetition and recall.

Disorders of Memory and Thinking

Thinking or cognition involves the ability to solve problems and to conceptualize, among other things. Meta-cognition is an extremely important aspect of thinking. Simply stated meta-cognition is thinking about thinking. This involves awareness of skills, strategies and resources needed to perform a task effectively, and the ability to use self regulatory mechanisms to ensure successful planning, evaluating and checking outcomes of any proposed task. Children with LD exhibit problems in both areas of cognition and meta-cognition. For example during reading, sometimes the readers realize that their mind had wandered off and in fact they could not comprehend any thing for the last several minutes of reading. Good readers realize this earlier than others and start using strategies to remediate. The selection of strategies depends on the dominant learning style of the reader. So if the reader has an "auditory Learning style" they will start to read the passage aloud, if they have "Kinesthetic Learning style" they will start to pace around etc. The selection and application of similar strategies on their own presents a problem for children with LD. However they can apply the strategies if prompted. Seldom lessons are planned incorporating attributes of effective teaching and learning. Either teachers are untrained, they feel threatened from the other who knows more than them or they lack the political will to ask those who have the knowledge and skills to guide them. The trained teachers can develop some strategies for children with LD and provide ample opportunities for rehearsing them. After sufficient practice and prompting, children are able to use these strategies on their own. Teachers who seldom give children pauses and wait-time, and shoot questions at children make it difficult for children to respond, this attitude generally for all children and



particularly for children with special needs leaves them disenfranchised and disinterested in accomplishing tasks. Simple to complex tasks are very often not planned resulting in low level questioning or very high level questioning in which children are unable to give responses.

Social Cognition:

Concerns about children's general well-being, in addition to a critical consideration for accomplishing academic aspirations for children, their social relationships deserve attention. Children with learning disabilities (LD) have been shown to have difficulties with social relationships and social interaction, to have a low academic self-concept, and to have a variety of emotional difficulties. Children with LD are not only less popular than other children, but their communicative environment with typical non-LD peers is also more hostile. The low social competence of children with LD results in their unpopularity in their social circle.

Strategies for helping children with LD should have a simultaneous focus on the family. Family dynamics constitute an essential backdrop against which to view educational issues. The role of routine parent-child interactions in the child's development of strategic behaviours such as planning, remembering, and categorizing and in the development of coping behaviours such as delay of gratification and attributions for success and failure is very important.

Locus of Control:

Children with an internal locus of control believe that their own actions determine the rewards that they obtain, while those with an external locus of control believe that their own behaviour doesn't matter much and that rewards in life are generally outside of their control. They sense that fate, in the form of chance events outside their control, or powerful people, has a dominating influence over their lives. Children with LD often have external locus of control. This also has the effect of absolving them of any responsibility of consequences of their actions. Research has further indicated an association between students who are at high risk for failure and who exhibit an external locus of control.

Myths

As the issues around LD are so complex and little understood many myths have appeared about LD.

Hyperactivity is quite common in children with LD. It is assumed that children's most important problem is muscle activity. If you as a teacher are able to control the hyperactivity, you will be able to control the fall outs of hyperactivity, like problems in learning. This is a myth. While hyperactivity needs to be controlled for children, it is the inattention actually that affects learning much more, and therefore it is that which needs to be addressed. This has implications for the teachers, as they need to devise strategies to garner the student's attention. Many strategies can work.

Another popular belief among teachers and parents is that academic problems are the most important. If these are sorted out then your biggest worries are over. What is most often overlooked is the social and emotional problems that accompany LD. Peer problems lead to maladjustments. These problems have the potential to leave the child friendless and alone and lonely and later to anti-social behaviour on the part of child with LD.

Another common misperception among parents and teachers is that children with learning disability out grow their difficulties in adult life. Although many people with LD manage to have successful and fulfilling lives, their struggle with many aspects of learning continues.

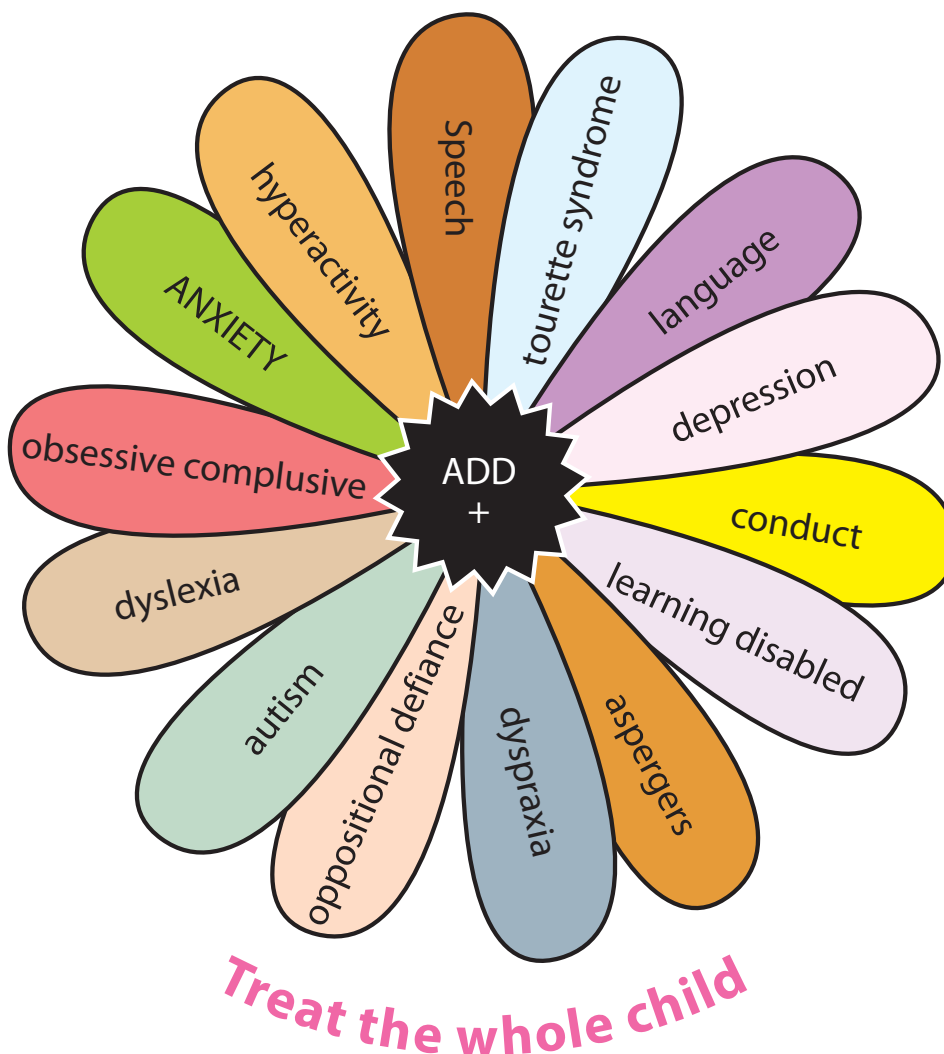
The nature and features of LD is complex and little understood at this time in mainstream schools in Pakistan. The children with LD lead a life full of difficulties. However most possess a positive disposition which can help them overcome some of these difficulties. However a great responsibility lies on teachers, parents and community to help these children in their endeavour. Making proper provisions to address the needs of these children in mainstream classrooms will make them more inclusive and student friendly.

About the Writers:

Dr. Kausar Waqar is a Senior Instructor & Faculty Chair at the Aga Khan University-Institute for Educational Development. Dr Nilofar Vazir joined AKU-IED in 1994 as an Academic Consultant. She has served the Institution as Coordinator of Certificate in Education (Cert.Ed) and Masters in Education (M.Ed) Programs at IED. Currently she is an Assistant Professor and Coordinator of the Early Childhood Education and Development (ECED) Programs at the Institute.

ADHD Children and Classroom Management

This article focuses on how the teachers can manage a classroom that has children with ADHD. The article details the steps that can be taken and useful pointers for the teachers on changing negative behaviour of children into positive ones. The authors, Sanobar Nadeem, Anjum Sharif and Zulfiqar Bachani talk about how the ADHD child can be managed in the classroom.



A child with ADHD in the classroom

- May often be out of their seat
- Can't wait for their turn
- Doesn't follow instructions
- Seems disinterested
- Makes careless mistakes
- Gets involved in and interrupts other children's work
- Gets into trouble constantly in the playground
- Is fidgety and restless
- Doesn't finish tasks

Like other children with or without disabilities, children with ADHD learn best when their teachers understand their individual needs and individualize their educational program to meet these needs. The following are suggestions for teachers teaching in a classroom of children with ADHD.



1- Make sure that the child's hearing

and vision has been checked recently and other medical problems have been ruled out.

2- Make sure you have the support of the school and the parents.
3- Don't be afraid to ask for help. You, as a teacher, cannot be expected to be an expert on ADHD. You should feel comfortable in asking for help when you feel you need it.

Assess the Child's Individual Needs

Assess the educational needs of a child with ADHD considering both academic and behavioural needs. Children with ADHD often have difficulty learning and achieving academically in school. Effective teachers constantly monitor the child's performance and modify academic directions accordingly.

 Negative attribute.....	changed to a positive attribute
Distractible	High level of environmental awareness
Short attention span	Responds on motivation
Poor planner, disorganized	Flexible, ready to change strategy
Distorted sense of time	Tireless when motivated
Impatient	Goal-oriented
Difficulty converting words into concepts	Visual concrete thinker
Has difficulty following instructions	Independent
Daydreamer	Imaginative/bored by dull tasks
Acts without considering consequences	Willing to take risks
Lacking in social skills	Single-minded in pursuit of goals

Teachers need to compile a list of characteristics or behaviours that the child can be legitimately praised for. Below is the list of some negative and positive attributes of an ADHD child.

Classroom Accommodations

Children with ADHD need structured environment. They benefit greatly from having a table or list to refer back to when they get lost during activities. They need reminders. They need previews. They need repetition, direction and limits.

Here is a list of helpful suggestions:

- **Seat near the teacher:** Assign a child a seat near your desk or in the front of the room. This seat arrangement provides opportunities for you to monitor and reinforce the child's on-task behaviour.
- **Seat near a student role model:** This seat arrangement provides opportunities for children to work cooperatively and learn from their peers in the class.
- **Limit group assignments:** Try not to give a lot of group tasks. These children are more distracted and distract others in group settings. When a child is involved in group work, expectations for behaviour and the child's contribution to the group work need to be carefully defined and frequently monitored.

Set Expectations

Consider these strategies to get

benefit from the class assignments.

- Do a recap of the previous lessons
- Set learning expectations
- Set behavioural expectations during task
- State needed materials
- Prepare the child before moving on to the next activity

Students with ADHD often have difficulty refocusing their attention as they end one task and move on to the next. When teacher conclude a lesson, she should prepare children for moving on to the next task.

- **Tell in advance:** At the beginning of each lesson, inform the children about the time they have to complete it. Indicate to the children when 5 or 10 minutes are left for the time to be up.
- **Check assignments:** Check completed assignments. Review with some students what they have learned during the lessons to identify how ready the class was for the lesson and for planning the next lesson.
- **Preview the next lesson:** Instruct students on how to begin preparing for the next lesson. For example, inform children that they need to put away their textbooks and come to the front of the room for a large group spelling lesson.

Reinforcement & Reward

For some children with ADHD, behavioural agreement, tangible

rewards, or token economy systems are helpful in teaching them how to manage their own behaviour. Because students' individual needs are different, it is important for teachers to evaluate whether these practices are appropriate for their classrooms.

- **behavioural contract:** Work together with the child to cooperatively identify appropriate objective such as completing homework assignments on time and obeying safety rules on the school playground. Take the time to ensure that the child agrees that his or her goals are important to master.
- **Tangible Rewards:** Use tangible rewards to reinforce appropriate behaviour. These rewards can include (a) stickers such as "happy faces" or sports team emblems or (b) privileges, such as extra time on the computer or lunch with the teacher. In some cases, you may be able to enlist the support of parents in rewarding the children at home.
- **Token Economy:** A child can earn points for each homework assignment completed on time. Token economy systems motivate children to achieve a goal.
- **Verbal Reinforcement:** Children benefit from frequent reinforcement of appropriate behaviour and correction of inappropriate behaviour. Verbal reinforcement takes on the form of praise and reprimands.
 - **Verbal praise:** Simple phrases such as "good job" encourage a child to act appropriately. Praise children frequently, and look for behaviour to praise before a child is off task.
 - **Verbal reprimand:** The most effective reprimands are brief and directed at the child's behaviour -- not at the child.
 - **Selective ignoring of inappropriate behaviour:** In some instances, it is helpful to ignore the child's inappropriate behaviour, particularly if a child is misbehaving to get your attention.

Environmental Prompts

Children with ADHD often are impulsive and hyperactive. Effective teachers also use behavioural prompts with their students with ADHD, as well as with other students in the class. These prompts help remind students about your expectations for their learning and behaviour in the classroom. Effective teachers also use different environmental prompts to make accommodations within the physical environment of the classroom.

- **Hand gestures:** Use hand signals to communicate. For example, ask the child to raise his or her hand every time you ask a question. A closed fist can signal that the child knows the answer; an open palm can signal that he or she does not know the answer. Teacher would call the child to answer only when he or she makes a fist.
- **Classroom lights:** Turning the classroom lights "on and off" prompts children that the noise level in the room is too high and they should be quiet. This practice can also be used to signal that it is time to begin preparing for the next lesson.

Follow-up Directions

Effective teachers make accommodations in the learning environment by guiding children with ADHD with follow-up directions.

- **Follow-up oral directions:** After giving directions to the class, give additional oral directions to a child with ADHD. For example, ask the

child if he or she understood the directions, and repeat the directions together.

- **Follow-up written directions:** Provide follow-up directions in writing. For example, write page numbers on the blackboard. Remind the child to look at the blackboard if he or she forgets the assignment.
- **Repeat directions:** Write down directions and phrase them out too.
- **Make frequent eye contact:** Make eye contact often. A glance can get back a child on the given task or can just provide silent reassurance.

Instructional Gizmo

Use special instructional tools to modify the classroom learning environment.

- **Highlighting key words:** Highlight key words in the instructions on worksheets to help the child with ADHD focus on the directions. You can prepare the worksheet before the lesson begins or underline key words as you and the child read the directions together.
- **Using pointers:** Teach the child to use a pointer to help visually track written words on a page. Provide the child with a bookmark to help him or her follow along when students are taking turns reading aloud.

Building Self-Esteem and Social Interaction

As children with ADHD generally remain friendless in school, they need to have some form of emotional support, which could take the form

of a mentor. A mentor is someone that a child with ADHD can have a positive relationship with someone who is on their side, listens to them, advocates for them where necessary, and assesses and addresses their needs, both socially and academically.

- A mentor could be the resource teacher, counsellor or other teacher with an interest in and knowledge of the condition – a person with whom a child with ADHD has a comfortable relationship with.
- A mentor can help in finding solutions and strategies for children.
- For building self esteem, find and develop areas of competence in children with ADHD. Try to establish their interests and likes according to their competencies. Once these have been identified, bring these into play.

Parental involvement in child's Journey is crucial

- Maintain contact with the child's parents and a physician if a child is on medication.
- Parents need to be apprised of their child's areas of improvement as well as problem areas, especially if progress is not obvious.
- Daily or weekly brief progress notes are helpful to parents who are trying to monitor their child's school performance.

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Classrooms for All Learners

When faced with a diverse and inclusive classroom, the task of making sure that everybody learns to the best of his/her ability falls on the teacher and no matter, how hard-working the teacher is, without the implementation of the appropriate strategies, he/she is bound to fail. In this article, Nida Alvi has outlined useful suggestions for teachers on how to make the classroom a suitable place for children who need additional support and has detailed the ways the curriculum can be modified to suit the needs of all children.

In Pakistan, most of us have been victims of the 'one size fits all' approach towards teaching, whereby you either learn through the method chosen by the teacher or you are yet another casualty of the traditional schooling and hurled a barrage of choice names including 'lazy', 'careless' and 'slow'.

It is critical to remember that children with disabilities are ultimately children. In some cases, certain more individualized measures will be necessary.

However, within the rapidly shifting environment our children are growing up in, the dynamics of their classrooms are also evolving. While changes are occurring in many areas, 'diversity' has garnered particular attention from parents, teachers and school administrators. Adults responsible for nurturing children into lifelong learners

are increasingly interested in 'how' they learn and why different teaching methods resonate with different children.

As awareness of diversity increases, the growing interest

is in children with disabilities and how they can be supported within mainstream classrooms. It is critical to remember that children with disabilities are ultimately children. Therefore, it is likely that supports put into place for them will prove to be of universal benefit for 'all' children in the classroom. In some instances of course, certain more individualized measures will be necessary and again, those are the right of every child, not just those with a diagnosed disability.

Setting up the Classroom

Before we consider specific adaptations, it is important to examine the larger classroom and ensure that the physical and temporal environment is conducive to learning. For starters, look around the physical space of your classroom and ask yourself if you have managed temperature, lightning, seating arrangements, noise levels, safety issues and traffic patterns to the best of your ability, keeping your children's needs in mind. Then, run through the identified 'temporal' areas below and ask yourself the following questions: (adapted from "Designing the Learning Environment" in Blended Practices for Teaching Young Children in Inclusive Settings):

Is my class **schedule** designed to meet the needs of all children?

- Is there a balance in the type and structure of activities?
- Does it attend to length of activities?
- Is it implemented consistently?
- Does it minimize and plan for transitions?
- Does it use routines and transitions as opportunities for teaching?
- Have the children been taught the schedule and its expectations?
- Are visual prompts being used to communicate the schedule and related aspects for e.g. transitions, routines, choices

Are **transitions** supported within the classroom?

- Is consistency maintained within routines?
- Are transitions minimized, especially whole group transitions?
- Are transitions structured?
- Has 'waiting with nothing to do' time been minimized?
- Are children prepared beforehand for transitions?
- Have children been taught the expectations for transitions?
- Are individualized prompts used to help children needing support with transitions?

What is the role of **rules**?

- Are children expected to follow lots of rules or a few simple rules?
- Are children involved in developing rules?
- Have the rules been posted visually for children to see?
- Have children been systematically taught the rules?
- Are children acknowledged and encouraged when they follow rules?

The above areas, of course, do not constitute all aspects of physical and temporal learning environments, but for now have been highlighted for their particular relevance in supporting children with disabilities.



Planning the Curriculum

When considering how best to accommodate children with disabilities, the immediate focus is on assessment and instruction. Therein also lays our deepest concerns as teachers. But again, it is prudent to examine whether the broader umbrella within which children's instructional goals are being set is favourable. Examine your class curriculum to determine whether it is truly 'universal' i.e. designed to meet the needs of all the children in your classroom. Ask yourself three questions:

- Have children been given multiple means of communication?
- Have children been given different means to actively participate in learning experiences?
- Have children been given various means of showing what they have learned?

Children need opportunities to communicate, participate and demonstrate learning in more than one way for e.g. through gestures, spoken words, pictures, bodily movement, written work and ultimately through their play. Providing children with diverse opportunities and addressing these three areas within your curricular framework to the best of your ability will set all the learners in your classroom up for success – establishing a sound foundation within which more individualized supports can be provided as and when needed.

Organizing Instruction

Of course, as mentioned earlier, there will be instances where individual students will require more specific modifications to the curriculum. Like all classroom planning, these should also be made in light of the child's developmental level, functional need and preferences. Remember: The

most effective modifications are those which facilitate both instructional participation and social interaction in classroom activities. Also, while children do require predictability in their classroom environment, predictability should not turn into the same thing over and over again i.e. instruction about a concept should not be repeated using the same examples day after day but rather, reinforced through multiple examples across multiple situations illustrating that same concept and how it connects to previous learning.

Furthermore, each and every lesson plan does not have to be changed. Modifications in instruction should only be made as needed. Think about it. From your point of

A goal to make the child as independent as possible should lie at the heart of our instructional planning.

The most effective modifications are those which facilitate both instructional participation and social interaction in classroom activities.

view as a teacher, too many modifications will be time-consuming to plan and implement. From the child's point of view, too many modifications will be stigmatizing and intrude upon the child's social-emotional experiences in the classroom.



Some other recommendations for planning instruction include clearly articulating what the purpose of the activity is for all children, including specific behaviours being targeted for individual children. In addition, efforts should be made to embed all instructional targets as naturally as possible into regular classroom experiences, rather than pulling individual children out to receive separate instruction. Moreover, it is essential to involve key individuals (e.g. parents, other caretakers) in children's lives when planning instruction. This is useful not only in enhancing the quality of the instruction but to promote sustained learning in those same areas beyond the classroom as instruction is embedded across the child's day.

Designing Individual Supports

Identifying adaptations for children needing individual

It is natural to feel intimidated by the challenge of accommodating diverse learning needs within the classroom. But it is only when we will acknowledge these diversities that we will be able to understand and motivate our children to take ownership of their learning.

support can become an overwhelming and frequently disabling endeavour. As a result, children often end up with inadequate and/or largely inconsequential supports. So let's try and organize our thoughts. Broadly speaking, there are two 'categories' of adaptations. One includes ongoing

supports which can be introduced to allow children to participate in routines, events and activities. The second focuses more on individualized teacher behaviours which enable children to access instruction more effectively.

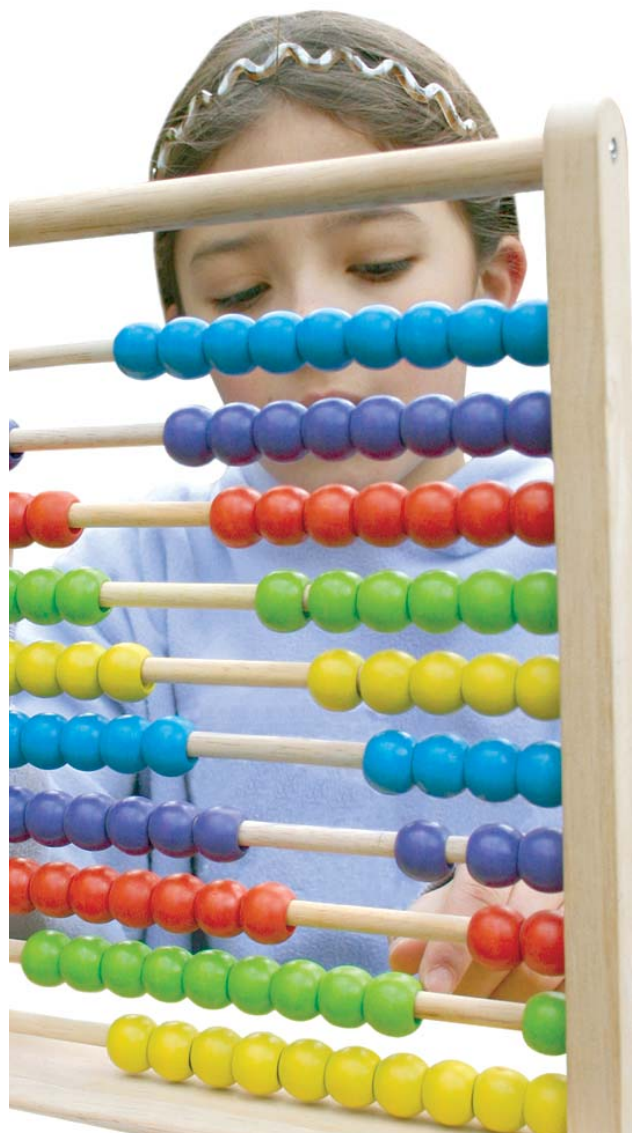
For ideas on what kinds of ongoing curricular modifications can be made within the classroom, have a

look at the table below (adapted from Building blocks for teaching preschools with special needs).

As for the second category of adaptations which incorporates more specific teaching behaviours, these can take the shape of 'prompts' (or supports) and can emerge in a variety of forms and levels. These various types of prompts are:

- Gesture prompts
- Verbal prompts (indirect, direct, rules, options)
- Pictorial prompts (pictures, objects, words)
- Models (verbal or motor)
- Partial physical prompts
- Full physical prompts (hand-over-hand)

As is already evident, not all of these prompts lend themselves to all kinds of learning activities. Each type of prompt has its advantages and disadvantages. Through observation and other forms of assessment, teachers should determine what level of instructional support a child needs to accomplish the learning task at hand and how important is it that the task be accomplished in a certain way. Based on observations of the child, the



teacher should offer only as intrusive a degree of support as is needed.

For instance, if a child can put on her shoes to go outside using a sequence of pictures to guide her, than the teacher does not need to physically support her in putting her shoes on. Gradually, if the pictures are coupled with verbal directions, the child may be able to move away from pictures to needing just verbal support to put her shoes on followed by just gestures and finally, complete independence from needing any kinds of prompts. A goal to make the child as independent as possible should lie at the heart of our instructional planning.

Therefore, simply introducing prompts to help the child is not sufficient. The teacher should keep observing the child to establish when supports can be scaled back from

highly intrusive (for e.g. full physical prompt) to less intrusive (for e.g. gesture prompt) to perhaps, no prompts at all.

It is natural to feel intimidated by the challenge of accommodating diverse learning needs within the classroom, including those of children with disabilities. But it is only when we will acknowledge these diversities that we will be able to understand and motivate our children to take ownership of their learning. Children with disabilities and their learning needs should not be perceived or planned in isolation from the needs of the larger classroom. All children require individualized attention and teachers should be prepared to support their curiosities in ways that are both novel and unique to each child.

Types of Curricular Modifications

Modification type	Definition	Strategies
Environmental support	Altering the physical, social, and temporal environment to promote participation, engagement, and learning	<ul style="list-style-type: none"> • Change the physical environment • Change the social environment • Change the temporal environment
Materials adaptation	Modifying materials so that the child can participate as independently as possible	<ul style="list-style-type: none"> • Have materials or equipment in the optimal position (for e.g. height) • Stabilize materials • Modify the response • Make the materials larger or brighter
Simplification of the activity	Simplifying a complicated task by breaking it into smaller parts or reducing the number of steps	<ul style="list-style-type: none"> • Break it down • Change or reduce the number of steps • Finish with success
Use of child preferences	Identifying and integrating a child's preferences, if the child is not taking advantage of the available opportunities	<ul style="list-style-type: none"> • Hold a favourite toy • Use a favourite activity • Use a favourite person
Special equipment	Using special or adaptive devices that allow a child to participate or increase a child's level of participation	<ul style="list-style-type: none"> • Use special equipment to increase access • Use special equipment to increase participation
Adult support	Intervening to support the child's participation and learning	<ul style="list-style-type: none"> • Model • Join the child's play • Use encouragement
Peer support	Utilizing peers to help children learn important objectives	<ul style="list-style-type: none"> • Model • Have helpers • Use encouragement
Invisible support	Purposefully arranging naturally occurring events within one activity	<ul style="list-style-type: none"> • Sequence turns • Sequence activities within a curriculum area

About the Writer:

Nida Alavi has an M.Ed in Early Childhood Special Education from Peabody College, Vanderbilt University and a B.A. from Ohio Wesleyan University, USA where she majored in ECE. Nida has worked extensively with young children in the US and in Pakistan. She is a full-time member of the TRC team and faculty at the TRC - Institute of ECE.



Focused Group Discussion on "Additional Support Needs"

Sadia Mumtaz, a corporate lawyer/parent, Shahina Alvi, CEO of R.E.A.Dyslexics, and Andrea Khan, a teacher/therapist got together in a group discussion to raise awareness and to call for attention towards the additional support needs of children and the need for teachers, parents and the society to stand up for the rights of all children.

Sadia Mumtaz is a corporate lawyer by profession, who is also a parent of a child with a disability. She has geared herself towards promoting inclusive education and the rights of people with additional support needs "because not every child is fortunate enough to be in a family, where people recognize and advocate his/her rights". She has recently set up 'Inclusive Society Pakistan' which promotes the rights of people with special needs, by advocating rights, supporting inclusion etc. She had previously started the 'Hum Kadam Foundation' along with a few other people that also promotes inclusive education by providing teachers who accompany children to mainstream schools and provide them additional support in the classroom.



Andrea Khan is a teacher by profession. She uses "physical movements to help children with learning disorders" so within a few months the children go from struggling to effectively managing in school and daily life. "I've recently brought in another program that focuses on the vestibular system and helps children with reading problems. Nowadays, we have children who are not physically active, so I'm promoting physical movement a great deal. I also conduct workshops. I'm basically trying to raise awareness about learning disorders. I work with teachers, parents, psychologists and speech therapists etc. – just to make them aware of what the different symptoms are and the ways they really can make a difference."



Shahina Alvi is the CEO of READ organization that teaches children on a one-to-one basis and also provides resources for teachers. The institute has classes up to O levels. Ms. Alvi is one of the three course leaders for the READ Diploma Course which is a six-month remedial teacher-training program. She conducts workshops on different aspects of learning difficulties encountered by children. Moreover Ms. Alvi carries out screening of children with learning disabilities and provides parents with information about how to follow-up with specialists, if required. She also provides remedial tuition to students in higher grades.



Starting off with a very basic question but something that continues to puzzle the general public, do you think there is a difference between a child who has a disability and a child who has additional support needs?

Andrea: Yes, children with additional support needs are those who have educational requirements over and above other children the same age. They may include children from different ethnic or socio-economic groups, those with physical or intellectual challenges, emotional problems, and learning disorders, as well as gifted children.

Sadia Mumtaz: Children can have additional support needs that arise due to a physical condition s(he) is

afflicted with or can be circumstantially induced. A child may or may not be able to participate in general walks of life including the education process due to the non-inclusive nature of various environments. Making accommodations for everyone including children with additional needs and different strengths is challenging but important so that learning and education does not remain a privilege for select groups only.

Do you think additional support needs is only needed by children who have disabilities?

Andrea: No, even gifted children can have additional support needs. Children who are coming from a traumatic situation or children from a foreign country with a different language and children who have psychological problems can have additional support needs. Also, the needs can be temporary, lasting only until the underlying problem is resolved.

Shahina: The nature of additional support needs varies.

Like younger children with attention problems or fine motor skills difficulties will need shadow teachers in classrooms. While some other needs can be addressed through dedicated therapy sessions. It is important to understand the nature of support to be provided and the role of facilitators. A shadow teacher who for example does everything for the child like the homework etc. make the child just ends up not learning anything as the teacher's aide is doing everything for him/her.

Continuing with our discussion, what do you think of the perspectives of our mainstream teachers who consider teaching children, who have additional support needs, an extra burden? We can't really blame them since they do not have adequate support and training — at least not all of them do.

Andrea: I'd like to give an example of a school where the teachers were asked to identify children who would probably not pass. Two or three children from each class were identified and their learning difficulties assessed. Then the teachers were asked to plan their lessons to ensure the successful learning of the children identified as having additional needs. Instead of designing a different lesson plan for individual children or groups of children working at different levels, the teachers made sure the struggling children learned - by catering to a variety of learning styles. Not only did the struggling children do better, the whole class showed improvement. We have organizations here in Karachi, like the Teachers Resource Centre, where teachers learn to teach more effectively by catering to the multiple intelligences. When the school encourages and supports teachers, teachers become quite enthusiastic about meeting the needs of all of their students.

Sadia: Teachers often do feel overburdened in typical class-sizes averaging 30 to 40 children. Limited resource availability especially in order to cater to children with

additional support needs is another challenge. But, when we talk of inclusion of these kids – in the best of scenarios for example the North American model, it is mandatory that there is one classroom teacher and a special educator in the class and together they work with all the students. However, when you take the concept of inclusion to the katchi abadi schools here in Pakistan, students from the same class can be selected as helpers to assist the teachers in facilitating and working with help her/his class fellows out. The real need is for the school to recognize that a child with additional support needs has the same right the other children to be respected and to learn as other children.

Shahina: Many a times the teachers want to implement the concept of inclusion but they are met with various restrictions, such as the course targets have to be met, the given exam deadlines etc. It is therefore important to first orient the teachers about what inclusion actually means and then discuss the ways and means in which teachers practice this within classrooms.

How can teachers be motivated to help and provide the required support to students who need them without feeling resentful?

Andrea: In order to motivate teachers, we need to make them aware of their own strengths and weaknesses and learning styles. Teachers will then be able to fully understand how their students learn, and be more understanding of their challenges. At workshops I have conducted and attended, I have seen many truly dedicated teachers who really want to do what's best for their students. We need additional teacher training facilities offering courses in up-to-date teaching methods not only for intellectually challenged children, but also for those with all types of learning disorders.

Sadia: What we actually need is the change in attitude. Given the right treatment, the children can blossom and progress amazingly. I don't really blame the teachers because in our society, we have never really heard of success stories of teachers who have made a difference. And believe me there are many. In a special school on the other hand the efforts from teachers are a lot of times over-estimated and even a minor progress in the child is applauded hugely. So real improvement and learning may remain marginalized and go undetected. The need is therefore to highlight good practices in mainstreaming

so that other teachers can learn through example.

Shahina: Teachers have to be really open minded and accepting. If a teacher understands what a child requires, she has won half the battle. You need to have that attitude and say to yourself that "I will make this child learn and I will make a difference". With this attitude you're well on your way to addressing the need. It also depends on how sympathetic the school is to the needs of the children. Normally, schools would just place the burden on the parents and ask them to hunt for sources of additional support because they find the strength of the class to be

so much that the class teacher can't cater to individual learning needs of children.



How can parents identify that their child could have additional support needs as most parents are not aware of learning disabilities, dyslexia, ADHD etc?

Andrea: Well there are a lot of warning signs such as difficulty in paying attention, being easily distracted, over active or under active or difficulties with speaking, reading and writing. Early detection and intervention are essential to a good outcome, so parents who suspect that their child is struggling should talk to their child's pediatrician or consult a clinical psychologist for evaluation and advice.

Shahina: If there is another child, a mother's gut feeling is something I go by. The parents should keep a check on whether the child is having problems wearing clothes, or tying shoe laces or having problems related to motor skills. It is very difficult and sometimes impossible to identify any kids of disabilities in a child that is 4 years old or younger. Also, it is difficult for parents to accept and you can't force them to accept the problems their child is facing. We see many children being identified with learning disabilities but because parents are not ready to accept the problem, no help is sought.

R.E.A.D is becoming a resource centre now. We have teachers coming in from universities and we have the general public coming in. Many a times, parents go to speech therapists and find it difficult to understand the things explained by the experts. At R.E.A.D, parents can just walk in and ask us for information. Our plan now is to organize everything under one roof, speech therapists, teachers, doctors, etc.

Sadia: What happens abroad is that when the child is actually 6-8 months old, you are called to make an appointment with the nurse and the nurse takes you through the check list. If there are any red flags and warning signs further assessments are suggested. In our country developmental checklists do exist but they are rarely advocated. Moreover, there is no central agency in Pakistan who I think is providing information on disabilities to a widespread audience. Many organizations are playing an active role but synergy of efforts is lacking.

What approach should the parents adopt to support their children with additional support needs?

Andrea: Firstly, do everything you can. Become an expert. Search the internet - there is a wealth of information out there. Secondly, advocate for your child and for change in an educational system that only values academics. Thirdly, there is growing evidence that learning disorders including: ADHD, Autism Spectrum Disorders and Sensory Processing Disorders may be caused or at least influenced by environmental factors. Try to create a team of specialists (pediatricians, neurologists, psychologists, nutritionists, speech and occupational therapists and physiotherapists, and remedial teachers) who are willing to talk to each other and to you. Specialists need to examine and treat the whole child and share their findings. Finally, don't give up.

Sadia: First off the parents have to accept that their child may require additional support. As per the concept of

early intervention, when you have a small child and you observe that there are certain milestones s(he) is not meeting, it is best to approach the experts without delay. It may turn out to be nothing but if there is a problem, seeking help earlier on is the best thing to do. It is also important to support your child all the way through, not thinking the problem as a "punishment for my sins" or "he can never learn" or "he is cursed". There are parents who actually accept it as fate and send their children to a special school. Do the best you can with your children. It is also important that parents play an active role in the education process of children. Routine meetings will serve the purpose if the child is progressing well. However in instances where the child may have additional needs, parents and teachers have to work together as a team in order to ensure a worthwhile educational experience and ensure learning.

Since it is important for ensuring learning of children that parents interact with the teachers and keep track of their child's performance, how can one avoid these interactions from turning into a blame game?

Andrea: When I was teaching at the Karachi American School, our principal gave us some valuable guidelines for parent/teacher conferences. The first was to start off the conference by asking parents if they had any concerns about their child. This opened the way for parents to feel comfortable about discussing their child's difficulties. Since their concerns were often similar to those of the

teacher, it limited the need for negative comments by the teacher, and often revealed more valuable information about the child than would have been given if parents felt defensive.

Next, teachers always had to say at least one positive thing about the child before beginning to describe

difficulties. It is so important to acknowledge the child's progress and achievements and not only talk about weaknesses.

Parents attending conferences with teachers can use a similar approach. They should appreciate at least one thing the teacher has done to help your child or to make your child feel good about him/herself. Secondly, they can ask the teacher to describe any improvements she has noted in your child's performance before she begins her comments. Or follow up the conference with improvements you have observed, in order to end on a positive note.

Sometimes other psychological problems such as anxiety, self pity and depression coexist with disabilities. How do we help the children cope up with that?

Andrea: We need to learn to interpret the behaviour of children and identify what they are feeling. Moreover many times disabilities and additional support needs in children are considered to be a behavioural problem. Punishment may be used to control behaviour without trying to understand and solve the child's problems. One should never assume that it's just a behavioural issue. behaviour is the child's way of telling you that there is a problem. The behaviour itself is not the problem.

Parents can also help children with challenges by giving them activities where they can excel, like sports, music, and art. Parents shouldn't keep their children at home just because they have a disability. Only when "typical" children have the opportunity to meet and interact with children with challenges will they learn to accept and

Sadia: It is important that the attitudes of both parties be positive and the objective of both parents and teachers should be to help the child. The parents have to understand that the teacher only remains with the child for five hours so the parents know the child a lot better than the teachers. There is a lot of stuff the parents can tell the teachers about the child and at the same time the teachers have to realize that the parents are not lying or misrepresenting things. Teachers tend to think that he is not doing well in the class but his parents are saying he is, so there's a possibility that there's a problem with the teacher's approach in getting the child to understand stuff instead of misrepresentations on the part of parents.

appreciate each person's unique gifts.

Sadia: Parents have to play a pro-active role in this regard. The worst thing that anybody can do is to deny that the problem exists. It will not help anyone and even a young child will know that he is different. So children need unconditional love on one hand, and on the other support and encouragement in coping with the disability they are facing.

Shahina: It is important to have people who will accept the child the way s(he) is and that doesn't happen here largely due to lack of awareness. The need is for the overall environment to be conducive for all children. This will include not only an open attitude of people but also adaptability in plans, routines and at times even making physical accommodations.

As a parent, what kind of change would you like to see in our society in the next 5 years and what should parents do to achieve that?

Andrea: Education should be the right of every child in Pakistan. When that becomes law, and that law is implemented, the government will have to provide a quality education for children with disabilities too, as is happening now in the West.

Right now, the need is to raise awareness. Even if a few parents initially advocate for the rights of all children, including those who have additional support needs, their efforts will make a difference, change attitudes, and eventually gain more support at government levels.

Sadia: All children should be given equitable treatment and the rights should be demanded so that children with additional support needs are accepted, not with sympathy but with empathy. The schools should change their attitude and they need to realize that education is not just about academics. It's about the whole experience which includes socializing, building self confidence and shaping a good personality. The key is to not shy away from the reality and focus on positively managing the situation. Parents who themselves restrict their social interactions due to a handicap in the child, are actually doing more harm. The children need to feel that they are as accepted in society as are other children and parents have the most critical part to play in that. This will begin with creating awareness amongst children and adults alike. Central resource centers in the country can facilitate greatly by providing easy access to information related to disabilities for parents, teachers and therapists etc. This

is also important because due to limited resources many parents are unable to afford additional support. Also by strengthening the existing teaching staff in schools and organizing effective volunteer programs can help create a facilitative environment for children at all levels. So parents need to collectively advocate for that also.

Shahina: Parents need to get together and form a committee. They should be unified and prove to be a force against the social clubs or a school, if their children are not given the right treatment. Education can change mindsets. Teaching children that we are different and learn differently can subconsciously create an appreciation and acceptability for diversity in our society.

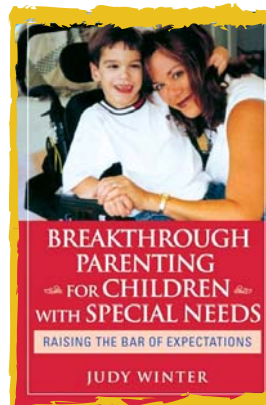


Recommended Readings

Breakthrough Parenting for Children with Special Needs

By Judy Winter

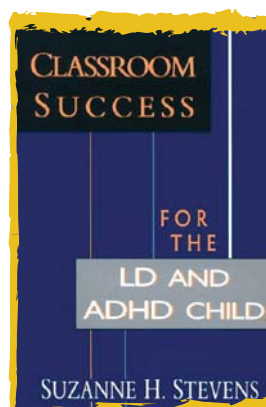
Breakthrough Parenting for Children with Special Needs challenges families and professionals to help children with special needs to reach their full potential by using a proven motivational, how-to approach. This groundbreaking and inspiring book provides detailed information on how to let go of the "perfect-baby" dream, face and resolve grief, avoid the no-false-hope syndrome, access early intervention services, and avoid the use of limiting and outdated labels. Also included are specific guidelines for working with professionals, understanding inclusion, planning for the future, and insightful interviews with Dana Reeve of the Christopher Reeve Foundation, Tim Shriver of Special Olympics, and Diane Bubel of the Bubel/Aiken Foundation. Preview of the book is also available online at the link books.google.com.



Classroom Success for the LD And ADHD Child

By Suzanne H. Stevens

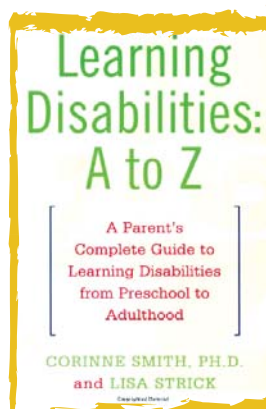
In Classroom Success for the LD And ADHD Child, the author provides a wealth of experience, both from a teachers' point of view and as a therapist, for helping your learning disabled child not only survive the school system but benefit from the process. The first several chapters discuss a hypothetical story of a child with LD and ADHD and focuses on the problems he faces in school. The other chapters deal with detailed and proven techniques that help in classroom and homework management. This book is highly recommended for parents looking for suggestions on how to work with the school to modify the course and their environment for their child. This book can be ordered online from www.amazon.com



Learning Disabilities A to Z

By Corinne Smith and Lisa Strick

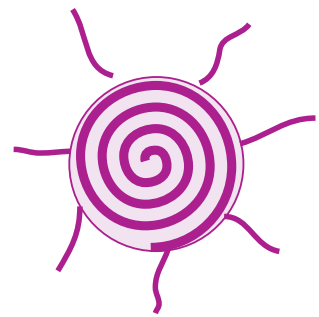
Learning Disabilities: A to Z provides a comprehensive discussion of learning disabilities in children. The book provides useful suggestions in coping with learning disabilities in classroom and at home. One of the most valuable aspects of the book is its focus on the self esteem of children and guidelines on how to raise children without damaging their self-respect. Other topics in the book include identification of learning disabilities, social and emotional growth of children, and strategies for promoting personal success. It is most suited for children in elementary school and through high school, although some parents of preschoolers may find it useful to start implementing these strategies for life long success early on. The book is available on www.amazon.com



Pakistan Special (A Monthly Magazine)

Monthly "Pakistan Special" is the oldest and largest circulated magazine for over 10 million Persons with Disabilities (PWDs) in Pakistan and is providing a common platform to the most neglected segment of the society. For the last ten years a dedicated team of professionals is bringing out this valuable publication from Islamabad (Pakistan) on regular basis. This is a non-funded publication, which is being run on self-help basis. The circulation of monthly Pakistan Special in Pakistan is around 10,000 copies per month. For subscription details contact: Mr. Farhat Abbas (Chief Editor) at the numbers +92-51-2260111 / +92-300-95 626 95 or email: pakspecial@gmail.com & pakspecial@hotmail.com.

Feature Websites



Uniquely Gifted

www.uniquelygifted.org

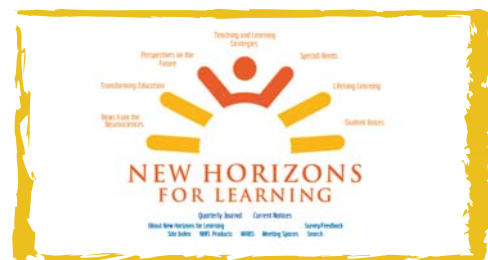
Uniquely Gifted is a collection of resources for families with gifted/additional support needs children and professionals who work with them. If you want to learn more about specific special needs a dedicated page on the site includes links to other websites covering a wide range of issues. If you are still figuring out what your child's special needs are, you may also want to visit the section on Assessment (includes information on testing and Functional behavioural Assessments). Moreover there are a lot of resources for professionals including teachers, school heads and counselors.



New Horizons

www.newhorizons.org

New Horizons is a non-profit, international network of educators focused on identifying, communicating, and implementing the most effective teaching and learning strategies at all ages and abilities. The information on this website is freely available to anyone who can access the Internet. The various sections have resources for everyone including teachers, school administrators, professors and students of education, parents, policy-makers, and others interested in learning. A dedicated section on 'Special Needs' carries materials on inclusion teaching as well as an array of learning resources and strategies.



Children's Disabilities Information

www.childrensdisabilities.info

This website features a lot of useful information on the additional support needs of children and the support required by the parents and caretakers. It contains a host of useful articles on parenting and on a number of disabilities. Interviews are also featured here with the authors who have written books for children with disabilities.



Special Olympics

www.specialolympics.org

Special Olympics is an international organization that changes lives by promoting understanding, acceptance and inclusion between people with and without intellectual disabilities. Through year-round sports training and athletic competition and other related programming for more than 2.5 million children and adults with intellectual disabilities in more than 180 countries, Special Olympics has created a model community that celebrates people's diverse gifts. To get involved with Special Olympics, contact the Special Olympics Pakistan office in Karachi (see website for contact details).

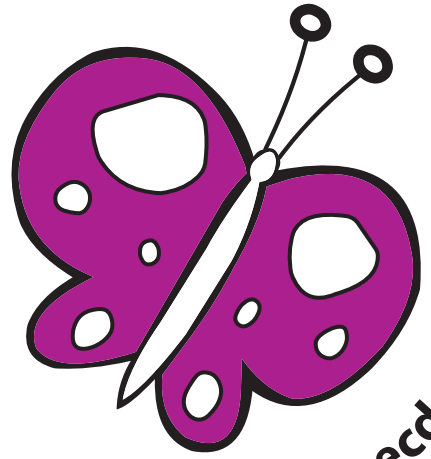


Federal Ministry of Social Welfare and Special Education

www.moswse.gov.pk

This website features the latest information about the Ministry of Social Welfare and Special Education. The programs undertaken and supported by the Ministry focus on the neglected, disadvantaged, underprivileged and exploited children, women, youth, the elderly, disabled, beggars, prisoners and ex-convicts etc. Contact details of Federal Minister and secretaries are available in the website.





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