

Chapter Sixteen
Introduction to Special Education
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Introduction

The aim of education is for each child to attain the individual potentially regardless of one physical or mental abilities or capability. It then becomes the responsibility of any teacher and significant individual to assist the child to realize the objectives of education as a right of the individual. It is a common knowledge that in any regular classroom, a teacher will come across children who are different from others. The difference may be intellectually, physical, sensory or emotional. In every society, whether formal or informal, within it, there are people or children that have special needs. The needs may be multi various depending on the ability and disability that is inherent in the individuals. This specifically requires early identification in order to nurture or remediate the deficits. Some individuals are disadvantaged either as a result of additional abilities (extra abilities) or less ability, due to endowment, traits, or disability based on the needs and values of a given society. These groups of people that are different from the normal are called *exceptional people*, and they require special facilities, equipment, methodology and special teacher (with additional knowledge) to meet their unique needs hence the need for special education to take cognizance of all the unique needs of individual through educational appropriate rehabilitation, curriculum planning and method methods hence we have the profession called special education.

The individual that implement special education curriculum and use unique methods are called *special educationists* with their various fields of specializations. In the practice of the profession, special education belief in collaboration with multidisciplinary professionals (multidisciplinary team)

among which are *pediatrician, otologist, otolaryngologist (ENT specialist), Audiologist and speech therapists*. Other professionals that contribute and collaborate with special educationist are psychologist, physiotherapist, nurses, Neurologists, educational consultants, surgeons, regular teacher, social workers, medical professionals, health workers and host of others, who assist in education/ rehabilitation of the exceptional or disadvantage including the parents who are all stakeholders in special education as well as governments, voluntary organizations (NGO) and philanthropists and business mongues.

This chapter will explain the essentials of special education as a course as well treat the categories of exceptionality to widen the reader's knowledge to understand the unique field of education. The chapter will discuss various subtopics as outlined below, (1) Concepts and meaning of exceptionality and special education, (2) categories and classification in special education, (3) characteristic and identification of exceptional individuals, (4) methodologies in special education, (5) basic terms in special education.

Concepts of Special Education

According to Smith (2004), special education is a service of supportive part of the educational system wherein professionals either consult with teachers or provide a comparable amount of direct instruction and collaborate with others who also teach and work with students with disabilities (Cited by Ysuldy Ke and Algozzine; 1990). Although special education means different things to different people. In 1975, the congress of Americans passed an educational Act on disability and explain special education as to assure that all handicapped children have available to them... a free appropriate public education which emphasis special education and related services, designated to meet their unique needs, in order to ensure the right of the handicapped children and their parents or guardians, to also assist states and localities to provide for the education of all handicapped children in order to assess and

assure the effectiveness of effects to educate handicapped children. In line with the above, the United States department of education, in its regulations implementing IDEA (Individual Disability Educational Act) agreed that special designed instruction, at no cost to the parent, to meet the unique needs of a child with a disability including instruction conducted in the classroom, in the home, in hospitals and institution or other settings, and to include instruction in physical education (1997, P12428). The above suggest three defining features of special education such as free appropriate public education (FAPE) and least restrictive environment (LRE) and at no additional cost to the parents/ families. And that their education must be delivered in the least restrictive environment possible, where they have access to the general education curriculum and role models of typically developing class mates. In Nigeria also, section 8, subsection 55--58 of Nigeria policy on education (1977, Revised 2008) has it among the objectives that special education is:

- i. To give concrete meaning to the idea of equalizing educational opportunities for all children their physical mental and emotional disabilities notwithstanding.
- ii. To provide adequate education for all handicapped children and adults in order that may fully play their roles in the development of the nation.
- iii. To provide for early identification of handicapping condition in children
- iv. To establish special schools for those who are not able to benefit from the regular system.
- v. To implement free education at all level where possible.
- vi. To make provision in vocational schools for those who require such courses.
- vii. To integrate the handicapped as well as introduce elements of special education into the regular system, which then justify both university and college of education programmes in special education.

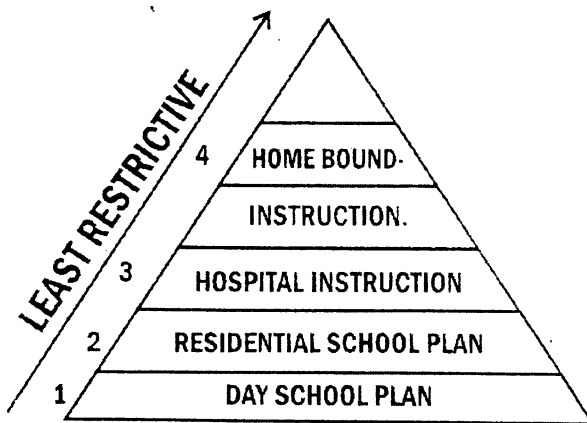
- viii. To make provision for the production of highly trained and efficient personnel for the education of the handicapped among others which necessitate special education in order to integrate the handicapped into the society.

In fact, Adima (1988) reinstated that special education is an aspect of education that treats people as an individual and makes allowance for the use of special equipment and methods of teaching according to individual needs. Smith (1975) defines special education as that profession concerned with the arrangement of educational variables leading to prevention, reduction or elimination of those conditions that produce significant defects in the academic, communication, locomotion, and adjustive functioning of children. The National Policy on Education (1981) revised 2008 defines special education as: The education of children and adults, who have learning difficulties because of different sorts of handicaps, blindness, partial sightedness, deafness, hard of hearing, mental retardation, social maladjustment, physical handicaps etcetera due to circumstances of birth, inheritance, social position, mental and physical health pattern or accident in later life. In broad summary, Reger, Schroder, and Ushold (1988) describe special education as an area within the framework of general education that provide appropriate facilities specialized materials and teachers with specialized training for children considered handicapped. In short, Dunn (1975) distinguishes special education from general education in that it uses special teachers, special curricular content, special teaching methodology and special instructional materials. This attested further to Heward and Orlansky (1980) who attested that special education is the individually planned and systematically monitored arraignment of physical settings, special equipment and materials teaching procedures and other interventions, designed to help exceptional children achieve the greatest possible self sufficiency and academics success.

Classification in Special Education (Categories)

These definitions complement each other in that some are informing the readers who will benefit or what is done in special education. However, Mba (1991), Ozoji (2005), Smith (2004) identified the following comprehensive forms of exceptionality:

- i. The hearing impaired
 - ii. The visually impaired
 - iii. The physically handicapped (cripple etc.)
 - iv. The mentally retarded
 - v. The learning disabled
 - vi. The intellectually gifted
 - vii. The emotionally disturbed
 - viii. The multiply handicapped
 - ix. The brain injured (cerebral palsy)
 - x. The communication, speech and language impaired
 - xi. The hospital bound/ health impaired
 - xii. Including the Autistic children, hyperactive and attention deficits
- However, Onaolopo (1995) citing Dunn cascade is explicit on the type of services that can be rendered to exceptional learners to include



Diagram

Dunn Stages of Service Provision

This implies that, special education is not a dumping ground for persons with disability but a continuum of service, hence necessary provisions and accommodation should be ensured to accommodate their needs by government, non governmental organization (NGOs), professionals community based organization (CBO), associations, -clubs, and philanthropists, who are the stakeholders in special education and all should collaborate to make progress in the field (multi-professionals/ multi-disciplinary approach).

Definition of Basic Terms in Special Education

Every discipline has basic terms that are peculiar with the professions. In order to be in better perspective of the discipline, one must understand the basic vocabularies as to use it appropriately.

Impairment: It is an abnormality or disorder/ deficit of the physical structures/ organs of the body (malfunction of the organs). Impairment is highly concern with imperfection, deviation, damage or short coming of body organs due to diseases or accident or infections.

Disability: It is a deviation in an individual make up. It is loss of ability or ones function. A functional limitation or activity restriction. However, ability and disability occurs together in an individual which one manifest depend on the environment and the individual concerned since there is more abilities in the individual than disability. One can do varieties of things despite disability. Disability according to International Classification of Functioning (Reported by WHO, 2010). Disability and Health (ICF) Disability is an umbrella term for impairments, activity limitation or participation restrictions”, which results form the interaction between the person with a health condition and environmental factors such as the physical environment, attitudes and personal factors (age/ gender). Conventions on the rights of persons with

disabilities further states that disability is an evolving concept, and results from the interaction between persons with impairment and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. Therefore disability is a societal problem rather than an individual problem. Handicap refers to disadvantages of having impairment or disabilities which prevent or hindered disabled person from living a normal life. It is also the circumstances in which handicap finds themselves or totality of difficulties inconveniences, disadvantages social prejudices that an impaired or disabled person experiences as he interacts with social and environment.

Assessment: It is an educational mental social or even psychological diagnosis whose purpose is for placement or programme assignment instruments such as inventories, schedules, scales, records, profiles, check lists surveys, and tests are used by counselor, special educationist, special educationist and psychologist (Okeke, 2006), while diagnosis is used to determine which factors, symptoms, diseases affects the patient/ client. It could be clinical, laboratory, differential, physical or educational diagnosis is used to identifying the child needs, strength and therapeutic programming.

Screening: To find out the children who deviate from the general trends in developmental traits such as visual, health status, physical status, hearing and academic abilities.

Itinerant Special Teacher

He is a specially trained in the educational intervention for exceptional children and employs to visit neighbouring school to teach such children with problems in inclusive or regular settings or consult with the teacher or consult with the teacher or resource room personnel.

Prevalence: The total number of cases of a particular disease (impairment) present at any given time.

Incidence is used in reporting cases of a disease or impairment. In a given community, state or country number of new cases of a particular disease included.

Desk Officer: In special education, they are employers of local government, state and federal government offices to identify and assist the disabled and politicians have hijacked it. It is no longer specialists.

Resource Room: It is a room in regular school with different equipment and materials meant to take care of educational and physical needs of persons with disabilities.

Interpreter: A skillful person in sign language, who translate spoken English to sign language for the deaf people in different educational and social situations.

Brailist: Expert in area of embossed dots making (Braille) that are used and read by the blind. The expert converts written English to Braille for easy reading of persons who are totally blind, or partially blind. Community Based Rehabilitation (CBR). A new governing philosophy for the provision of services for persons with disabilities not in institutions or segregated setting but rather in the heart of the community, where the disabled belongs to promote integration, acceptance and participation as well as self sufficiency of the disabled. It is the community that is trained to execute training collaboration and community service and support for the disabled including disabled association.

Rehabilitation: To restore individual mentally, socially, physical, medically, educationally, vocationally back to normal after injury or disabilities. Any rehabilitation that does not end in employment for disabled persons is incomplete. It is like tea without sugar and there must be follow up.

Referral: It is the process of identifying an impaired child or person and direct him/ her to appropriate source of services for further diagnosis, treatment or

placement in educational programmes least restrictive alternatives. This is an educational placement option that offered a handicapped child the widest opportunities to be in the midst of majority others. It is like mainstreaming learning together with others or integration and not place in segregated or (handicapped) school or residential special schools. Without restriction in working or educational environment with necessary accommodation and accessibility that is appropriate with supports and services. Access to everything with additional provisions.

Inclusiveness: Provision and accommodation of persons with disabilities in the regular scheme of things with additional provisions to meet his specific needs and disability to accommodate him like others without handicap. Enablement to participate fully in life and work of mainstream setting rather than segregation. It also implies breaking down barriers to learning and participation for all children and young people. A right to belong to the mainstream without any discrimination with equal opportunities for all students.

Braille: It is an embossed print that is read with fingers or tactile mode. It uses six dots that can be combined in various forms.

Sign Language: The language of the deaf that differs from English in orthography.

Volunteers: People that are ready to work assist and support persons with disability without any gain monetarily or otherwise.

Individualized Educational Programme (plan IEP). This usually described the rules and regulations and needs of providing services for individual with disabilities right from screening and identification time. An individual plan based on needs, disability and supports required. It has goals/objectives, instruction planning, implementation and evaluation criteria parents and para professionals/ multi professionals are involved.

Mba (1991), Smith (2004) and Ozoj (2005) identified the following comprehensive list of exceptionality.

(a) The hearing impaired (b) The visually impaired, the physically handicapped (cripple)/ health impaired, the mentally retarded, the learning disabled, the intellectually gifted/ talented, the behaviour emotionally disturbed, the multiply handicapped, the hospital bound, the communication special and language impaired. Although the list are not exclusive but the list are most prevalent and demanded much attention in Nigeria. Mba (1991) suggested that the type of educational provisions and settings to take care of them can be interested schools, main streaming school or segregated school (special schools) depending on whether it is mild, moderate severe or professional cases. The above listed categories are briefly discussed under definition, causes, characteristics and methods of education/ support services provisions and aids.

The Hearing Impaired

According to Elemukan (2004), hearing loss presents many everyday challenges, some large, some small, communication may be the highest challenge since it involve getting and giving information, exchanging ideas, sharing feelings, whether on one to one basis or in groups. The committee of nomenclature of the conference of Executive of American School of Executives of Deaf attested that hearing impairment is a generic term covering all degrees of hearing loss, regardless of the cause and age at onset. This refers to the malfunctioning of the auditory mechanism due to many factors. In many instances, the auditory mechanism can be completely non functional, called profound deafness. If the auditory mechanism is functional to some degree it is referred to as 'hardness of hearing'. Hence the term hearing impairment is preferable to deafness since there are varied categories. Although, we have legal vocational, medical and educational definitions but the most common division is between the deaf and being hard of hearing.

The deaf are those born either totally deaf to prevent the establishment of speech and natural language, those that were deaf in childhood before language and speech were established or become deaf as soon as after the speech and language establish that could not speak and understand speech and language (communication problem) and practically loss ability to use speech .

and language. The hard of hearing Those who establish speech and ability to understand speech and language and subsequently developed impairment of hearing have a normal or almost normal attitude toward the world of sound. The ranges of hearing after an assessment by an audiologist using pure tone audiometer can be classified according to Bakare (1988) as normal range 0-15 dB (decibel), slight hearing loss is 15-25 dB, mild hearing loss is 25-40 dB, moderate hearing loss is 40-65 dB, severe hearing loss is 65-95, profound hearing loss is above 95 dB. Other classification can be conductive, psychogenic, mixed hearing loss, psychogenic or central auditory dysfunction, depending on the profession doing the assessment, while it can be prenatal, perinatal or post natal due to causes and on set of deafness. Causes of hearing impairment (Okeke, 2006) listed heredity, brain tumours, noise and blast, lack of right vitamins (avitaminosis), pathological conditions of foetus, otitis media (inflammation of the middle ear hardened wax, otosclerosis infections, drugs, birth injury. The major causes under the above can be by diseases, by the mother during pregnancy such as material rubella, mumps, influenza, drugs, quinine, tetracycline, radiation/ x links, heredity, RH factor blood incompatibility, other congenital malfunctioning such as atresia, stoscrosis. It can be adventitious or peri perinatal causes such as anoxia or lack of oxygen, traumatic injuries, use of forceps during delivery, presbycusis, perforated eardrum, mastoiditis, ear blockage, malnutrition, surgical misadventure, delayed labour or prematurity. Post natal causes are infectious diseases, measles, cough, scarlet fever, meningitis, acoustic trauma, or noise, head injuries, ear injuries, avitamiosic or lack of vitamins, ear infection such as otitis media and accidents. Okeke (2006) listed heredity, brain tumours, abscess, noise/ blast, pathological condition of foetus, otitis media (inflammation of the middle ear), hardened wax, otosclerosis infections, drugs, and birth injury as common causes of deafness. To identify the child with hearing impairment, there can be neonatal screaming and other observation in childhood such as looking at symptoms and signs for those who complain of ear ache, have discharge in the ear, turn head to one direction, have abnormal gait/ standing posture, ask for repetition, bend head/ ear toward speaker, observe speakers mouth, ignored sound, inability to follow direction, day dreaming, inattention abnormality in speech, disobedience, always scanning the environment. Gallaudt Research Institute (1999), Moores (2001) attested to the fact that a long term problem for the

deaf individual is their academic achievement particularly in the area of reading. Ademokoye (2003) confirmed the hearing impaired lag behind in both cognitive and intellectual skills. Bakare (1990) considered that the efforts of the teacher toward the hearing impaired should be geared toward, reading, writing, speaking, listening, auditory training and speech training and its development in the hearing impaired. In fact, Smith (2004) confirmed that hearing losses affect children, in many ways depending on the type especially the development of language, communication, educational opportunities, reading and opportunities, reading and participation in social life. To educate them, they have to use sign language, total communication, speech reading, use of hearing aids and auditory training as well as resource room assistance and concretization. Technology has brought captioning on television and use of assistive device, such as light alert devices, FM radio, teletext, television, decoders. Other methods include excursion methods, laboratory technique, note takers, interpreter and buddism. Baired, May Field and Baker (1997). Blind children do not explore their environment when not stimulated as does normal sighted child. Inappropriate movement may develop in the blind, rocking eye, poking, lack of interpersonal interactions. They require assistances. They develop since they have immature relationship so give clear instruction since they miss social non vocal cues shown in the eyes during interaction so provide opportunity to develop interpersonal skills provide appropriate model behaviours, let them participate in all activities and to communicate their visual needs in a straight forward fashion. Teachers should maps tactile orientation and mobility curriculum, computer and printers'. Thermo form machines as well as encourage to participate in sports as well as encourage to participate in sports and recreation to help them bridle and large prints are used to educate them including style and frame.

The Visually Impaired

Visual is talking about sight seeing and the eyes. The eyes is a complicated mechanism. Damage to any part can result in serious limitation to one's ability to see and process information through the visual channel. Visual impairment implies someone have a sight problem or deficit in seeing and they required the best education as to minimize the effect of disability as to develop their adequate powers and potentialities. It may be short sight, long sight, astigmatism or even visually handicapped, which may either be total

blindness, low vision and children with partially sightedness.

A blind person cannot read and write print after all optical corrective measure have been taken. He uses braille as a medium for reading and writing. Lowenfield (1971) attested that a child is blind if he has a central visual acuity of 20/ 200 or less in better eye with correcting glasses. This is to say that the eyes can see at a distance of 20 feet what a normal eye can see at 200 feet.

Visual acuity means the sharpness and clarity of vision or distance at which an object is placed so that it can be seen sharp and clear. Most of the blinds attend special school to receive their early education. Since they do not have functional use of their vision and perceive only shadow or some movement. The youngster must be educated through tactile and other sensory channels. Blindness can occur at any age but its impact varies with age (Smith, 2004). Age of onset is used to group individual with visual disability such as congenitally blind, birth, during infancy adventitiously blind (after the age of 2), their problem is different, because of experience in seeing different objects and forming concept. Common with adventitious type, then know how objects look like and can remember it, the later it occurs, the more they can remember. Visual memory is an important aspect in learning, since it influence concept development and we have locally blind, who can collect benefits from government in overseas countries. Without training, many may not be mobile hence require mobility training and orientation if blind low vision many years ago visually handicapped children have been classified under two categories, blind and partially sighted. In 1976, there was a development when Baraga in her study discovered that 80% of children in special schools for the blind have some vision which could be developed and used effectively, especially in the area of mobility. This group belongs to no man's land in the sense that they are neither blind nor partially sighted. They are children who have limitation in distance vision, but are also able to see objects and materials in the near environment within a few inches or at most a few feet. The symptoms include inability to remember or understand reading materials letter and words confusion, cover covers or shield one eye while reading, difficulty copying from textbook, workbook, swollen eyes red rimmed eye lids, discharges.

Partial Sighted: This refers to those whose sight though poor, is not so bad that they can be regarded as blind. Many such children suffer from serious

myopia (short sight), hypermetropia (long sight) and astigmatism (blurred vision). Some of them can benefit from the use of optical aids and will fit comfortably into a normal education set up. Many visual disturbances if detected early can be prevented and cured hence observation by parents and significant others is crucial to early identification. 4 percent of all blind people are children others are adults (Hartson, 2001). It is usually associated with increasing age. About 4 of every 10, 000 school children (0.04%) have visual disability and may receive special services if identified on time via screening, formal optical test. The causes can be congenital acquired. It may be due to reunoparties pre maturity, rebella which are highly prevented now a day. Most causes are hereditary (gene deformities e.g. retinitis pigmentation). Laser treatment surgery and cornea implant are in vogue medically. Low birth weight is another cause of multiple disabilities. However, one can prevent eyes injuries by oneself, early treatment is important for visual problems and health care to children and pregnant mothers with early childhood education. Although, people discriminate against visually impaired, they are sometimes isolated, withdrawn because of the negative attitude of the society and sighted person are afraid when interacting with them, hence need for the public. The process of learning social skills begins in infancy and continues to develop throughout childhood and visual information plays an important role in the acquisition of social skills.

The Intellectually Gifted, Talented and Creative

In any given society, it is generally accepted that about 3.5 percent of the general population may be classified as having exceptional abilities. It may be demonstrated in intellectual superiority, exceptional social maturity, special vocational or artistic skills. Although, giftedness is linked with the notion of being cognitively superior to the majority of members of a particular group. Terman (1925) accepted children with I. Q scores of 140 to be gifted. They have a lot of gifts and talents which other children of their age do not possess. (Uyanwa, 1996), giftedness and talentedness are natural endowment that manifest in various forms in different culture and groups. It depends on need and value of given society. Thus, an individual can excel to a greater height either in talent areas or in intellectual domain, while others may excel in creative endeavour. Areas of giftedness and talentedness include; General intellectual abilities, Specific academic aptitude. Creative or productive

aptitude. Leadership ability, Visual and performance art, psychomotor ability (Kirby, 1986). Renzhalli, Ries and Smith (1981) refer to the gifted as those who show potential for high ability, high creativity and high task commitment since any worthwhile activity that characterizes the gifted. A gifted person is therefore individual that possess above average intelligence and are recognized for their remarkable performance in specific and general abilities which include academic and talent areas. They are physically superior to counterparts, and fast in all stages of development, learn to read faster, talk, sit crawl and walk earlier. They are accelerated from one class to another, participate more in extra curricular activities, show indication of superior intelligence and demonstrate quick understanding, have large vocabulary. Socially gifted and talented persons tend to be happy and admired by peers have wide, and varied interest. Uyanwa (1996), they are all rounder's, with stable emotion, hardly cheat and psychologically balanced and better adjusted in adulthood; And it make them to be a good social leaders and committed to other groups. There is a need to recognize and identify them in order to nurture them, one need to sort them out using appropriate screening devices. A multi disciplinary approach is considered more valid and acceptable than identification through a single procedure observations, reports of parents, peers, professional, the gifted himself and teachers form what are known as informal tests. Parent nomination, group nomination, professionals nomination, teacher nomination are ways of identifying them informally, while formal identification involves the use of standardized tests. Incidence in any community ranges between 1 to 5% depending on the criteria been used and communities values are relative. Some individuals inherit giftedness, others are born into highly wealthy socio economic status, while parental commitment to training and education can enhance giftedness. Environmental provisions may inhibit or develop giftedness. Brainstorming, fantasizing and problem solving and seeking, are means of improving giftedness. Active sensory stimulation is important to development, while ability grouping, aptitude grouping, models, mentors, acceleration, enrichment are some of the methods used to teach them.

The Learning Disability

Children with learning disabilities or children who are learning disabled (LD) are those who are of average or above average intelligence as measured by

intelligence tests, who perform averagely, above average and sometimes very highly in many school subjects; But who perform very poorly and experience undue difficulties in learning to read or write or spell (and other language skills), or in doing simple mathematical operations and calculations even with good conventional teaching and remedial help. They therefore require special educational development (British called it pupils having specific learning difficulties as against American terminology of children with learning disabilities. Identification of L. D has its roots in medicine, in fact Strauss studies (medical physician) in 1930's shows that children that suffered brain injuries before, during and after birth, have behavioural characteristics such as perceptual disorders, (coordinating auditory or visual stimuli), perseveration (not knowing when to discontinue an activity), distractibility, thinking and conceptual disorders, hyperactivity and disinhibition in these neurologically impaired children whom he called brain injured (Obani, 2006) that is Strauss syndrome and these behaviour characteristics will surely after learning in children that exhibits them. L. D is an heterogeneous group unlike visual/hearing impairment where similar problem is common to the group but some members in L. D. may have reading, spelling, writing, or listening problems, others may have arithmetic reasoning or other forms of perceptual problems and sometimes a person may have more than one of these problems and even exhibit some deviant behaviour like hyperactivity, high distractibility, impulsivity, emotional liability and so on. The only common educational characteristic that children with L. D. have is the severe discrepancy between each child's potential for learning (intelligence) and actual performance (attainment) in the subjects in which he/ she is learning disabled. Hewett and Fornes (1977) estimated the incidence of L. D., to be between 15 and 30 percent which all possible causes of L. D. are included such as established and suspected neurological impairment, behavioural disorders, disadvantaged situation, motivational problems. Telford and Sawrey (1981) put learning disability at 2-10 percent of total school population. On reading problems alone, (dyslexia), Tyre and Young (1991) estimated the incidence to be between 1 and 25 percent depending on the country studied. Gajar (1979) confirmed that children identified as learning disabled, mildly mentally retarded and emotionally disturbed, have many more characteristics in common.

Among the causes are in appropriate teaching, lack of needed technology by teacher, identification problem as to remedy it on time, poor instructional method, knowledge of pupils background for teaching if learning is to made meaningful. Negligence by teacher of these vital skills can worsen the child learning situations (field of education variables). We also have environmental variable, field of psychology variable and other causes such as inadequate environmental supports (physical and emotional), diseases and illness can all cause learning disabled, family roles, negligence, school, home relationship matters in education negligence can be disastrous. Ability to perceive, recall conceptualization depends on acquisition of basic psychological factors, lack of these skills in any child may cause learning disabilities, problem of processing information through the sensory organ can jeopardize leaning and understanding as well as interpretation of concepts. Heredity, metabolic disorders and pre, peri, post natal problems can contribute or cause learning disability, Rhesus factor Rh incompatibility, drug use, diabetes, radiation, rubella and premature birth and prolong labours and others, can lead to learning disabilities. The child may be restless, poor timing and place orientation, lack of endurance and frustration, unusual quietness. Coordination problem, work repetition and lack of emotional control are some of the characteristics. Academically, they read two or more year below their age level, some can not form correct letters or digit or stay on the line in writing exercise, speaking in manner not understood, or tracing lines or figures accurately and matching exercises problems. By using carefully selected classroom instructional techniques and materials the learning disabled learner can be helped to improve in terms of behaviours and academic achievement. Rebus Approach, linguistic and individualized Approaches have proved effective in educating learning disabled children. School curriculum should be modified and adapted to the needs of the learning disabled children and remedial measure put in place via research classrooms, clinical instructional practice, integration programme, mobile instruction programme or special classroom placement.

The Mentally Retarded

Mental retardation is a case of significant sub average general intellectual functioning existing concurrently with deficit in adaptive behaviour which is manifested during the development period (AAMD). According to Ebigbo (2001), World Health Organization's (WHO), International classification of

Disease of 1992, define mental retardation as a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills, manifested during the development period, which contributed to the overall underdevelopment of intelligence, that is, cognitive, language, motor and social abilities. The causes can be culturally familial unknown causes and related to poor environmental or hereditary factors. Malnutrition of both expectant mother and child can be a cause, environmental hazards, accidents, alcohol and some other drugs are environmental hazards. Expectant mother alcoholism can damage the foetus hence amino centers or chronic villus sampling or sonography can be used to detect biological defects in foetus and pregnancy termination can be done with technology. Some of the physical characteristics are the head shapes and body growth and coordination observation. We have microcephally (small size head) hydrocephaly (big head with water in the brain) cretinism (short and stock with a very a short and still like fingers and toes (Okcke, 2006). A broad faces and thickened eyelids, short neck are signs of cretinism. Ocular hypertelorism there is an abnormal wide space between the eyes due to poor development of the sphenoid bore at the base skull, others are down syndrome. such as skull back flatness, small nose, small ear in size, small mouth and palate (mouth roof) problem that is short poor muscle tone, short neck, small hand, abnormal space between first and second toes of feet sparse hair and kinky, coarse or brittle and scanty hair. The body shape is shortened in extremities, asymmetrical body, shortened arms, legs and trunk. The voice and speech may be deep in quality or delayed speech and articulatory problem when finally developed. Behaviour for long years, learn very little from exposure to normal classroom programme. Low language and vocabulary level that is not appropriate to age. They do remember what is not relevant negative transferring (zignick effect in psychology - easier what is right). They have short attention span switches activities rapidly not ready for usual school subjects activity such as reading, writing and arithmetic by age six but several years later progress at slower rate have low mental age compared to actual age, passive, extremely not too friendly, poor self esteem draw distorted picture of mother and father when asked to do so. To teach them, use incidental learning, initiation, modeling motivation, attention can be gotten by using various stimuli, colours and methods since they are easily distractible and irrelevant stimulus and noise make them more uncooperative and disrupts concentration use Dver learning to improve their short term rehearse things.

Use different varied approaches, repetition of teaching materials in million times as to transfer to long term memory since they have good long term memory behaviour modification technique can be use to change their behaviour as well as vocational education for the mildly and moderately mental retardation.

The Physically Handicapped (Cripple) and Health Impaired/ Behavioural Disorder

Children with physical impairment are those whose non sensory physical limitations or health problems interfere with normal functioning of the bones, muscles or joints, in addition to school attendance, or leaning to such an extent that special services, training, pieces of equipment required (Hallahan and Kauffman, 1991). These children comprise many groups with different kinds of disabilities, each a unique problem which limits the effectiveness with which a child can cope with the academic, social and emotional expectations of the school and community children with physical impairment have problems with the structure or the functioning of their bodies. According to IDEA physical impairments adversely affect a child's educational performance and it includes impairment caused by congenital abnormality (such as club foot, absence member). Impairments caused by diseases poliomyelitis, bone, tuberculosis and impairments from other causes such as cerebral, palsy, amputations and fractures of burns that causes contractures. (U. S. Department of Education, 1999; P 2 22). The federal government uses the term other health impairments to describe collectively, conditions and diseases that create special health care need for children. IDEA defines children with special health care needs as those individuals having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit, hyperactivity disorder, diabetes epilepsy, a heart condition, hemophilia, lead poisoning, leukomia hepatitis, rheumatic fever, and sickle cell anemia, and adversely. These two special education categories are not as separate as discrete as they might appear by their definitions. Some conditions typically grouped under physical or orthopedic impairments also result in long term health problems. A child with cerebral palsy may face physical challenges and need considerable assistance from a physical therapist

(PT) to learn how to control movement, and yet that child might have no special health care needs. Another child also with physical limitations may have serious health needs. Many children with health related disabilities also have limitations to their ongoing medical attention while some combine major health issues with speech or language impairments (Smith, 2004). Many of them present special needs at school. Attention deficit/hyperactivity disorder (ADHD) are also included by American Federal Government currently in the health impairments' category. In fact, autism was also include in the category of other health impairments before, but is now a separate categories. The two major groups of physical impairments seen in children are neuro motor impairments and muscular/ skeletal conditions, including spinal bi fida, epilepsy, cerebral palsy and brain involvement. The causes are muscular dystrophy polio, seizure disorders, spinal cord disorders, multiple sclerosis, cerebral palsy, juvenile arthritis, limb deficiencies, skeletal disorders. Health care needs can be due to chronic illness and infectious diseases such as hepatitis B, HIV/ AIDS, starch infections, blood disorders, Rh incompatibility, childhood cancer, congenital heart defects, diabetes, tuberculosis, cystic fibrosis. In advanced countries special educational provisions are made for these children in hospital classes, residential schools and in their own homes. In Nigeria, all of them are accepted into normal classroom. Therefore, educational adaptations should be made by changing the physical environment in such a way as to facilitate their educational progress and programme. In addition, adaptations are made for different level of mental ability, special remedial programmes for learning disabilities in speech, language, reading, writing, spelling arithmetic and other subjects. Provide other assistance, alter maternal and equipment and modify the activity allow more time in work schedules.

Behaviour Disorder

A behaviour disorder is defined as a deviation from age appropriate behaviour which significantly interferes with; the child's own growth and development and/ or, the lives of others (Kirk, 1972). One will come across children who are extremely withdrawn and do not relate to other people or do not respond to his environment (even though he has average intelligence, these are those whose behaviour are said to interfere with their own growth. The term 'withdrawn' 'neurotic', autistic or schizophrenic, are used for them. A child with repeated

conflicts with his siblings, parents, classmates, teachers, and community is interfering with the lives of other people. Parents called him a 'bad boy'. Teachers call him a 'conduct problem'. Social workers say he is socially maladjusted. Psychiatrists and psychologist say he is 'emotionally disturbed'. If he comes in conflict with the law, the judge calls him 'delinquent. Behaviour disorders retard social and emotional and sometimes educational growth. The major causes of behavioural disorder are parents upbringing, divorce, home social, economic, Neurological dysfunction and ill health, malnutrition. It can be classified as family factors, school factors, and psychological factors. Teacher needs to know which behaviour to be treated and how to treat it such as using proximity, antiseptic bouncing, cognitive techniques, behavioural techniques, identify target behaviour, collecting data and using appropriate reinforcer to change the behaviour identified. Education provision include;

- a. Adjustment in the regular class with or without consultations and Hinerant teachers (visiting special educationist).
- b. Resource rooms usage
- c. Part or full time special classes educational strategies include;
 - i. The removal of the 'underlying cause' for the behaviour.
 - ii. Acceptance of the child and the establishment of a positive interpersonal relationship between the pupil and the teacher.
 - iii. The use of behaviour modification on approach (remove undesirable behaviour through reinforcement techniques). In the school, the classroom teacher should work cooperatively with the social workers, school councilor, and making referral where necessary to psychologist or psychiatrists.

Teachers need to be familiar with conduct behaviours, how to treat it, set the base line, collect data related to the behaviour and manage it with proximity, reinforcement, antiseptic bouncing (removing the club from the group to gain control) cognitive technique involving learning appropriate behaviour using rational emotive therapy, behavioural management techniques using signal interference (eyes gazing, waving a finger) and moving nearer to the child or brining the child nearer to you (proximity).

Communication, Learning and Speech Disorder

Communication is the exchange of information idea, activities, skills,

knowledge between two people, sender and the receiver. It may be verbal and non verbal. Before communication can occur, there must be the source, the sender, the signal or message, the medium or channel of transferring it and the receiver who receives the message and activities or response in form of feedback. Communication can use signal, symbol, codes, signs, language, speech, gesture. According to Abang (2005), communication is a social process where meaning is stimulated and cooperation achieved toward a common ends in a word. Communication can be effected in a number of media, such as speaking, signing, writing, listening, watching or reading. Among the barriers to effective communication are personal attitude, inability, insufficient knowledge, inability for use language well, lack of interest in the subject natural disability, poor eye sight impaired hearing. The most natural conventional and convenient form communication is the one affected through speech in (oral language) (Ademokoya, 1996). Speech involves the art of vocalizing sounds (words). Language according to Okeke. (2006) citing Barber is a system of arbitrary vocal symbols which have a common significance among its users to transmit signals to each of her language is a system of symbols used for the expression of ideas and feeling for the expression of ideas and feeling. There is inner language. Sapir (1921) earlier sees language as purely human and non instinctive method of communicating ideas emotions and desires by means of system of voluntarily produced symbols. It is a system of agreements among human beings which allow various noises produced to systematically stands for specified happening in their nervous system. It is a learning responses determined by social interaction.

Speech is the vocal aspects of language and it is unique to man. They are produced by the vibration of the vocal folds in the larynx (phonation), cause by the flow of air (respiration) and given final form by movements of the lips, tongue and palate (articulation), Abiodun (1993). In other words, speech is an imitation of the environmental situation, that differentiates human beings from animals, Language provided information about the dints of the society, it promote culture, customs, prohibitions and attitudes it is used to transmit knowledge, psychological concerns and acquisition of information from books, conversation, television, radio, movies and lectures. On the other hand, speech are used for communication, verbal contact, social gesture, oral

pleasure, ease anxiety, disarm hostility and serve as tool for abstract thought (Abiodun, 1993) speech development undergoes, reflective vocalization, babbling, Lalling, echolalia first speech, two words, three words and sentences. According to Ysseldyke and Algozzine (1990), the third largest group of students who are eligible for special education services is those with speech and language problems, as they make up 23 percent of handicapped students. This category of students has communication disorders, speech language problems that interfere significantly with their ability to communicate. Communication disorder is impairments in articulation, language voice or fluency. While as communication disorder it impeded the performance. Abuse of the voice, by screaming, shouting and straining can damage the focal folds. Language disorder have multiple causes such as brain injury in condition like aphasia which interferes with language production, genetic causes shared by both the members of the immediate and extended family. (Smith, 2004) chronic otitis media, vocal nodules and carcinoma can also lead to voice problems teachers should notice, observe changes in children's voices, that are not associated with puberty, and refer appropriately to ear nose, throat, clinic or speech therapy clinic. The dimensions of language are phonology, morphology, syntax, semantics and pragmatics can also be impaired. Receptive language disorder may be common due to Bilingualism, twins relationship, (ideopaty language) occupational status of family, home emotional conflict, deafness, neurological impairment, motivation to speak and the therapists use behavioural observation, formal and non formal test, diary and tape recording method, to analyze and diagnose speech impairment. The therapy involves motor-kinetic method, visual tactile method, stimulation methods. Imitation, direct and indirect methods are utilized also to ensure therapy. However, assessment and diagnosis preempt planning, setting goals and reinforcement using operant conditioning and approach since appropriate communication. Parents and teachers should be able to identify children with speech disorders via noticeable signs and make necessary attempts to correct it, since children with speech disorder experience difficulties in the classroom and in verbal- symbolic subjects (reading language, arts and social studies) hence it requires appropriate early attention and remediation and cycle of friends can be used to remediate some of the speech problems in children.

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