

**Current Intervention Practices of Schools  
In Enhancing Adaptive Skills of  
Pupils With Intellectual Disability:**

**The Case of Selected Schools in Addis Ababa  
City  
Administration**

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## Abstract

This study focuses on current intervention practices of schools in enhancing adaptive skills of pupils with mental retardation at kokebetsibah, Belay Zeleke, Sibste Negasi primary school's special unit and integrated classrooms, and Yekatit 23 primary special school.

The subjects of the study are 41 teachers and 40 pupils with mental retardation. They were selected from the special unit and integrated classroom through random sampling techniques. Four data collection instruments, which are questionnaire, interview guide, observation checklist and document analysis used. In order to analysis the data, both quantitative (simple percentage) and qualitative analysis method were used.

The findings of the study shows that teachers from the special unit tries to assess current functioning level of the child with intellectual disability they give training personal independence skills of motor, social- personal, communication, self help and functional academic skills. For instance, they train to develop their motor skills through jumping, running by change speed and direction. The finding also indicates that currently, the intervention services of schools are with different human and material resource limitations and pupils in the integrated classroom are more deprived because of large class size, subject matter knowledge limitations of teachers, low family participation and late enrolment of the pupils with mental retardation. This study conclude that late enrolment of pupils with mental retardation, absence of assessment tools and professional support in the assessment process, low participation of family, limitations of resources and absence of continuous evaluation techniques of the progress of the child are the main determinant factors of educational intervention.

At last, this study recommended that upgrading of teachers professional competencies, increasing of parents participation, early involvement of children, support and cooperation of educational professionals are mandatory to enhance adaptive skills of pupils with intellectual disability.

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# Chapter One

## 1. Introduction

### 1.1 Background of the study

People with intellectual disability have observed officially in Greek and Rome before 1552 B.C. The society were considered them as a burden, parasitic, predatory class, never capable of learning and training to develop self-help skills or managing their own affairs (Heward, et al., 1988). Because of their beliefs and lack of awareness about the cause and nature of mental retardation, they were punish them excessively even to be beaten with animals (cats), food deprivation, locked them in a dark room, thrown in a forest and most of them were died. People's who took this action were rewarded for their efforts (Susan, et. al, 1980).

After a lot of painful slow process, discussion and struggle about the rights of individuals with different disabilities, a number of changes were made. For instance, during the beginning of 18<sup>th</sup> century, Itard had shown the training capacities of individuals with mental retardation with the methods of sensory stimulation, reinforcement principle and through the development of speech with imitation, and this practice influenced many of today's approaches (Susan, et al., 1980).

Children's with intellectual disability has a right to live and get quality education, and most of them have potentials to develop many skills, and have various developmental needs like any other children. Effective provision of educational instructions for children with mental retardation should design based on the cooperative assessment results of teachers, parents, school administrators, health workers and other concerned bodies, and the instruction must be individualized

(personalized) in accordance with on the individual's specific and divers needs (Heward, et al.,1988).

According to Kauffman (1988), the major educational aims of children's with mental retardation are to develop adaptive skills and enable them competent in their environment. However, the educational training requires modification of the curriculum, adaptation of instructional materials and methods, well-organized and conducive environment, small class size, cooperative effort of teachers, families, school administrators and individualized educational program.

The personality of the teacher and the child is another determinant factor for the effectiveness of instructions. Methods, which are effective for one teacher, may not be effective for another teacher, in the same way; instructional methods that are convenient and successful for one child may not be convenient for another child. That is way instructional objectives and instructional methods of pupils with mental retardation must be individualizing (Heward, et al., 1988).

Instructions for children with intellectual disability should connect with the real life experience of the child. Moreover, because of their intellectual limitations, the instruction provide with concrete examples, continuous revision of the lesson , least restrictive environment, demonstration, and small, broken down, sequential steps, with continuous evaluation of pupil's progress and modification of the curriculum(porter, 2002).

In Ethiopia, there are millions of people with various kinds of disabilities. However, very few (less) than one percent of the school age children with disability have access to education and the problem is series for these mentally retarded children. Teachers consider educational intervention of mentally retarded children as a charity service and an extra activity. Children were not get adequate assessment services when they enroll in

the school about their age appropriate skill gaps and residual potential, and have not the necessary preparation to address the needs of the pupils with mental retardation (Tirusew, 2005). Children's with mental retardation have not equal access to get quality education, the curriculum is not modified, to pupil's diversity, and they cannot get quality and continuous assessment services. Schools are not in the way of providing quality intervention to enable children's with intellectual disability have independent adult life (Tefera, 2006).

## ***1.2 Statement of the Problem***

Education of children with intellectual disability is not a charity service or an extra activity for schools program rather it is a fundamental human right. Many of mentally retarded children are mild mentally retarded and have the capacities to develop many skills that can help them to lead independent life and competent in their community.

They also contribute many things in the society and perform tasks (Popovich, 1981). Schools should design different supporting systems and teachers use a teaching method of sensory motor exercise to develop their adaptive skills, and the service should provide through the cooperative assessment results of current performance level of the child. The content of the curriculum also depends on the assessment results, and the need of the learners (Smith, et al., 1995).

In Ethiopian context, families are not much participatory on their children's education and have low expectation about the achievement of their children. Teachers and school administrators also consider teaching mentally retarded children as a charity service and an extra activity of the school, the intervention programs is not designed based on the needs of individuals, degree of mental retardation that the child

manifests, residual potential that the child have and with out measurable and specific objectives (MOE,2006).

The development of adaptive skills is the core issue to teach other academic areas for children with intellectual disability. But, the previous studies were not give much emphasis specifically on the development of adaptive skills and schools are not in the way of helping mentally retarded children to have independent adult life (Timinit,2006 &Yohanes,2005).

Therefore, the central aim of this study is to assess the current intervention practices of schools in enhancing adaptive skills of pupils with intellectual disability based on the following research question.

1. How do teachers identify age appropriate skill gaps of children with intellectual disability?
2. What are the contents of intervention for children with intellectual disability?
3. How do teachers design and implement support systems to enhance adaptive skills of children with intellectual disability?
4. Do teachers have competences to support children with intellectual disability?
5. What school support system exists currently to help children with intellectual disability?
6. How do teachers evaluate the effectiveness of their instructional interventions and the progress of the pupils with intellectual disability?

### **1.3 Significance of the Study**

Children with intellectual disability have significant limitations in present function of adaptive skills and the instruction should begins with assessment of current functioning level of the learners on sensory and motor skills, speech and language, daily living skills, socialization and

environmental use skills to acquire other academic or vocational skills (GearHeart, et al., 1988).

The objectives of instructional interventions should direct at areas that are critical to successful adaptation by considering various developmental stages of the learners. However, children's with intellectual disability have specific and diversified needs and single instructional method may not address their needs rather with an individualized instructional program (IEP) by developing together with teachers, parents, the learner them selves and other concerned bodies who have ample information about the learner's and knowledge of special need education (Hewardet,al.,1988 and Nilsen, 1997).

Accordingly, the type of instructional intervention depends on the degree of intellectual disability that the child manifests, residual potential that the child have and their educational needs. Life centered career education should get priority with intensive and systematic instructions to enable them personal independence (GearHeart, et al., 1988).Thus, studying the current intervention practices of schools in enhancing adaptive skills of pupils with intellectual disability has the following importance.

- It may provide improvements on the instructional intervention systems of schools to make personal independence of children with intellectual disability.
- It may contribute to show the advocated principles of how to develop individualized instructional programs.
- It may increase the cooperative efforts of families, teachers, educational officials and other concerned bodies.
- It may provide suggestions for concerned authorities about the gaps to achieve EFA goals.
- Contribute to further in-depth research work on this area.

## **1.4 Delimitation of the study**

A research on current intervention practices of schools in enhancing adaptive skills of pupils with intellectual disability needs to see different variables and data from different sources. However, to make the study manageable in relation to time constraint and to see the problem in detail, the study was delimited as follows.

- The study was delimited to four elementary school's special unit classes and two integrated classrooms in Addis Ababa city administration.
- The study was delimited to the investigation of current intervention practices of schools in enhancing adaptive skills of (motor, communication, social-personal, self-care, daily living and functional academic skills).

## **1.5 Limitation of the study**

Absence of sufficient previous researches and standardized test on adaptive skills, carelessness and unwillingness of respondents to fill and participate in the study, regular absenteeism of pupils who were included in the study are some of the limitations. Moreover, lack of well-organized records to assess the trends of date of entry in the school, repetition, dropout, integration rate at each year are also potential limitations of this study.

## **1.6 Definition of operational terms**

**Adaptive skills:** Is the ability (effectiveness) of individual's to accommodate on social, Personal and environmental factors to meet their needs in his/her cultural group by adapting new situations. It is also an important index to assess children with intellectual disability or with other difficulties by considering age appropriate skills in that culture and community (Singh, s.k., 2004).

**Assessment:** Is a formative evaluation of current functioning level and age appropriate skill gaps of individual's with intellectual disability through the participation of teachers, families, special need educators, educational officials(school directors),health service providers etc with the intention of designing of appropriate instructional program based on the unique needs of each individual(Corsini,1999).

**Mental retardation:** refers a substantial limitation in present functioning. It is characterized by significantly sub-average general limitation of intellectual functioning existing concurrently with deficit in two or more of adaptive skills areas (communication, self-care, home living ,social skill, community use, health and work) and manifested before age 18(LUckasson,1992,cited in David ,1997).

**Individualized educational program (IEP):** Is a special type of educational program designed for every individual based on current performance level and required skills. It is highly flexible and participatory based on continuous assessment results and specific needs of the pupils with mental retardation through adaptation of the curriculum, teaching strategies, and the content of the instruction and adaptation of teaching aid material

**Special education:** Is school services and instructions provide to children with unique and diversified needs such as perceptual deficits, minimal brain dysfunction, blindness, deafness, mental retardation etc that requires adaptation of the school environment and modified curriculum, adapted teaching aid materials ,learner based and participatory teaching learning process.

## **1.7 Organization of the study**

The study was categorized in to six chapters. The first chapter deals with background of the study, in the second chapter literature review were presented. The third chapter presents methodology of the study; the fourth chapter contains findings of the study and chapter five presents discussion of the study. Chapter six presents summary of the major findings, conclusion and recommendations. Finally, bibliography and sample of data collection tools were annexed.

## **Chapter Two**

### **2. Review of Related Literature**

#### **2.1. General Overview of intellectual disability**

Historically, Peoples with intellectual disability have been observed officially in Greek and Rome before 1552 B.C. Individuals with disabilities and their families passed many painful slow process. They were extremely abused, neglected, punished, even beaten with cats, isolated from the community life, locked in the dark room and food deprivations were the main practices of the time (Susan, et al., 1980).

The attitude and believes of the society about mentally retarded people were some times feared, considered them as a burden, parasitic, predatory class, never capable of learning and training to develop self help skills or managing their own affairs. They also described them with different terms such as idiot, moron, fools, imbecile, feeble minded-mentally defective etc (Geerheart, et al., 1996).

Because of the society's lack of awareness about the cause and nature of mental retardation, people with mental retardation were excluded from the Community life many places in the world and were not get a chance to develop their adaptive skills to lead independent life (Williams,1991).

After many discussions and straggles about the rights of the people with different disabilities, at the beginning of 18<sup>th</sup> century, Itared had started to train a 12-year wild boy he called 'Victor' with the methods of sensory stimulation, reinforcement and through the development of speech. This practice influences many of today's approaches and starting from that time, straggles were made and leads to the diagnosis and classification of people with disabilities, and the era of "concern for all children" were arise (Susan, et al.,1980)

Intellectual disability has been part of the human history. It is not a sudden appearance in all society all over the world. So, if mental retardation is a reality and always with in the society, designing effective educational strategy that can help them to lead independent adult life and/ or to support themselves on their daily routine activities is, the right mechanism.

Pupils with intellectual disability can learn and adapt many skills that can help them to perform many routine activities in their daily life. Nevertheless, the education program needs many modifications of the curriculum, classroom setting, teacher's professional competency, teaching methodology and classroom size in order to train them effectively. Those children have unique and diversified developmental needs like any other children.

To address their demands, educational programs should designed individually to accommodate the needs of all children based on their current functioning level assessment results of degree of mental retardation, communication skills, fine and gross motor skills, daily living skills, basic academic skills and these results should reflected in the pupil's individualized educational program (IEP). The decision of instructional program should include the assessment groups and the child with mental retardation them selves (Gearheart, et al., 1996 and Roffey, 2001).

According to Taylor (1995), instruction effectiveness depends on the quality of the curriculum, the training methods employed in implementing the designed curriculum, the personality of the teacher, the child's motivation, degree of family support and other resource factors are considered. Nevertheless, especially, in developing countries, the curriculum is not modified based on residual potential and their age appropriate skill gasps of the learners, teachers, school administrators

and families have low expectation about the achievement of those children, schools have not measurable and specific objective and not give attention on the development of adaptive skills. Because of these and other related factors, mentally retarded children cannot get the right educational service at the right time and they cannot get a chance to develop their adaptive skills to lead independent life ( MOE, 2006 ).

In Ethiopia, there are millions of people with various kinds of disabilities. However, very few(less) than one percent of the school age children with disabilities have access to education and the problem is series for these mentally retarded children. Teachers and schools administrators as well as educational officials considered educational service for children with disabilities as a charity service, an extra activity and a burden for the school (Tirusew, 2005, Tefera, 2006, MOE, 2006 and Tewodros, 2004).

Assessment results of adaptive skill is an important index to know whether the child is mentally retarded or not and the degree of his /her retardation(Kaffman,1988). However, in Ethiopian context, children are not assessed to identify their skill gaps, families are not enrolled their children with disability at the earl age and there is not an IQ test to compare adaptive skill assessment results. Generally, children's with mental retardation need additional resource, time, revision, professionals who works co-operatively in the assessment process, educational program development and instructional activity.

### **2.1.1 Definition of intellectual disability**

A number of significant changes have been made in the definition of mental retardation. It was also understood differently across various cultures, periods as well as among different scholars. The variation or absence of uniformity in the definition and common perceptions held around it.

Because of this, the definition were revised a number of times in this century (kauffman, et al., 1988). But, most of the revised definition have many similarities that were focus on difficulties of children to learn, some also referred limitations in every day behavior to function independently, others stressed a certain age by which mental retardation have begun (Smith and Luckasson,1995).

The ninth edition of manual of the American Association on mental retardation (AAMR), as cited in Smith and Luckasson (1995),defined mental retardation as; a substantial limitations in present functioning characterized by significantly sub average intellectual function existing concurrently with related limitations in two or more of the following applicable adaptive skill areas. These skills are communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work, and is manifested before age 18.

This definition gives more emphasis on the relation between the individual and his/her environment in a given community and indicates that, assessment of mental retardation should give much consideration on the cultural and linguistic diversities of individuals, this is because, the existence of the skill of individuals with mental retardation is vary in the context of the community. Moreover, the expected skills, knowledge and social competences of individuals in a given age level can vary from culture to culture and community to community.

Another scholar Edgar Doll as cited in Smith(1995) were proposed another definition of mental retardation with six criteria's which include that the person with mental retardation have assign of 1/ social incompetences,2/ due to mental sub normality 3/ mental ability that is developmentally arrested, 4/ is acquired before maturity, 5/ is constitutional originated and is essentially incurable. This definition give

more emphasis on, mental deficiency is a set of social in competency which is resulting from developmental mental arrest of constitutional and the condition is incurable through treatment or unremediable to training except temporary compensation. However, there are many experiences and evidences that can show mentally retarded children can develop many skills thorough effective training and treatment especially when the program can start in the early age with continuous assessment. In this case, Doll's definition has its own limitations (Smith, 1995).

The social definition of intellectual disability is also focus on social competencies of an individual around his/her environment. According to Mercer, 1973 as cited in (Smith and Luckasson, 1995), mental retardation is the role associated with the social competences or fulfillments of an individual in his/her community or the role of the individual or more of the social system in which he/she participate.

### **2.1.2. Adaptive skills**

Adaptive skill is the effectiveness or the degree which individuals can meet the standards of personal independence and social responsibility expected for age and cultural group to respond effectively personal, social and culture requirements. Peoples with mental retardation have two or more adaptive skill limitations and it is the core issue of any educational program the educational provision should give more emphasis to develop their adaptive (Gearheart, et al., 1996).

Adaptive behavior was refined into ten specific adaptive skill areas. Which are Motor skills, Communication, Social, Self care, Home living, Community use, Self directions, Health and safety, Functional academic skills Leisure time use and Vocational/work/ skills (AAMR, 1992)

People with intellectual disability have much social incompetence because of their adaptive skills limitation and the society can exclude them because of their limitations. So, to become social competent in any activity, mentally retarded children should get effective and individualized educational instruction (Smith, et al., 1995).

### **2.1.3. Assessment of Adaptive skills of pupils with intellectual disability**

The major reason of assessment of adaptive skills of pupils with intellectual disability is to identify the current functioning level of the child and to design the appropriate educational program for identified skill gaps. It is a determination of what the child can and cannot do, and a determination of what skills is critical to improving the child's in current and potential future environment. However, to take as a basis of intervention, the assessment process should be continuous and with the cooperative effort of teachers, families, health workers, speech therapies, special need educators, care givers, educational professionals, governmental and non-governmental organizations and the child themselves (Smith, et al., 1995 and Orelove, et al.,1987).

The above mentioned multidisciplinary assessment team should made intensive assessment of age appropriate skill gaps of the learners before starting any training or instruction on the following skill areas.

**1) Assessment of gross motor skills:-**Assessment is done for the purpose of overall evaluation of the student's current functioning level of motor abilities and used to determine a starting point to design instructions and to monitor progress of the pupil's and to make decisions on possible changes in the instruction. Assessment of gross motor skill mainly focus on abilities of standing and sting freely, walking, jumping, running, catching objects with both hands, pulling and pushing abilities of the child.

**2) Assessment of fine motor skills :-** The child's ability on using his/her fingers properly and grasping objects, cut different shapes from paper with a scissor, drawing simple figure(polygon), painting, folding of paper and other skills should be assessed as a base line data. Based on the age appropriate functional skill inventories, individualized instructional program should be designed.

**3) Assessment of -Social- Personal skills:-** deficits on Social skill or social ability is one of the recognized characteristics of children with mental retardation and most of them are behaved below their peers of non-mentally retarded children(Gearheart, et al.,1988). In this condition, the multidisciplinary team should assess the child's experience of social responsibility and ability of showing concern about the problem of others, sharing of toys with their peers, waiting turns on playing , showing respect for elders, greeting or introducing them selves to others and other appropriate Skill gaps (Kauffman, et al., 1988).

**4) Assessment of Communication skills:-**According to Orelove and Sobsey (1987), there are a number of communication modes like vocal, gestural, and symbolic modes. These modes of communication taken as alternatives for children with mental retardation. In this condition, the assessment group should see the skill gaps of the above alternatives before introducing for other training program. The assessment group should give emphasis on the child's abilities of understanding and recognition of words, abilities of following instructions, understanding of directions, stories, performing simple commands, time concept, production of real sound etc ( Gearheart,et,al,1988 andBerit,2001).

**5) Assessment of Eating and drinking skills:** -Basic self feeding skills include handling food with fingers, drinking from a cup, eating with a spoon, feeding with utensils, table manner, serving food and food preparation, drinking skills by using different size glass are considered

as eating and drinking skills. However, in the case of children's with intellectual disability; a number of skills are delayed from their age groups. In this case, the assessment team should identify age appropriate skill gaps and residual potentials intensively, and designing of individualized instructional program should based on the assessment results (Orelove, et al., 1987).

**6) Assessment of Toileting skills:** - The ability of the child to perform toilet function in appropriate time and place affected by psychological or/and physiological abnormality. Toilet function requires knowledge of managing clothes during toile use, choosing appropriate place, managing (controlling toilet use until appropriate time and place is available).

However, for children's with mental retardation, there are pronounced toileting skill deficits because of their intellectual limitation, dalliance of motor development and other difficulties and it shares much time of families and caregivers, It is also a determinant factor in social competences and in the mainstreaming process. Therefore, the assessment group should examine the child's current ability level of toilet function of the above-mentioned pillars of skills.

**7) Assessment of Dressing skills:-** According to Orelove and Sobsey(1987),dressing skill requires relatively sophisticated and coordinated movement of almost every part of the body. Even for children with in normal development pattern, up to 5 years age is dependent with others. In this condition, the assessment team should take the age of the children in to consideration during the assessment process. They should focus on dressing undressing skills of different size clothes, abilities on putting shoes on correct feet and ties, open and close buttons skills.

**8) Grooming skills:-** The child's ability of taking care of their own hygiene and appearance is determinant factor for peer relation of the child and social acceptance. The assessment group focus on neatness,

abilities to wash hands, face, hair, abilities to take bath independently comb hairs by applying oil, cutting and cleaning finger nails and ability of taker of them selves from sharp objects are the core skills in the assessment process.

Generally, assessment is teamwork and it is the best mechanism to see the target area in order to develop the right instructional service for the right person with out wastage of much resources. So, in order to develop adaptive skills of children with mental retardation, families, caregivers, school society's and other concerned bodies should give priorities for the assessment service.

#### **2.1.4 Educational Placement of children with intellectual disability.**

The educational provision of schools for children's with intellectual disability in the previous time limited in segregated self-contained class. Now a days, this ways of segregated educational provision in the way of changing their system to integrated classroom. Children with mental retardation are now spending their school day with supplemental instructional provision by a resource teacher.

However, children's with intellectual disability who were integrated in the regular classroom faced many problems, like Absence of individualized educational program (IEP), Absence of social acceptance or peer rejection, low attention to develop adaptive skills and the classroom teacher mostly focus on academic areas. In addition to this, large skills designed in the instruction are not broken down based on the residual potential of the child, low professional competences of teachers and absence of continuous assessment about the child's current performance level, which is very important information to indicate where instruction should begin (Roffe, 2001).

Generally, before making a decision about the educational placement of mentally retarded children, assessment should be made about teacher's professional competences the capacity to teach mentally retarded children in the inclusive class room, skill gaps of the learners, the learners degree of retardation, physical environment of the school, and other factors should taken into consideration (Heward, et al., 1988).

Most of mentally retarded children are in the range of mild mentally retardation and these groups can learn many skills and beneficial from schooling. In addition to these groups, any level of mentally retarded children can learn many skills that can help them to live independently and to participate in the communities through adaptation, assimilation and accommodation instructional methods.

Moreover, teaching intellectually challenged children should start in the early age with sensory motor stimulation (Heward, et al., 1988). However, the effectiveness of instruction determined by the child's degree of retardation, teacher's expectation and professional competences, teaching methodology, family's participation and age of the students. To reduce the factors that can determine the effectiveness of the instruction, the program must be participatory, make the instruction individualized, develop teacher's professional competency and provide the instruction in list restrictive environment.

### **2.1.5 Individualized educational program for pupils**

#### **With intellectual disability**

Intellectually disabled children have diverse and specific needs that requires individualized (personalized) educational program (IEP) with the cooperative efforts of teachers, families, special need educators, school directors, health workers(like speech therapists, physiotherapists,). it contains, results of current performance level of

the child, the name of the case manager ,short term objectives, extent of the child's participation in regular classroom, projected date for initiation and termination of services, methods, frequency and expected duration of the service and evaluation procedure are included (Kauffman, et al.,1988).

## **2.2. Suggestions on the training of children with intellectual disability**

According to Gearheart, et al. (1988),.Teachers, families, caregivers or other service provider in the education of children with mental retardation should use the following mechanisms to train adaptive skills.

### **1) Build Motivations to learn in all possible ways**

Teachers of mentally retarded children should motivate their students always by using specific reward systems, relating learning situations to the students known area of interest

### **2) Be aware about the child's residual potential to new learning**

Teachers of intellectually disabled children should assess the skill gaps of the learners before developing the instructional program. Implementation of Instructional programs without the consideration of the prerequisite skills can be a case for frustration, drop out and low self-esteem of the learners.

### **3) Use Concrete instruction and examples than abstract content**

Educational service provider of mentally retarded children should modify the content to the real life situation of the learners. Using concrete examples rather abstract ideas to increase the rate of learning and stabilize more. For example, it is better to ask, "How many bread I have, if I have five breads in my left hand and three in my right hand"? At this

time, students can visualize the situations and learning can be permanent.

#### **4) Make maximum use of group experiences as a vehicle for learning**

Teachers of pupils with intellectual disability should motivate student's in-group activity, because they can learn new and basic skills from their interaction and oral communication of daily activities. In this case, teachers of pupils with mental retardation should give more emphasis for group experience to share new concepts and skills.

#### **5) Be Alert in the abilities to generalize and Conceptualize skills**

Students with intellectual disability have limitations in generalization and Conceptualization of skills they learn in a new situation, but the major aim of all educational programs is not teaching skills for limited situation rather to apply in other areas in their environment that is the most important components of learning. In this case, teachers of mentally retarded children should help the learners to generalize and conceptualize the specific instruction by broken down the contents in to smaller units and with the use of teaching aid material and based on their previous experience.

#### **6) Use variety of Techniques to simplify the learning tasks**

Reducing distractions in learning environment, provision of review that is more frequent and Simplified instructions, introduction of new vocabulary /concepts/ before initiating new assignments, assigning of tasks in smaller clusters by using pictures, arrows or other appropriate teaching aid materials based on the nature of the subject matter are some of the methods to simplify the instructions.

## **2.3. Instructional Methods of pupils with intellectual disability**

According to Heward, et al., (1988), most children (80 to 85%) are educable mentally retarded and most of them can benefited from appropriate educational instructions.

The steps that can be applicable in the instruction of adaptive skills of pupils with instruction are, specify exactly what skills or behaviors of pupils with mental retardation to acquire, large skills should be broken down in to small sequential sub skills. Continuous evaluation at each step and immediate feed back for the learners, individualized instructional program, giving of emphasis on learners current performance level, age appropriate skill gaps and their interests.

### **2.3.1 Training methods for motor skill development.**

Children's with out intellectual disability but who may not use their body or motor parts coordinately can compensate impairment with their intellectual ability. Nevertheless, in the case of children's with mental retardation, they lack intellectual ability and difficulties in their physiological appearance can affect their independency more and cannot compensate with intellectual ability.

In this condition, provision of appropriate motor training for pupils with mental retardation is a good mechanism to maximize their effectiveness or the degree which individuals can meet the standards of personal independence and social responsibility expected for age and cultural group in their community (Orlove and Sobsey, 1987).

Biologically, gross motor skills of individuals develop first and children perform easily general movement like, jumping, walking and try to running. Children's with mental retardation learn fine motor skills next

to the development of gross motor skills. Teacher, families and/ or caregivers should know the prior knowledge to teach fine motor skills. This is because, teaching one skill with out the consideration of the prior knowledge discourage the child, decrease the rate of acquiring the desired skill, and a case for other deformity and wastage of resources (Porte, 2002).Instructional methods used to teach specific gross and fine motor skills discussed below.

### **1) Training methods of Gross motor skills.**

According to Porter (2002), Children with intellectual disability learn motor skills in the same developmental sequence as non-retarded children but at a delayed rate of acquiring skills. The instruction or training of gross motor development should start at early age from birth to six years of age to prevent or minimize physical limitation of the child and a means to develop incidental learning and positive self-image. Teachers of mentally retarded children should aware about the sequential steps about the acquisition of a particular motor skill development.

Use of large parts of the body (arms, legs, back and chest) are gross motor skills. In this case, when the child gains appropriate training to develop large motor parts of the body in the early age, by spending more time systematically, they will be able to support themselves to explore their environment, to function and live independently.

To teach gross motor skills effectively, teachers of children with mental retardation should start with large objects to train and reduce the size, start with square objects than other shapes, make the object handle size.

## **2) Training methods of fine motor skills.**

Training activities of fine motor skill should provide based on the prior knowledge of gross motor skills. The child should get appropriate training on fine motor skills to handle pen or pencil properly, to use his/her fingers to eat independently, to develop eye hand coordination, to handle a pair of scissors and cut different shapes from paper or cloth, ties his/her shoes through direct participation and motivation techniques.

### **2.3.2 Training methods of Communication skills.**

Communication is a common problem even for children in normal development rate and a key factor, and has a central role for exchanging of information, ideas, needs and desires of individuals. Skill gaps of individuals in communication needs a strong focus with specific program at early age, because, it is the most determinate factor in human development and behavior through out life, and acquiring of language is the most remarkable achievement of humans to become a social being (Roffey,2001).

In a normal condition, children have a capacity to recognize some words and different tones of voice can respond to a few words and practice sound production at the age of 6-9 months. However, in the case of children with mentally retardation, language development delay is based on the child's degree of retardation, motivation and early intervention services (porter, 2002).

According to Susan (1980), children with sever communication problem is the sign of severe retardation and those children need effective instructional strategies to learn speech and language systems at early age. Developing communication skill is a very vital component of intervention and a basic skill for quality human life as well as the

success of the educational process. It is also a mechanism for pupils with mental retardation to decrease the isolation of individuals from the social activity in their community.

Children's with communication skills impairment should learn skills in verbalizing (expressive) language and skills in understanding spoken language (receptive language). Some of the methods are mentioned below.

### **1) Training Methods of receptive communication skills.**

Primarily, information from outside stimulus (from the environment) decode through the auditory and visual channels and understood before the production of sound to give responses to the stimuli. This indicates that, humans are developing understanding of language before the development or the production of sound. They learn to attend to human vocal sounds and to distinguish different kinds of sound. In this process, they can try to attach meanings to certain combinations of sounds and their understanding of language capacity will develop. Gradually, they learn to produce sound and speak out to communicate the stimuli.

Receptive language ability understands of ideas through different means of communication like spoken or sign language and from written materials (Roffey, 2001). In a normal condition, around 10 months of age, children can understand some words they heard and the ability of receptive language function is continues to exceed to develop quantitatively and qualitatively to use in a spoken language (Susan, 1980, and Porter, 2002).

The child with normal receptive language skills development, he/she can perform what we order to perform. For example, if we ask a child to touch his/her ear; he/she can perform the required task.

The methods to develop the receptive language capacity of children with mental retardation are arrangement of instructions in the way of good

Verbal and non-verbal communication and associating language with experience (visual, auditory, tactile, pictures, movies and real objects),

Assessment of language skills before try to teach new skills with early stimulation, keep verbalization very simple and consistently use the same words until he/she understood and connect the meaning with the real situation and until the level of generalization (Roffey, 2001).

## **2) Training methods of expressive communication**

### **skills**

Many children with mental retardation who can understand language have limitations to express them selves in word, have poor auditory perception, Have difficulties to construct even simple sentences; they also have difficulties to express their ideas through reading from printed materials because of their intellectual limitation, have difficulties to understand the structure of words and letters. Generally, most of mentally retarded children's sound production is difficult to understand by others (Porter, 2002).

According to Porter (2002), pupils with mental retardation clearly have speech disorders like Substitution, distortion of certain speech sound omission and addition of sounds. Some of the methods used to train expressive communication skills below discussed.

### **A) Providing a language rich environment**

Students with mental retardation who have expressive language delay can improve their language use when they interact in a language rich environment in the early childhood and this kind of environment allowing them to associate language with the context to their real life situation (porter, 2002).

## **B) Incorporate play in to language learning**

Children's with mental retardation have a need to express their feelings, wants and their desires without the push of external forces (Heward, et al., 1988). However, they have limitations to perform this complex system of language use. To motivate the child intrinsically, teachers should use play activities as an integral part of language development program. Peers interaction through playing allows children to use the various types of language; the child can practice enjoyable activities by repeating common words and phrases in the song. Through experience, they can express their own thoughts.

Teachers of mentally retarded children should use short sentences and clear words which are related to their life experience, motivate them to imitate the rhythm of the song(words) carefully and train parents/care givers who have a daily contact with the child to help them in their home. More over, putting of colored objects in front of the child, and point to the object say "look at this" if the child perform the task correctly, reward immediately, but , if the child cannot react make closer the object towards the child or help for physical adjustment( Roffey,2001).

### **2.3.3 Instructional methods for social-personal skills development**

Social competency or social skill helps to attain important social outcomes such as peer group acceptance, positive judgments by significant others, academic competence, positive self-concept, and good psychological adjustment. This skill can develop through observation, modeling, and rehearsal and affected by the condition of the environment that the child lives.

In social skill training, make conversation with the child and asking questions to make the training two-way communication, make him to

introduce for others, teach the child to ask permission to do some thing or to go out from the class room, advice him/her to play with his/her peers by sharing toys and by waiting their turns.

Teachers of pupils with mental retardation who teaches personal social skills should focus on the areas achieving of self awareness, to acquire self confidence, achieving socially responsible behavior, a maintain good interpersonal skills, achieving independence, develop the ability of adequate decision making communication skills with others are the care domains in the personal-social skill domains (Gearherat, et al., 1996).

#### **2.3.4. Training methods of daily living skills development.**

Daily living skills are survival skills, which are routine activities that can consider as a determinant factor on the individual's personal quality. The major instructional programs of children with mental retardation should give emphasis to enhance their independent living skills. This is because when a child with mental retardation can not function toilet independently, limitations of dressing skills difficulties to eat independently and limitations to prepare simple foods, the child can face difficulties to survive ,they can be rejected by their peers and as well as from the society.

To reduce the problem, educational programs should give more attention to enhance adaptive skills of pupils with mental retardation. (Smith, et al.,1995 ).

Teachers, care givers, families and other bodies who works with intellectually disabled children should following the steps of assessing current functioning level of the child , define the skills to be taught , Arrange the sequence of learning objectives, promoting responses of the child, reinforce responses, promoting generalization of skill uses in other situation and Continuous evaluation of students progress. Based on the

base line data of assessment results, instructional programs should be designed and train the flowing daily living skills.

### **1) Training methods of eating and drinking skills**

Age appropriate eating and drinking skill gaps may arise from abnormalities of muscle tones (motor impairment), low motivation, reflex patterns, food texture, types and sizes of utensils used, noise and disruption in the dining area can be the main case that can hinder or reduce to perform independently. In this condition, teachers of students with mental retardation or care givers/families should assess difficulty areas that can be a problem for the child before starting any training. However, difficulties may vary from individual to individual and training program should design individually in order to address the needs of each child.

According to Orelove and Sobsey (1988), the training methods of eating and drinking skills described below.

#### **A) Modifying positioning of the child**

The optimal positioning for proper eating varies form child to child. However, certain principles are remaining constant. Teachers, families or/ and care giver should sit the child stable on the chair with the support of rest the elbow on the table and foot supports at the appropriate height. Avoid too much support in order to reducing discourage of independency, make relax and avoid fatigue, sit with nearly symmetrical position, in this condition, the majority can eat properly. Nevertheless, the position is independent with each individual degree of difficulties and deviation of physiological appearance.

## **B) Modifying the food for the child**

Selection of food items for children with intellectual disability needs careful attention. The texture of the food can be a determinant factor to develop the child's oral structure, adaptation of the tooth to eat different solid foods and the training should start at early age. Some important points that considered in food modification are like avoiding of foods that contain solid and liquid components, avoiding of hot or cold foods and provide with moderate temperature and continues evaluation of independent eating can be a base for modifying the training.

## **C) Modifying utensils/spoons**

Modified utensils (materials) that can be used to eating or drinking purpose are extremely useful to many children with mental retardation to train independent eating skills together with other interventions. The cups that can be used to drink liquid(water, tea, juice...) should allow drinking with out the rim hits against the child's nose and should be usable and easy without much tipped back of the head.

Teachers, families and caregivers should understand cups or glass with inappropriate size could be a case for infantile suck-swallow patterns, disabilities of choke and gag. The cup or the glass should be clear and the child can see the liquid in it. This can help the child to see the remaining liquid in the cup/glass and to make the position appropriate. The spoons also should be with appropriate size and insulated to avoid hot stimuli.

## **D) Modifying feeding schedules**

Choosing the best time and places to teach eating skills is very important. Frequent but small meals can be a means for faster acquisition of eating skills than three meals per day. Teachers, families and caregivers also use quite times and place for better acquisition of

eating skills. In addition to this, using a new environment, new tastes and new texture of food items is much preferable.

### **E) Providing physical assistance**

Physical assistance, especially head and jaw control is an important physiological part of eating skill. Teachers, special need educators, families and care givers should use physical assistance mechanisms like, Placing the child on appropriate position( balance), Motivate the child to control his/her jaw with the non dominant hand and feed with the dominant hand and Help the child to move his/her tang appropriately.

### **2) Training methods of toileting skills.**

According to Roffey (2001), particularly toileting skill is one of the most important daily living that performs by each individual every day for a life time. In this case, training independent toileting skills for pupils with mental retardation can reduce/ avoid) much time and energy from parents, teachers and caregivers. It can also create good perception of others about the child's personal hygiene and his/her social competence to learn and train together with their peers.

In a normal development, children's at 10 month can indicate when wet or soiled and regular of bowel movement up to their first years. They can sit on toilet sit when placed with help, have regular urination, indicates needs to go to toilet and develop urination control up to two years age. Moreover, they become independent 4-5 years to perform toilet together with appropriate clothing.

Before training the child to function independent toilet activities, assessments on ability to sit properly on the toilet sit, physiological (physical) impairment, flushing after use, clothing, washing hands and related age appropriate skill gaps should be identified. Some of the

methods to train independent toilet functions are like, helping the child to know the toilet place, and directing to sit on the toilet seat and gives praise for effective performance are very important.

Furthermore, directing the child to flush after use by pulling his/her hand at the back and check for dry pants every 5 minutes and guide them to wash their hands after using toilet until he/she master and considered as a daily activity is essential ( Heward, et al., 1988).

### **3) Training methods of dressing skills**

Dressing skill requires relatively sophisticated and coordinated movements of almost every parts of the body. Even, a non-hand caped child may have difficulties to perform simple dressing skills around the first years of age and he/she cannot perform complete clothing tasks before 5 years. Teachers, parents or caregivers should identify age appropriate skill gaps and design strategies for individual children with systematic and individualized instruction.

In addition to modification of the instructions, choosing favorable cloth of the child, figures or other printed signs on the cloth which can be used to indicate the back and front part of the cloth, comfortable size that can facilitate to acquire wearing skills and used to develop positive self image of the child ( Orelove and sobsey, 1988).

### **4) Training methods of grooming skills**

Adaptive behaviors like washing of hands and face with soap, wipes face with towels after washing, brushes teeth, take bath and dries self, etc are grooming skills. To train the above-mentioned skills in the intended rate and quality, teachers, families or/and caregivers should design their instruction in to smaller, sequential and highly organized ways (Harrie, et al., 1993).

Teachers should be aware that children with mental retardation can learn with imitation or with insight from their environment. They acquire many skills from positive social interaction of their peers in their community. In this case, teachers should design conducive environment to develop the grooming skills of the pupils with mental retardation with imitation or modeling.

### **2.3.5 Instructional methods of functional academic skills**

The provision of quality education for pupils with intellectual disability can be considered as preventive, remedial and compensatory services. This is because, when a child can get appropriate instruction and support at the right time, with right professionals, the progress of possible problems can be reduced from becoming serious, effective instruction is also a means to overcome disabilities. For instance, if a child with mental retardation can get training on the exchange of money, managing of finance, buying of goods from shop, he/she can develop new ways of doing things and can generalize the acquired skills for other situations.

#### **1) Instructional methods of Functional reading**

Reading is a single most important skill taught in school that needs the motivation, interests and normal sensory-coordination of the pupil. It is an essential tool to teach other subject matters or skills. Reading starts primarily with visual recognition of words and giving a meaning and acquiring information concerning any subject.

According to Porter (2001), pupils with mental retardation have a problem to associate words with appropriate objects, and process. For instance, they may learn the meaning and spelling of "river" but, they have a problem to associate the word river to the meaning of the real river. In this case, teachers should teach them with demonstration, direct participation, concrete and simple to complex sequences.

They also help the learners to know the smallest linguistic units (phonemes) first like A,B,C,D,E etc and the combination of letters (word)like boy, girl, cup and steps to sound and sound combinations of letters. This understanding of language form at the first stage can improve their writing, reading, speaking and generally their communication abilities (Popovich, 1997).

## **2) Methods in teaching functional Writing:**

According to Bruce (2006), writing skills requires physiological readiness of gross and fine motor abilities of the child. It is a power full communication method and teachers of mentally retarded children or other supporters of the child should train them to write different words, letter, and about their environment by using different colors or painting materials through positive reinforcement methods.

## **3) Methods in teaching functional Arithmetic skills**

Numbers are abstract things that pupils with mental retardation cannot understand easily. In this case, teachers of pupils with mental retardation first assessed their qualitative and quantitative arithmetic concepts and the instruction should start with the concept of qualitative arithmetic skills like greater, smaller, longer, more less, after, before and so on (Smith, et al.,1994).

## **2.4 Families participation in the education of children with intellectual disability**

Parents are the primary responsible person about their child's care and development whether they are married, separated or divorced. Moreover, they have ample information about their child's diversified and specific needs, have more time and opportunities to observe, and train the child (Roffey, 2001).

However, from the previous experience, parents are withdraw from their children's school, because of their believes that teachers and administrators are more professional to treat their children .On the other hand teachers and administrators not giving opportunities to participate in the assessment process, goal setting, development of instructional programs and in the evaluation process of their children's achievement (Harry, 1999).

## Chapter Three

### 3. Method of the Study

#### 3.1 Research Design

The major aim of this study is to assess the current intervention practices of schools in enhancing adaptive skills of children with mental retardation in Addis Ababa city administration through survey research methods. The use of survey method is well supported by Robson (2002) and stated that data can be collected with standard form from a relatively large number of individuals.

#### 3.2 Research site of the study

The study was conducted in Addis Ababa city administration at four governmental primary schools. There are 11 special unit classes for children with mental retardation in the city. The specific site of this study is Kokebetsibah primary school in Yeka sub city kebele 08/15, Sibste Negasi primary school in Nifas Silk Lofto sub city kebele 11, Belay Zeleke primary school in Gulele sub city and Yekatit 23 Primary special school in Addis Ketema sub city Kebele 13/14.

#### 3.3 Sample of the Study

**Table 1: Sub cities, Kebeles, corresponding schools and subjects of the study**

No	Sub city	Kebele	Schools	Participants					
				Teachers			pupils		
				M	F	T	M	F	T
1	Yeka	08/15	Kokebetsibah	6	13	19	8	5	13
2	Gulele	09/15	Belay Zelek	3	8	11	8	2	10
3	Addis ketema	13/14	Yekatit 23	2	5	7	7	3	10
4	Nifas Silk Lafto	11	Sibste Negasi	-	4	4	5	2	7
Total				11	30	41	28	12	40

For administering the questionnaire and interview, stratified random sampling techniques were employed. As mentioned in the above table the sample schools were four primary schools that are Kokebe tsibah, Yekatiti 23, Belay Zeleke and Sibste Negasi in Addis Ababa city administration. In this study, 41 teachers, 11 males and 30 females, 40 pupils, 28 males and 12 females of children with mental retardation from the special unit and integrated classrooms were included.

### **3.4 Data Gathering Instruments**

The anticipated data were obtained from both primary and secondary sources. The data were gathered through questionnaire, interview by using semi-Structured interview guides, document analysis and observation check list with the help of recording instruments.

#### **3.4.1 The Questionnaire**

A structured questionnaire, which contain list of adaptive skill areas (motor skills, social -personal skills, communication skills, daily living skills and functional academic skills) were included based on the research problems of the study for teachers who teach in the special unit and integrated classrooms.

The questionnaire has two parts. The first part intended to gather background information about the respondents and the second part directed to collect data about the current intervention practices of schools in enhancing adaptive skills of children with mental retardation.

The questionnaire includes mostly closed ended items with few open-ended items. The options for rating the teacher's response for close ended items were used scales of never, sometimes and always to each adaptive skill items in the table. The questionnaire used for 41 teachers

who are teaching pupils with mental retardation in the special unit and integrated classrooms.

### **3.4.2 Interview Guide**

Unstructured interview guide were prepared and used with 8 teachers who teach pupils with mental retardation in special unit and integrated classroom. The interview was conducted with greater flexibility during the interview process and recorded by using a tape recorder in addition to the use of logbook.

### **3.4.3. Observation checklist**

A checklist that contains list of adaptive skills (motor skills, social - personal skills, communication skills, daily living skills and academic skills) were prepared and observation was carried out at actual teaching learning process. Instruction methods of teachers, pupil's participation, peer to peer interaction both in the integrated and special classrooms, availability of resource room and the school environment were observed.

The researcher were recorded all activities of the pupils, classroom and out door facilities and other related conditions in detail. The data gathered through observation was rated with scales of poor, fair and good. Open indeed items were filled with words and phrases.

### **3.4.4. Secondary Data Analysis**

Documents like types and contents of the curriculum that the school currently uses, official records, annual reports and files, the child's medical history (base line data), assessment manuals and annual and daily lesson plans analyzed. This data used as supplementary information about the current intervention practices of the schools.

### **3.5 Data Collection Procedures**

Before developing the instruments for the study, the related literature was thoroughly revised. Following that, the question items were prepared in English and translated in to Amharic. The data collections were carried out in two stages at the pilot and main study.

#### **3.5.1 Pre-testing of Instruments**

Pre-testing of the instruments was conducted before the actual field work to detect the ambiguous and unclear statements. A draft questionnaire item submitted to two special need educational professionals to see the content's appropriateness, accuracy and relevance of the item. Vague and ambiguous statements were corrected.

#### **3.5.2 Data Collection procedure**

The data-gathering instrument, the questionnaire was pilot tested and reviewed by experts in order to make essential correction and maintain the validity of the instrument before the final study is conducted to minimize errors. Two special need educators commented the questionnaire. Based on the comments, some items were rearranged. Moreover, the time convenient for the respondents were arranged to maximize the rate of return.

### **3.6 Methods of Data Analysis**

After the data was collected by using the instruments mentioned above, it was organized logically in away appropriate to answer the questions raised in the research problems and analyzed by using both quantitative and qualitative methods.

The quantitative (percentage) method employ mainly for the analysis of the data gathered through the questionnaire. The Qualitative method

used to analyze the data collected by observation, secondary data analysis and interview. Finally, discussion, summary, conclusion and recommendations were presented.

## Chapter Four

### 4. Findings of the study

This chapter deals with presentation of the findings obtained from the questionnaire, interview guide, observation checklist and secondary data analysis in relation to the current intervention practices of schools in enhancing adaptive skills of pupils with intellectual disability.

#### 4.1 Background characteristics of Participants

**Table2- Background characteristics of teachers**

Background information		Male		Female		Total	
		No	%	No	%	No	%
<b>Sex</b>		11	26.8	30	73.2	41	100
<b>Age</b>	25 & below	4	9.8	7	17.1	11	26.8
	26-30	-	-	3	7.3	3	7.3
	31 and above	7	17.1	20	48.9	27	65.9
<b>Qualification</b>	BA	2	4.9	-	-	2	4.9
	Diploma	5	12.2	13	31.7	18	43.9
	Certificate	4	9.8	17	41.5	21	51.2
	Total	11	26.8	30	73.2	41	100
<b>Field of study</b>	Language	3	7.3	15		18	43.9
	Mathematics	3	7.3			3	7.3
	Social science	2	4.9	4	9.8	6	14.6
	Natural science	2	4.9	3	7.3	5	12.2
	Special need education	1	2.4	8	19.5	9	22
<b>Special Training</b>	Yes	9	22	29	70.7	38	92
	No	2	4.9	1	2.4	3	7.3
<b>Marital status</b>	Yes	5	12.2	23	56	28	71.8
	No	6	14.6	7	17.1	11	28.2

As reflected in table 2 above, 30 (73.2%) and 11 (26.8%) of respondents are females and males respectively. With regard to age range, 27 (65.9%) of respondents are 31 years and above, 11 (26.8%) are 25 and below and 3 (7.3%) are 26-30 years. With regard to educational qualification, 18 (43.9%) have diploma and 21 (51.3%) have certificate. In relation to training, 38 (92.2%) of respondents have special training to teach children with intellectual disability.

For the open ended items about the type and duration of training, 9 (22%) of respondents have diploma in special need education and others get the training through two days or three days workshop. They give their comments that the training should design to enable the teachers to teach mentally retarded children by developing specific skills. However, the previous training was focuses on awareness creation rather than training on skills and methods of teaching children with intellectual disability.

With regard to field of study, 18 (43.9%), 9 (22%), 6 (14.6%), 3 (7.3%) and 5 (12.2%) of teachers are from language, special need education, social science, mathematics and natural science respectively. With regard to marital status, 28 (71.8%) of respondents were married and 11 (28.2%) are unmarried.

**Table3:-Service year of respondents**

Schools	Years of service in teaching	Classroom settings							
		Regular class		Integrated class		Special unit		Total	
		No	%	No	%	N	%	No	%
Kokebetsibah	< 5years	2	10.5	2	10.5	2	10.5	6	31.6
	6-10	6	31.6	-	-	3	15.8	9	47.4
	11-15	-	-	1	5.3	3	15.8	4	21
	<b>Total</b>	<b>8</b>	<b>42.1</b>	<b>3</b>	<b>15.8</b>	<b>8</b>	<b>42.1</b>	<b>19</b>	<b>100</b>
Belay Zeleke	< 5years	3	27.2	2	18.2	-	-	5	45.5
	6-10	-	-	1	9.1	4	36.4	5	45.5
	11-15	-	-	1	9.1	-	-	1	9
	<b>Total</b>	<b>3</b>	<b>27.2</b>	<b>4</b>	<b>36.4</b>	<b>4</b>	<b>36.4</b>	<b>11</b>	<b>100</b>
Sibste Negasi	< 5years	-	-	-	-	-	-	-	-
	6-10	-	-	-	-	3	75	3	75
	11-15	1	25	-	-	-	-	1	25
	<b>Total</b>	<b>1</b>	<b>25</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>75</b>	<b>4</b>	<b>100</b>
Yekatit 23	< 5years	-	-	-	-	7	100	7	100
	6-10	-	-	-	-	-	-	-	-
	11-15	-	-	-	-	-	-	-	-
	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7</b>	<b>100</b>	<b>7</b>	<b>100</b>

According to the data in table 3 above, there were 19 teacher respondents at kokebe tsibah primary school. From these teachers 6(31.6%) have less than 5 years teaching experience and 9(47.4%) have 6-10 teaching experience. From the total respondents of this school, 8(42.1 %) and 3(15.8%) have above 6 years teaching experience in special unit and integrated classroom respectively.

As Belay Zeleke primary school, there were 11 teacher respondents. From these, 4 (36.4%) respondents have 6-15 years teaching experience in special unit and integrated classroom.

As shown in table 3, 3(75%) of Sibste Negasi teachers have 6-15 years teaching experience in special unit. With regard to Yekatit 23 primary special school, both of them have less than 5 years teaching experience in the special unit.

**Table4; - Number of pupils, subject and weakly teaching load**

Variables		Teachers group			
		Special class		Integrated class	
		No	%	N	%
Number of pupils in a class	Less than 20	4	33.3	-	-
	21-40	8	66.7	-	-
	41& above			29	100
	<b>Total</b>	<b>12</b>	<b>100</b>	<b>29</b>	<b>100</b>
Number of periods taught	Less than 20	12	100	6	20.7
	21-25	-	-	23	79.3
	25 & above	-	-	-	-
	<b>Total</b>	<b>12</b>	<b>100</b>	<b>29</b>	<b>100</b>
Number of subject taught	1	-	-	8	27.6
	2	4	33.3	21	72.4
	3	8	66.7	-	-
	<b>Total</b>	<b>12</b>	<b>100</b>	<b>29</b>	<b>100</b>

Table 4 of item 1 related to number of students in the special unit and integrated classes. With regard to this, 8 (66.7%) of respondents reported that, there are 21-40 students and 4(33.3%) respondents rated less than 20 students in the special unit. With regard to integrated classrooms, all

respondents give their feedbacks that the number of pupils assigned in a classroom is more than 41.

As indicated in table 4 above, all special unit teachers weekly teaching load is less than 20 periods. 8 (66.7%) and 4 (33.3%) of have three and 2 subjects respectively. Most respondents, 23 (79.3 %) were reported that, they have 21-25 periods and 6 (20.7%) respondents have less than 20 periods per week. With regard to number of subjects, 21 (72.4%) of teachers in the integrated classroom reported that, they have 2 subjects and 8(27.6%) of teachers has one subject

**Table5; - Background characteristics of children**

Variables		Educational Placement											
		Special Unit						Regular Class					
		M		F		T		M		F		T	
		No	%	No	%	No	%	No	%	No	%	No	%
Age range	11-15	8	20	4	10	12	30	2	5	-		2	5
	16-20	12	30	1	2.5	13	32.5	2	5	2	5	4	10
	21-25	2	5	4	10	6	15	3	7.5	-		3	7.5
	Total	22	55	9	22.5	31	77.5	7	17.5	2	4	9	22.5
Duration of Stay in school	1-3	10	25	2	5	12	30	-		-		-	
	4-6	6	15	3	7.5	9	22.5	3	7.5			3	7.5
	>6	6	15	4	10	10	25	4	10	2	4	6	15
	Total	22	55	9	22.5	31	77.5	7	17.5	2	4	9	22.5

Out of the total pupils involved in this study, 22(55%) and 9 (22.5%) are males and females in the special unit respectively. This means most of them 31(77.5%) are in the special unit. Most of the pupils in the special unit 13(32.5%) are in the age range of 16-20 years. On the other hand, 7(17.5%) and 2(5%) are males and females in the integrated classrooms. In terms of their duration in the school, 10(25%) of pupils stay 1-3 years,

6 (15%) stay for 4-6 years and the rest have more than 6 years in the special unit.

## 4.2 Results of data on adaptive skill training

In this part, the study has attempted to examine current practices of teachers in adaptive skill training of pupils with intellectual disability on the following manner.

### 4.2.1 Results of data on motor skills training

**Table6:- Results of data on gross motor skills training**

Items	Response categories								
	Never(1)		Some times(2)		Often(3)		Total		
	No	%	No	%	No	%	No	%	
<b>How often do you teach your students to develop the following gross motor skills? To</b>									
move his/her hands and foot properly and freely	10	24.4	19	46.3	12	29.3	41	100	
Run smoothly by changing direction and speed	10	25	18	45	12	30	40	100	
catch objects with both hands	16	39	13	31.7	12	29.3	41	100	
kick objects/balls	14	34.2	15	36.6	12	29.3	41	100	
techniques of pushing & pulling objects	13	31.7	13	31.7	15	36.6	41	100	
jumps off with foot	16	39	17	41.5	8	19.5	41	100	
pick and carries liquid with open container	21	51.2	10	24.4	10	24.4	41	100	
throws objects/balls	11	26.8	16	39	14	34.2	41	100	
<b>Sub-total</b>	<b>14</b>	<b>34.1</b>	<b>15</b>	<b>36.6</b>	<b>12</b>	<b>29.3</b>	<b>41</b>	<b>100</b>	

Regarding item 1 of table 6, the respondents were asked to rate the intensity of trainings to move hands and foot freely. Their feedbacks were, 19(46.3%) and 12 (29.3%) of respondents repeated often and some times respectively. Item 2 in the same table related to training of pupils to develop skills of running smoothly by changing direction and speed.

From this item, 18(45%) and 12(30%)of the respondents stated some times and often respectively. In Item 3, training of pupils to catch objects with both hands, 16(39%) of respondents reported that they never give the training. However,13(31.7%) and 12 (29.3%) of respondents rated sometimes and often respectively.

As it can be seen in table 6 item 4, intensity of training on kicking objects (ball), 16(34.2%) of respondents reported that they never give the training and13 (31.7%) give some times. Item 5 in the same table assesses intensity of training to develop pulling and pushing techniques, from this item, 15 (36.6%),13 (31.7%)and 13(31.7%) of respondents rated often, some times and never respectively.

In item 6 table 6, the respondents asked about their intensity of training to develop skills of jumps off with foot. For this item 16 (39%) of respondents reported never. However, 17(41.5%) and 8 (24.4%) respondents stated some times and often respectively. In relation to item 7 of table 5, training on picking and carrying liquid in an open container, 21(51.2%) of respondents rated that they never give the training and 10 (24.4%) give some times.

The last item of table 6, training to throw objects /balls/, 16(39%) and 14(34.1%) of respondents give the training some times and often respectively .Generally, most of the respondents 27(65.9%) give all the components of gross motor skill training in the sample schools. As the researcher made observations both in the special unit and in integrated class, the pupils have better performance on gross motor skill. They can stand from sitting and walk independently; they move their limbs freely and can throw objects with a short distance.

**Table 7:-Results of data on fine motor skill training**

Items	Response categories							
	Never		Some times		often		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following fine motor skills? To</b>								
hold and use pen/pencil properly	8	19.5	17	41.5	16	39	41	100
open /lock with key	17	41.5	14	34.2	10	29.3	41	100
fold and cut paper/ cloth	21	51.2	12	29.3	8	19.5	41	100
put thread on beads and needle	21	51.2	13	31.7	7	17.1	41	100
drive and pull screw with screw driver	23	56.1	9	22	9	22	41	100
pour liquid from one container to another with out spilling	20	48.8	13	31.7	8	19.5	41	100
<b>Sub-total</b>	<b>21</b>	<b>51.2</b>	<b>13</b>	<b>31.7</b>	<b>58</b>	<b>23.6</b>	<b>41</b>	<b>100</b>

Table 7 item (1-6) related to training of fine motor skills. Regarding item1, trainings how to hold and use pen or pencil, 17(41.5%) and 16(39%) of respondents repealed some times and often respectively.

Item 2 in the same table related to training of opening/locking/ of doors/ box. From this issue, 17(41.5%) of respondents reported that they never give the training and 14(34.2%) of respondents repealed that they give the training some times.

Item 3 is related to training of folding and cutting of papers /cloth. In this regard, 21(51.2%) of respondents reported that, they never give the training, 12(29.3%) of respondents give sometimes. With regard to item 4 in the same table, trainings of putting thread in beads and needle, 21 (51.2%) of participants stated never. where as, 7(17.5%) and 13(31.3%) of them give their feedback often and some times respectively.

Training on driving and pulling of screw in item 5, 23(56%) of respondents reported that they never give the training and 9 (22%) of teachers give the training some times. Regarding item 6 in the same table, training of pouring liquid from one vessel to another, 20(48.8%) of respondents give their feedback that they never give this training, but, 13(31%) of respondents give the training some times. Among the total respondents on fine motor skills training, 21(51.2%) confirmed that they never give the above-mentioned sub skills.

The observation made by the researcher also confirms with teachers response. Some of the pupils with mental retardation in the sample schools have difficulties to use their fingers properly; they cannot open a bottle with screw, poor eye hand coordinating and their hands vibrate when they try to catch up smaller objects. Teaching aid materials are not available inside and outside the classroom. In addition to this, document analysis of the researcher shows that teacher's weekly lesson plan is not indicate any specific instructional objectives used to develop fine motor skill of the pupils with intellectual disability.

### 4.2.3 Results of data on social skill development

**Table 8:- Results of data on social skills training**

Items	Response categories							
	Never		Some times		Always		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following social personal skills? To</b>								
play with her/his peers cooperatively	8	20	10	25	22	55	40	100
remember and greeting his/her friends by calling with their name	12	29.3	12	29.3	17	41.5	41	100
show concern for problems of others.	-	-	11	27.5	29	72.5	40	100
apologize for making mistakes or error	-	-	15	36.6	26	63.4	41	100
ask permission on the time of using others property	-	-	6	14.6	35	85.4	41	100
<b>Sub-total</b>	<b>4</b>	<b>9.8</b>	<b>10.8</b>	<b>24.4</b>	<b>25.8</b>	<b>51.2</b>	<b>40.6</b>	<b>100</b>

In item 1 table 8 above, the respondents were asked about their intensity of instruction to develop cooperative playing skills of pupils with intellectual disability. From this item, 22(43.9%) and 10(25%) of respondents reported often and some times respectively. Item 2 discusses about instructions to remember names of their peers and greeting. From this item, 17(41.5%) and 12(29.3%) of respondents rated some times and often respectively.

Item 3 in the same table discusses about instructions to show concern for problems of others. In this regard, 29(72.5%) and 11(26.6%) of respondents reported that they give the training often and some times respectively. Item 4 in the same table were related to training of apologize when they make mistakes or errors. In this issue, 26(63.4%) of teachers rated that they often give the training, and 14(34.2%) never give this training. Item 5 of table 8 discusses about trainings to ask permission

when they need to use others property or they need to go out from the classroom, in this regard, 35 (85%) of respondents give their feedback that, they give the training often. Among the total respondents on social personal training, most respondents, 21(52.2%) and 10(24.4%) give the training often and some times respectively.

As the researcher observed, teachers motivate the pupils to play with their peers with sharing of materials; pupils act as a family member and show different modeling activities in all sample schools. However, some children are deprived and sit alone when their peers playing (Belay Zeleke primary school).

As the researcher's document analysis indicates that the above-mentioned activities are not listed in the weekly lesson plan, they have no base line data (pupil's current functioning level or residual potential) was not taken in to consideration in this lesson. Students progress is not evaluated continuously and teachers have no written goals that shows where they reach at the end of the program.

### 4.3 Results of data on communication skills development

**Table 9:-data on training of expressive communication skills**

Items	Response categories							
	Never		Some times		Always		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following language expression skills? To</b>								
develop appropriate and real sound	13	31.7	13	31.7	15	36.6	41	100
name all body parts	15	36.6	10	24.4	16	39	41	100
Know & tell names of families, peers, teachers, common objects etc.	13	31.7	12	29.3	16	39	41	100
Understand stories what they heard before	13	31.7	10	24.4	20	48.8	41	100
respond appropriate answer on requests	13	31.7	11	26.8	17	41.5	41	100
know & tell their address	28	71.8	4	10.2	7	18	39	100
develop communication skills on telephone calls.	29	70.7	11	26.8	1	2.5	41	100
develop on what, when, why, etc type of questions and answers.	11	26.8	10	24.4	20	48.8	41	100
<b>Sub-total</b>	<b>16.9</b>	<b>41.2</b>	<b>10.1</b>	<b>24.6</b>	<b>14</b>	<b>34.1</b>	<b>41</b>	<b>100</b>

The first part of Item 1-8 of table 9 discusses about expressive language skills training. Regarding item 1, 15(36.6%) and 13(31.7%) of respondents rated often and some times respectively. On the other hand, respondent's feedback on their instruction to name all body parts, 15(36.6%) never give this training and 16 (39%) of respondents rated often.

In relation to item 3 in the same table, instructions to developing child's knowledge to tell names of families, peers, teachers and common objects, 20(48.8%) respondents indicate that they often teach and 13(31.7%) of respondents rated never.

Item 4 of table 9 is related to instruction through stories by asking to repeat what they heard before. In this regard, 20(48.8%) and 10 (24.4%)of respondents rated some times and often respectively.

Item 5 of table 9 assess the intensity of instructions to develop skills to respond appropriate answer on request. From this item, 17(41.5%) of respondents stated they often give the training. whereas, 13(31.7%) of respondents confirmed that they never teach this skill. Item 6 in the same table is related to instructions to know and can tell their address, in this regard, 28(70.7%) of the respondents confirmed that they never train this skill. Item7 in the same table is related to training of telephone communication, from this item, 29(70.7%) of teacher respondents stated that they never give this training.

**Table 10:-datas on training of receptive communication skill**

Items	Response categories							
	Never		Some times		Always		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following receptive language skills? To</b>								
know and show their body parts	4	9.8	11	26.8	26	63.4	41	100
know and call equipments that we use always	12	29.3	15	36.6	14	34.1	41	100
know figures in books	16	39	13	31.7	12	29.3	41	100
identify directions to the left, the right, down ward, upward	7	17.1	16	39	18	43.9	41	100
know directions of east, west, south, north	11	26.8	26	63.4	4	9.8	41	100
know types of money notes and their uses	16	39	14	34.1	10	24.4	41	100
<b>Sub- total</b>	<b>11.2</b>	<b>26.8</b>	<b>15.8</b>	<b>38.5</b>	<b>14</b>	<b>34.2</b>	<b>41</b>	<b>100</b>

Table 10 discusses about receptive language skill training. Itmel focuses on trainings to show body parts on request. From this

item, 18(43.9%) and 15(36.6%) of the respondents repeated often, and sometimes respectively. The intensity of instruction to recognize names of familiar objects for item 2, 16(39.1%) of respondents were supported that, they give the training often and on the other extreme 16(39%) of respondents confirmed that they never give the training.

Item 4 in same table related to the intensity of instructional to identify pictures in books. In this regard, 16(39%) of respondents were reported that they never give the training and 14(35%) of respondents confirmed that they often give of training. Item 4 in the same table is related to the intensity of instruction to identify directions, for this issue, 16 (39%) and 13(31.7%) of the respondents reported that they give the training often and some times respectively.

Instructional intensity of teachers to teach meanings of Yes or No in item 6, 17(41.5%) of respondents reported that they give the training often and 13(31.7%) of respondents confirmed that they never give the training. Among the total respondents, 16.9(41.2%) never give the training on receptive skill and 15.8(38.5%) give some times. In the case of expressive language skill training, 15.8(38.5%) and 14(34.2%) give some times and often respectively.

The observation made by the researcher also confirms the above teacher's responses. Some pupils with mental retardation in sample schools cannot produce appropriate sound, they cannot respond appropriate answer on request, have difficulties to show body parts and severe problem to answer what, when and where type of questions. In addition to this, schools have not adequate classroom and out side classroom teaching aid materials to help language development of the child.

As the researcher document analysis indicates, the content of the lesson plan is broader and targeted skills are not broken down in to meaningful

sequential steps. They have not a base line data (have not current functioning level of the pupils) that shows age appropriate skill gaps of the child. Pupil's progress not evaluated continuously and have no a written document that shows where they reach at the end of the program.

#### 4.4 Results of data on eating and toileting skills

**Table 11:-data collected on eating and drinking skills training**

Items	Response categories							
	Never(1)		Sometimes(2)		Always(3)		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following eating and drinking skills? To</b>								
To uses fingers/spoon/ to eat food independently	8	20.5	11	28.2	20	51.2	39	100
Chewing food by closing the mouth	10	25	13	32.5	17	42.5	40	100
Pours water from ajar to cup & drink properly	14	35	10	25	16	40	40	100
Take the require amount of food and eat independently	9	22	13	31.7	18	45	41	100
<b>Sub-total</b>	<b>10.3</b>	<b>25.1</b>	<b>118</b>	<b>28.8</b>	<b>17.8</b>	<b>43.4</b>	<b>41</b>	<b>100</b>

Items 1-4 of table 11 related to efforts of teachers to train eating and drinking skills. With regard to item1, 20 (51.3%) and 11(28.2%) of respondents stated that, they give the training often and some times respectively. Item 2 is related to training of pupils how to chewing food by closing their mouth. From this item, 17(42.5%) and 13 (32.2%) of respondents reported that they rated often and some times respectively. Item 3 in the same table is related to skills of pouring water from ajar to a cup with out spilling, for this item, 16(40%) and 10 (25%) of respondents indicate that they rated often and some times respectively.

Trainings on taking the required amount of food,36 (90%) of respondents rated often.

**Table 12:-Results of data collected on toileting skills training**

Items	Response categories							
	Never(1)		Sometimes(2)		Always(3)		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following toileting skills? To</b>								
Indicate or tell toilet needs	18	43.9	12	29.3	11	26.8	41	100
close the toilet room & keep privacy	19	46.3	11	26.8	11	26.8	41	100
Pool down their clothes and function independently	18	43.9	7	17.1	16	39	41	100
Sites on toilet sit & flush appropriately	12	29.3	8	19.5	21	51.2	41	100
pull up clothes after performing toilet and wear	11	26.8	10	24.4	20	48.8	41	100
<b>Sub-total</b>	<b>15.6</b>	<b>38.1</b>	<b>9.6</b>	<b>23</b>	<b>15.8</b>	<b>38.5</b>	<b>41</b>	<b>100</b>

Table 12 focuses on training of toileting skills and Item 1 is related to trainings to indicate or tell toilet needs. In this regard, 18 (43.9%) of respondents confirmed that they never give the training and 14(34.2%) of respondents rated some times. Item 2 related to efforts of teachers to develop knowledge of the pupils how to perform toilet by keeping their privacy. From this item 37 (90.7%) of respondents rated often. Related to item 4, trainings how to sit on toilet sit and flush. 34 (82.9%) of respondents stated that they often give the training. Among the total respondents on eating skill training, 17.8(43.4%) and 11.8(28.8%) of respondents confirmed that they give the training often and sometimes respectively.

## 4.5 Results of data on grooming and dressing skills

**Table 13:- data collected on grooming and dressing skills training**

Items	Responses						Total	
	Never		Sometimes		often			
	No	%	No	%	No	%		
<b>How often do you teach your students the following grooming skills? To</b>								
wash hands before and after eating	3	7.3	7	17.1	31	75.6	41	100
comb their hair by applying oil	5	12.2	9	22	27	65.9	41	100
cut and clean their finger nails	2	4.9	6	14.6	33	80.5	41	100
take bath independently	9	22	10	24.4	22	53.6	41	100
brush his/her teeth	12	29.3	7	17.1	22	53.6	41	100
<b>Sub-total</b>	<b>6.2</b>	<b>15.1</b>	<b>7.8</b>	<b>15.6</b>	<b>27</b>	<b>65.9</b>	<b>41</b>	<b>100</b>
<b>How often do you teach your students the following dressing skills? To</b>								
take of simple clothes	2	4.9	16	39	23	56.1	41	100
Wear his/her own clothes and close back button/zip	11	26.8	10	24.4	20	48.8	41	100
tie shoes correctly and ties	11	26.8	11	26.8	19	46.3	41	100
<b>Sub-total</b>	<b>8</b>	<b>19.5</b>	<b>12.3</b>	<b>30.1</b>	<b>20.7</b>	<b>50.4</b>	<b>41</b>	<b>100</b>

The first part of table 13 item 1-5 discusses about grooming skills training, in this regard, 31 (75.6%) and 7 (17.1%) of respondents reported that they give the training often and same times respectively. Trainings to comb their hair by applying oil in item 2, 27(65.9%) and 9(22%) of respondents rated often and same times respectively. with regard to training of cleaning and cutting of finger nails in item 3, 33(80.5%) and 6(14.6%) of respondents rated often and some times respectively.

Item 4 related to intensity of instruction to develop skills of taking bath independently. In this regard, 22 (53.6%) and 10(24.4%) of the respondents reported that they give the training often and some times respectively. Related to Item 5 in the same table training of brushing

teeth, 26(63.4%) were reported that they never give the training and 9(22%) of respondents rated some times.

The second part of table 13 related to training on dressing skills. Item 1 is related to trainings how to take off simple clothes, for this item, 23 (53.1%) and 7(17.1%) of respondents give the training often and some times respectively. Item 2 in the second part of table 13 related to training of close back buttons or zip and open buttons /zip. In this regard, 20 (48.8%) and 14(34.2%) respondents give the training often and sometimes respectively. With regard to training to wear shoes on the correct foot and tying skill, 19(46%) and 11(26.8%) of respondents were reported that, they give the training often and some times respectively.

#### 4.6 Results of data on daily living skills training

**Table 14:- Results of data on daily living skills training**

Items	Response categories							
	Never		Sometimes		Always		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students to protect themselves from the following potential accident areas? To</b>								
protect themselves from fire accident	15	36.6	9	22	17	41.5	41	100
protect themselves from car accident	14	34.2	12	29.3	15	36.6	41	100
How to Handle sharp objects carefully	16	39	11	26.8	14	34.2	41	100
protect themselves from Electric shock	10	24.4	14	34.2	17	41.5	41	100
protect themselves from sexual abuse	11	26.8	9	22	21	51.2	41	100
Sub-total	13.2	32.2	11	26.8	16.8	41	41	100

As depicted in item 1 of table 14, the respondents were asked to rate at what extent the instruction is given to develop awareness to protect themselves from potential accident areas like fire accident, car accident, sharp

objects, electrical shock and sexual abuse, in this item, most respondents rated the training is given often. From the total respondent on grooming skill training, most of them 27(65.9%) give often On the case of dressing skill training, 20.7 (50.4%) give some times, trainings to protect them selves from accidental area, 16.8(41%) give the training some times and 13.2(32.2%) never give the training at all.

As the researcher made observation on the actual intervention practices of schools to enhance adaptive skills of pupil's with intellectual disability, all the sample schools have resource limitations to demonstrate and to teach with models. No one school has a base line data that shows assessment results of age appropriate skill gaps.

#### 4.7 Results of data collected on functional academic skills

**Table 15:-Data on functional academic skills training of reading**

Item	Response category							
	Never		Some times		Off ten		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following functional academic skills of reading? To</b>								
identify and read letters	3	7.3	2	4.9	35	85.5	41	100
develop knowledge's of reading words	9	22	13	31.7	19	46.3	41	100
Read short sentences	5	12.2	16	39	20	48.8	41	100
Read functional words( male, female, position etc)	6	14.6	14	34.2	21	51.2	41	100
To read from printed materials	8	19.5	12	29.3	21	51.2	41	100
<b>Sub-total</b>	<b>8</b>	<b>19.5</b>	<b>13.6</b>	<b>33.2</b>	<b>19.4</b>	<b>47.3</b>	<b>41</b>	<b>100</b>

Item 1 of table 15 is related to training of reading skills. In this regard,35 (85.4%) of respondents rated often. Item 2 in the same table is related to instructions to develop knowledge's of reading printed materials, in this regard, 21 (51.2%) and 12(29.3%) of respondents rated often and sometimes respectively. Item 3 is related to the efforts of teachers to

teach how to read short sentences, from this item, 20 (48.8%) and 16(39%) of respondents rated often and some times respectively.

**Table16:-Results of data on functional academic skills training of arithmetic and writing skills**

Item	Response category							
	Never		Some times		Off ten		Total	
	No	%	No	%	No	%	No	%
<b>How often do you teach your students the following arithmetic skills? To</b>								
arrange similar objects by size	7	17.1	12	29.3	22	53.7	41	100
In order to Identify more from less	8	19.5	15	36.6	18	43.9	41	100
enable them Count, add and subtract numbers	8	19.5	17	41.5	16	39	41	100
<b>Sub-total</b>	<b>7.7</b>	<b>18.8</b>	<b>14.7</b>	<b>35.9</b>	<b>18.7</b>	<b>45.6</b>	<b>41</b>	<b>100</b>
<b>How often do you teach your students the following writing skills? To</b>								
Write letters	10	24.4	15	36.6	16	39	41	100
write words	4	9.8	22	53.7	15	36.6	41	100
copy from other materials	2	4.9	8	19.5	31	75.6	41	100
<b>Sub-total</b>	<b>5.3</b>	<b>12.9</b>	<b>15</b>	<b>36.6</b>	<b>20.7</b>	<b>50.5</b>	<b>41</b>	<b>100</b>

Item 2 of table 16 focus on training of arithmetic skills. Item 1 is related instructions of arranging objects with size. In this regard, 22 (53.7%) and 12(22%) of respondents rated often and some times respectively. Item3 of table 15 is related to instructions of counting, adding and subtracting of numbers. In this regard, 16(39%) and 17(41.5%) of respondents give the training often and some times respectively. Among the total respondent of part 3 of table 16 which is related to instructions to develop writing skills, 20.7(50.5%) and 15(36.6%) give the training often and some times respectively.

As the researcher made observation on the actual instructional activities, all students included in this study have not any textbook in their hand. Most students have difficulties to recognize and to pronounce a single letter. However, the teachers both in the special class and in the integrated classroom teach as a pupil with good prior knowledge with lecture method. The teacher told them to copy more than a page in a given period. They have not teaching aid materials, a base line data of the child's assessment result.

For the open-ended question item about teachers observation about the experience of children's with mental retardation to pass their break time in the school, their feedback as follows.

For the open-ended item that requires teachers opinion about current intervention practices of pupils with mental retardation in their school, most respondents give their feedback that mentally retarded children are not beneficial from the current instructional system, because of the following constraints;

- Schools are not considered mentally retarded children as a student and they cannot give attention for their education (except Yekatit 23 primary school special school).
- The current educational provision of mentally retarded children is not based on the needs of each individual.
- Children with mental retardation are not coming to school at early age. This is because, families have not willingness(awareness) to bring their children to school until the child can walk properly, function toilet independently, knows his/her address and most families consider the school cannot accept their intellectually challenged children.

- Families are not active participants in their children's education and they cannot train their children in their home in line to the school intervention
- Education of children with intellectual disability needs additional resources than non-mentally retarded children. Nevertheless, currently schools have not resources rooms or other supportive strategies that used to facilitate the intervention program.
- Many children with intellectual disability are not coming to school regularly and they frequently dropout from the school.
- Teachers of children with intellectual disability in both special unit and integrated classroom have subject matter knowledge limitations to train specific adaptive skills.

For the open-ended item that deals with the views of the respondents about the recommendation to improve the current intervention practices of schools to enhance adaptive skills of pupils with intellectual disability are mentioned as follows:

- ❖ Availability of well-organized assessment formant, and cooperative efforts of professionals.
- ❖ Develop Strong family participation
- ❖ Adequate resource room that helps to develop specific skills.
- ❖ Provide medical support to improve the health condition of mentally retarded children and to decrease their drop out rate
- ❖ Have government support to create awareness for the society to enroll their mentally retarded children in their early age to school.
- ❖ Get adequate training directly related to the teaching learning process of intellectually challenged children.

## **4.8 Results of data collected from interview**

### **4.8.1. Results of interview at kokebe Tsibah primary school**

Two teachers of kokebe Tsibah primary school's one from the integrated classroom and one from special unit interviewed. The teacher from the special unit has diploma in special need education and the teacher from integrated classroom has diploma in English, and two days training in special need education.

In relation to assessment of residual potential and age appropriate skill gaps of the child, the special unit classroom teacher use the following methods when the child come to school :

- Ask families about the child's potential to do, difficulty areas on daily routines, what he/she likes or dislike.
- Observe the child's physical appearance
- Call by his/her name to know their communication skill
- Order him/her like open and close the door, bring the book etc.

The teacher from the integrated classroom stated that, assessment is not done about the current condition of the child and he starts the lesson directly.

In order to train gross motor skill of the child with mental retardation to function in his environment independently, trainings like running, playing foot ball, stretching exercise, sitting and standing activities are provide every morning. In the training of fine motor skill, pupils make handpicking exercise and they get support and continuous exercise how to handle pen and pencil properly. However, Teachers stated that the school has not teaching aid materials that can help to develop fine motor skills based on specific needs of the child.

In training social personal skill, first they get training to know each other and to call their peers with their names. The teacher motivate them to play each other and to have friends in the school, they participate in different playing activities that requires sharing of materials through playing and they develop skills of asking permission. They play in pair as father and baby, doctor and patient, husband and wife and act as a leader.

The pupils are trained communication skill to express their needs and to understand others. The teacher give training and motivation to express their needs with spoken language, ask questions that require speaking out words, tell short stories and ask to talk again what he/she heard before. To develop their receptive skill, teachers tell one word for one child tell for his/her peers and continue the activity by increasing the length of the word in to phrases and sentences.

Related to training of toilet and dressing skill, the interviewer confirmed that most pupils could perform toilet and dressing functions independently. However, children's who have minor problem on these skills get support from their teachers and they can learn from their peers. In training grooming skills teachers give advice for pupils to wash their hands, face in their home, and give rewards like candy or pencil for those who perform the task continuously and discuss with families to motivate them to wash independently. In addition to this, they practice in the school until they considered as daily activity.

To develop appropriate eating and drinking skills, the school has daily feeding program for those children and teachers supervise the pupils in this program and give training and advices for them who have difficulties in this area. However, it is not a planed and data based activity. The teacher recommended the following solutions to improve current

intervention practices of schools to enhance adaptive skills of pupils with mental retardation:

Teachers who teach in special unit and integrated classroom should get adequate trainings. The school administrators and the school society's attitude about the education of mentally retarded children should improve. Adequate resource room and teaching aid materials, High expectation of families about personal independence of their children, provision of medical service, participation of professionals in the assessment process, availability of well organized assessment formats, early enrolment of children and allocation of additional resources are commonly recommended by the special unit and integrated classroom teachers.

For the question what evaluation mechanism is used to measure the progress of the pupils with intellectual disability, the teacher from the integrated class room evaluated together with their peers by giving monthly tests and most of the time they were not take the tests. The teacher from the special unit said that the progress of skill of pupils with mental retardation is assessed with practical activities like repeat the word what they heard, ties the shoes and wash cups, Clean the class room and ordering to copy from the black board .

#### **4.8.2 Results of interview at Belay Zeleke primary school**

Like the interview carried in kokebe Tsibah primary school, two teachers were interviewed from Belay zeleke primary school. Both have special need education training one from sebeta with certificate and the other from Kotebe College of teacher education in diploma. The response of the teacher from Belay Zeleke primary school's special unit is almost the same with the response of the teacher from kokebe Tsibah primary school about the assessment mechanism, instructional method, and

limitations of facilities, evaluation mechanism are the recommended solutions. However, the second participant from the integrated classroom is different. For the first question, identification of age appropriate skill gaps of the pupil in the integrated class room, she assess the residual potential of the child before starting the lesson and arrange tutorial program.

#### **4.8.3. Result of interview at sibste Negasi primary school.**

Two teachers interviewed from Sibste Negasi primary school special unit. In this interview, the response is almost the same with the previous respondents except the modes of interpretation. However, the teachers in this school mentioned that, the government not considered as a citizen those individuals and the school directors, and the school societies consider them a burden for the school. Teachers of regular classroom have not a good feeling for teachers of children with mentally retardation. Pupils with mental retardation have not equal share the school resource like other non- intellectually disabled children of their peers.

Parents of mentally retarded children have not good expectations about personal independence of their children and consider the school only to control them from external problems. School supervisors were not visit the special unit and they are not providing professional support for teachers who work in the special unit.

#### **4.8.4 Results of interview at Yekatit 23 primary special school**

Two teachers of Yekatit 23 primary special school were interviewed. They have diploma in special need education. Their assessment technique of age appropriate skill gaps of the pupils with mental retardation is similar with the responses of the previous teachers of other schools. However, according to the teacher's response, the researchers' observation and

document analysis, much emphasis is not given for functional academic skills training.

The training method, content of adaptive skill areas included in the training program, the problems they faced in the teaching learning process, resource limitation of the school is almost similar with other interviewers of the above special unit teachers of the three schools.

#### **4.9. Summary of findings**

The findings of this study shows that, both special unit and integrated classroom teachers have not an organized base line data (assessment results) to make educational decisions and have not well-organized assessment tools to identify age appropriate skill gaps of the pupil with intellectual disability.

The schools included in this study have not adequate resource room (teaching aid materials) that helps to train specific adaptive skills of pupils with intellectual disability ; teachers have not high expectation about the achievement (personal independence) of pupils with mental retardation and seems to have low professional competencies to teach specific skills. Moreover, in all the sample schools, a single teacher assigned to teach two or three adaptive skill areas.

The findings of this study shows that pupils with intellectual disability are enrolled to school lately (All pupils included in this study were start school after the age of 10) and teacher were recommended as a major problem for the effectiveness of their intervention practices.

According to the teacher's response, Pupils with intellectual disability who are integrated in the regular classroom seems mostly disadvantageous and more deprived than their previous educational placement of special unit classes. Pupils in all sample school have severe communication problems, poor eye hand coordination, poor fine motor skills, and poor functional academics skills. However, most of them have good gross motor skills performance relative to other adaptive skills. Moreover, their social, dressing, and toileting skill is in a good condition.

The findings of the study shows that the current instructional practice of these schools for pupils with mental retardation is not systematic, the instruction is not individualized and too broad, teachers have not

measurable educational objectives, all pupils with mental retardation have not any textbook, small but meaningful progresses of the pupils is not continuously evaluated.

The schools included in this study have large class size except Sibste Negasi primary school special unit, have not individualized educational program, low support system for the education of children with intellectual disability and shortage of resources room materials are common problems of all schools included in this study.

There is no any school to work or primary school to secondary school transition program or trials in these sample schools in their 10 or more than 10 years previous instructional experience. Pupils with intellectual disability drop out rate and regular absenteeism is very high because of their regular illness and low expectation of families about their children with intellectual disability.

## **Chapter Five**

### **5. Discussion of the findings**

This chapter deals with discussion of results found. Accordingly, the first part focuses on teacher's professional competences to teach mentally retarded children in special unit and integrated classroom. The second part presents Assessment and evaluation techniques of teachers and current intervention practices to enhance adaptive skills of pupils with intellectual disability are present based on the basic questions in relation to the literature review.

#### **5.1 Professional competences of teachers to teach children with intellectual disability**

Most of teachers (66.7%) who teach in the special unit of the sample schools have more than three subjects in one class.

The reason behind is shortage of trained teachers in special need education and administrators believe that teachers who teach in the special unit have less workload, the length of one period in the special class is 30 minutes and they stay for a half day in the school. However, the participants commonly reported that children's with mental retardation have unique needs and teachers have a burden in the special unit.

Assigning of one teacher to teach two or more adaptive skills may affect the effectiveness of the intervention process and may not competent in all area rather they get continuous in service training. In relation to teacher's professional competency who works in the special class or integrated classroom. As Porter (1995), teachers who teach children with disabilities need to undergo special training in specific area of adaptive skills so that they can properly address specific needs of individuals.

Teaches response indicates that schools have shortage of trained teachers to provide adaptive skill training for pupils with mental retardation and there are teachers who teach these children without any training.

The response of the integrated classroom teachers confirmed that pupils integrated in the regular classroom currently are not advantageous from the instruction together with their non-retarded peers. This is because of large class size, in availability of teaching aid materials, teachers work load and shortage of time to support the child individually and lack of subject matter knowledge to teach mentally retarded children in the inclusive classroom.

According to Smith, et al., (1994), education of mentally retarded children in the integrated classroom needs special consideration of teachers training level, availability of teaching aid materials, small class size and teachers should get ample time to support the child individually.

As Indicated above clearly, teachers who teach in the integrated classroom should get training and time in order to address the needs of children with mentally retardation. Moreover, resources and classroom environment are other determinant factors in the integrated classroom. As teachers recommended their opinion to improve the educational provision of children with mental retardation, classroom size must be small, teachers should get adequate training to teach mentally retarded children and teaching aid materials should available.

Instructional objectives are broad and it cannot clearly show what specific skills the child needs training and not measurable. Not all the teachers of the four sample schools have a smaller broken down sequential instructional objectives in their lesson plan. For instance, they list adaptive skill areas like training of social skill, training of communication skill, home living and other generalized contents. In

relation to this (16.9%) of participants confirmed that they could not teach each broken down expressive language skills separately. In addition to this, the finding shows that teachers who teach mentally retarded children both in the special unit and integrated classroom have not well organized base line data used to design educational objectives and to make decisions on educational placement.

As Orlove and Subsey (1987), intellectually disabled children's education needs data from assessment results, logically sequential content of the lesson, broken down smaller steps and generalization for other situations. As the background, information indicates, there are a number of children stays more than 10 years in the special unit, but most of them have potential problem in most adaptive areas. This implies, teachers should get adequate training, continuous assessment should be done and pupils with mental retardation should learn in relation to the real world environment of the child to generalize for other situations.

## **5.2. Assessment and evaluation techniques of teachers**

Assessment is doing when the child enrolled to school by the special unit classroom teacher's through observation, asking questions like (his/her name, address, family's name, academic areas) and other related questions to identify current functioning level of the child and the data is recorded with the classroom teacher alone.

Teachers use assessment results to make decision about the type of education will provide and educational placement. However, families, school directors and teachers out of the special unit and other professionals are not participatory in this process.

As Hallahan and Kauffman (1988) and Roffey (2001), adaptive skill inventories should assessed through the participation of all concerned

bodies (families, teachers' health professionals, school directors and special need educators) have contributions in the assessment process. It is a determinant factor for the effectiveness of educational intervention of children with intellectual disability.

The finding shows that teachers consider assessment activity as the first step in the education of children with mental retardation. However, it is not participatory and the results of the data collected with a single classroom teacher may not lead to effective educational placement and decision of educational objectives. In order to use assessment results to design instructional objectives and educational placement of children with intellectual disability, the above-mentioned stockholders should participatory, and continuous assessment is mandatory.

### **1. Current intervention practices of schools to develop adaptive skills of pupils with intellectual disability**

This study is focus on current intervention practices of schools to enhance adaptive skills of pupils with intellectual disability. The schools that are included in this study instructional component contain motor, social-personal, communication, daily living and functional academic skills.

This is supported by Berit, et al., (2001), effective instruction for pupils with intellectual disability include skills such as motor, social, communication, daily living and functional academic skills to enable them function independently. These shows, the sample schools included in this study are in the right track in adaptive skill training. Further detailed discussions on each skill areas presented as follows.

As mentioned earlier in the finding part of the stud, the training method and contents of adaptive skills of schools are the same.

The methods in training of gross motor skills teachers both in special unit and integrated classroom use practical activities like playing football with, running by changing direction and speed, different body stretching, sitting and standing physical activities are provide in the morning continuously. Children's with intellectual disability included in this study currently have relatively good gross motor performance. They can walk in balance, run smoothly and have not significance difficulties on sitting and standing skills.

Related to this, Porter (2001) stated that, gross motor skill development is faster than fine skill development and teachers can train children's with disabilities through playing and usual physical activities of the child. This indicates that peer-to-peer interaction, exploring their environment based on their interest through games or other activities, teacher's planed intervention can help the pupils with intellectual disability to develop their gross motor skills.

Concerning on the provision of fine motor skills training (51.2%) of respondents reported that, they are not train mentally retarded children with small and sequential steps of each specific skills. In addition to this, pupils have poor fine motor skills like inability to catch up smaller objects, eye-hand coordination difficulties, and problems of handling pen/pencil with fingers are some of the observable adaptive skill deficits of the pupils with intellectual disability in this study.

Suggestions of the respondents for poor fine motor skill development of the child with intellectual disability are like, late involvement of the child in educational intervention, lack of subject matter knowledge of teachers for each specific adaptive, inaveleibility of teaching aid materials, and inadequacy of school support for the education of intellectually disabled children are the suspected potential problems.

According to Smith (1995), training of intellectually disabled children should support with practical activities and demonstration, with actual materials to increase the effectiveness of the instruction.

This shows that, current adaptive skill training activities of schools are faced scarcity of educational resources, low awareness of families about the use of early educational intervention. As a result of this, the provision of adaptive skill training of fine motor skill might not progress as it is targeted if the above recommended potential problem areas are not solved.

Most respondents 21(51.2%) of teachers confirmed that they give social personal skill trainings for the pupils with intellectual disability. The researcher's observation also confirms that, most of them behave appropriately. Teachers train the pupils to know their peers name and calling and interact each other in the classroom activity, they play in pair as father/mother and baby, doctor and patient, husband and wife, teacher and student, and they act as a leader. Through this continuous interaction, they share their own materials for their peers; they ask when others are deprived and sit alone. Teachers also give rewards for active players of the week in all special units.

As Smith and Lackasson (1995) stated, pupils with intellectual disability should get opportunities to interact with each other and to speak for themselves. The lesson must be participatory and with active involvement of the child and the teachers should help them for transformation (generalization) of learning. (Orlove and Sobsey, 1987).

The above teacher's effort and current social personal behavior of students indicates that these sample schools have good experience as a starting point and students with mental retardation are beneficial from schooling. However, different literature shows that, classroom activities

and modeling are more of artificial without generalization to the natural setting of community life and their environment.

Pupils with mental retardation included in this study have poor receptive and expressive communication skills. However, pupils from the integrated classroom relatively have better performance in communication skill. In relation to this, 16.9 (41.2%) and 11(26.8%) of respondents were confirmed that, they never give expressive and receptive language skill components respectively. The lesson plan prepared in communication skill also general, skills are not present in to smaller sequential and understandable way.

The reason of the participant about pupils communication impairment are mentioned as late enrolments of children with mental retardation, in availability of teaching aid materials to support the lesson; lack of subject knowledge of teacher's to train specific skills, and some problems may need medical service like speech and physiotherapy that are difficult for teachers.

According to Orlove and sobsey (1987), speech defects like problems of articulation and limitations to produce real sound are common for mentally retarded children. In order to alleviate the problem, trained teachers, special educator's support, detailed classroom instruction, specific and measurable objective of the lesson and therapy service are the recommended solutions to improve the current intervention activities. Pupils with intellectual disability included currently have not much problem related to eating, toileting and dressing skills.

As the researcher conducted continuous observation at the child's mealtime in their school, pupils can function eating tasks properly in both schools. Out of the 40 sample pupils from both school only two pupils needs support on eating and toilet function.

Teachers were explain the reason how such skills are develop appropriately is , all schools have a meal time program and teachers can correct skill gaps or inappropriate behavior by supervising in the meal time and students were stay more than 6 years in the school and they were get adequate skill in this area. In addition to this, eating and toilet activities are routing tasks of the child and families give guidelines and support to develop the skill appropriately in their home. Because of the above mentioned and other related supports, currently, pupils have relatively good performance on these skills.

According to Heward, et al., (1988), pupils with intellectual disability can develop toileting and eating skills through continuous provision of training with positive reinforcement. Related to this, porter (2001) stated that, students with intellectual disability could develop daily living skills with continuous training and through generalization of learning.

However, pupils have problems on keeping their hydgn, they are careless to keep their neatness, their clothes and face are dirty. They have low potential to protect themselves from sexual abuse. In relation to low grooming skill, the interviewers agree that, most pupils with mental retardation comes from families of low social status and the child also lack of good role models in their home might be the major factors.

Reading skill of the pupil's with intellectual disability included in this study is not beyond counting alphabets and reading a word. Most of them have alphabet confusion, very low reading rate, they cannot match the word with the real object, addition and subtractions of one digit number is difficult for them and have limitations to understand size, shapes and color of usual objects materials or objects. They have severe problem to write a single word. However, most teachers confirmed that, they often give the instruction.

The reason for this low functional academic skill can be arise from different sources. For instance, teachers have not base line data to start a lesson and it is not individualized. Pupils enrolled at later age (after 10 years), the lesson was not presented in small broken down sequential and meaningful steps, schools have not adequate teaching aid materials to demonstrate the lesson and teachers have low expectation about the achievement of pupils with intellectual disability.

As porter (2002), pupils with intellectual disability have problems in many areas of functional academic skills. In this condition, teachers should teach through demonstration, direct participation, using of concrete example and modify the lesson from simple to complex sequences.

Generally, the findings of this study indicate that schools included in this stud which are provide educational intervention for pupils with intellectual disability may not in the way of enabling individuals for personal independence.

## Chapter Six

### **6. Summary, conclusion and Recommendation**

#### **6.1. Summary**

Because of the society's lack of awareness about the cause and nature of mental retardation, peoples with intellectual disability were passed through painful and slow process including their families. Moreover, due to the society's low expectation about their residual potential and development, Children's with mental retardation were not get support and training at the early age right time for sensory motor development.

This study targeted to investigate current intervention practices of schools in enhancing adaptive skills of pupils with mental retardation and attempt to find out best practices and challenges of the schools.

41 teachers and 40 pupils with mental retardation were included from kokebetisbah, Belayzeleke and sibste Negasi primary school's special unit, and Yekatit 12 primary special school by using random sampling method. In both schools, the special units have adaptive skill training. However, mentally retarded children integrated in the regular classroom are not in the way of getting training in any area of adaptive skill except their physical integration, poor academic instruction with out considering their specific needs and residual potentials.

As found in the findings, assessment process of schools included in this study is no participatory, not organize, poor assessment format and using the result for educational placement and to design educational objectives may lead in to wrong decision, and the unique needs of individuals may be missed.

As indicated in this study, all school's special unit class give adaptive skills training (motor, socialization, communication, daily living skills and functional academic skills) commonly and their training method is almost similar.

The result of the study showed in all sample schools teachers both in the special unit and from integrated classroom have no any individualized educational program (IEP) that is targeted based on assessment results.

As found from the result of this study, the number of special need teachers assigned to school's with special unit is increase from time to time and it seems they start they start to improve the service provision of pupils with mental retardation in the sample schools. However ,as the respondents recommended in the open- ended item of the questionnaire, low professional competences of teachers both in the special unit and integrated classroom is t the major factor for problems to address the unique, broad and un measurable instructional objectives, and generally lo progress of pupils mostly connected to teacher's low professional competences.

As found from the interview of the teachers and observation of the researcher shown in the finding part, schools have not well-organized support system for the education of pupils in the special unit and in the integrated classroom. As found out from document analysis and interview results of teachers, these sample Schools have problems to evaluate the effectiveness of their instruction. Moreover, they cannot try to modify the content and the method until the child shows progress and small but meaningful progress of the child not evaluated continuously.

## **6.2. Conclusion**

Based on the proceeding of the study, the following conclusions made:

- Special unit teachers currently are trying to assess age appropriate skill gaps of pupils with intellectual disability. However, because of lack of well-organized assessment tools and continuity, low participation of families, absence of professional support, and lack of knowledge of subject matter knowledge of teachers in each adaptive skill area makes the assessment result incomplete.
- The participation of families in their child's education is very low.
- Absence of early enrolment of children's with mental retardation can affect negatively the effectiveness of teacher's intervention program.
- Broad and general instructional objectives and absence of small, sequential and systematic instruction methodology make the teaching learning process difficult to acquire the skills in the desired rate.
- Because of absence of trained teachers in the integrated classroom, lack of resource and support system, large class size, ineffective teaching method of teachers and lack of environmental modification, pupils with intellectual disability in the integrated classroom seems disadvantageous currently.
- The instructional activity of schools currently is not data based and not individualized educational program in both schools and the training on adaptive skill is more of traditional.
- Evaluation mechanisms of teachers about the progress of pupils with intellectual disability are not continuous and not analyzed to get a feedback in order to modify the current observable difficulties.

### **6.3. Recommendations**

The following recommendations given based on the finding of the study.

1. Assessment is the first stage for any intervention service and schools should improve their assessment services with the cooperative efforts of teachers' families, school personals and other professionals.
2. Early age of the child is a critical time for sensory motor development and awareness creation work is necessary to the society to enroll intellectually disabled children in their early age.
3. The participation of families is critical in their children's education; in this cause, much effort should do to increase their involvement.
4. Children with mental retardation have low abilities to learn large skills and many concepts in a time, so, the instruction should be present with broken down logically sequential steps through repeated revision until they understand the specific skill.
5. Designing of Instructional objectives should individualized, data based and participatory by considering age appropriate skill gapes and residual potential of the pupils with intellectual disability.
6. Adaptive skill training of pupils with intellectual disability should support with teaching aid materials.
7. Teachers should get adequate training to enable them skillful both in Classroom activities and to have a skill to prepare teaching aid materials from local resources.
6. Evaluation system should do at each step continuously and contents and methods of instruction must improve based on the feedbacks.
7. The application of the above recommendations seeks the participation the community, school society, health service providers, NGO's and other concerned bodies considered as stockholders in the education of children with intellectual disability.

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**Addis Ababa University**  
**School of graduate studies**

**Department of special need Education**

**A questionnaire to be respond by Teachers of pupils with  
Intellectual disability.**

This questionnaire is designed to collect information only for the research purpose.

Hence, you are kindly requested to respond for every item in the questionnaire. Your response has a greet impact on the success of the study.

This questionnaire is prepared for a purpose of conducting a study on current intervention practices of schools to enhance adaptive skills of pupils with mental retardation in Addis Ababa city administration four selected schools. To achieve the purpose, your cooperation in completing this questionnaire is highly appreciated. The success of this study is depends on your honest and sincere responses to the question items.

**Directions.**

1. You don't have write your name
2. After you read the questions carefully, indicate your opinion by circling the number in the table and write your responses in brief when ever necessary in the space provided.

## Part one

### Back ground Information

**Direction:** pleas circle the letters of your response or fill the Appropriate Information in the space provided

1. Name of the school\_\_\_\_\_
2. Address of the school; Sub  
city\_\_\_\_\_ Kebele\_\_\_\_\_
3. Sex: A) Male      B) Female
4. Age:\_\_\_\_\_
5. Qualification: A) MA  
                          B) BA  
                          C) Diploma  
                          D) certificate  
                          E)  
                          Other(specify)\_\_\_\_\_
6. Your field of  
study:\_\_\_\_\_ .Major\_\_\_\_\_ Minor\_\_\_\_\_
7. Marital status: A) Married  
                          B) Un married C) Divorced
8. How many children you have?\_\_\_\_\_(If you don't a child leave this item)
9. How do you evaluate your household monthly income as compared to  
others?  
A) Better than others    B) the same as others    C) Worse than  
others
10. Do you have any family member or relatives with any form of  
disability?  
A) Yes      B)No
11. If your answer for item number '10' is 'Yes'

Age \_\_\_\_\_ sex \_\_\_\_\_ Your relation with the  
child \_\_\_\_\_

12. How many years of experience do you have in teaching profession?

13. As a regular class teacher \_\_\_\_\_ years/month

14. Teaching in inclusive classes \_\_\_\_\_ years/month

15. As a special unit teacher \_\_\_\_\_ years/month

16. In which class do you teach currently ?

A) In the inclusive class

B) In the Special unit

C) In the regular class

18. Have you had any training on how to support students with mental  
retardation in inclusive class and special unit?

A) Yes

B) No

19. If your answer to item number "18" is "yes" describe the type of  
received: \_\_\_\_\_

20. The duration of training indicated in number "19" is \_\_\_\_\_

21. The average number of students you teach in a class: \_\_\_\_\_

22. The number of periods you teach in week \_\_\_\_\_

23 . List the subjects you teach

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## Part two

**Direction;** the following statements are reflecting the instructions that the school expected to provide for students with intellectual disability to develop adaptive skills. Against each item, circle your response based on your intensity of service provision.

The response categories are Often (O), sometimes (s) and never (N).

	<b>Items</b>	<b>Rating scales</b>		
1	How often do you teach your students to develop the following gross motor skills?	N=Never	S=some times	O=Often
	1.1 To move their limbs freely	N	S	O
	1.2 Runs smoothly by changing direction & speed	N	S	O
	1.3 To catch objects by using both hands	N	S	O
	1.4 To kick objects/ball	N	S	O
	1.5 Techniques of pushing & pulling objects	N	S	O
	1.6 Jumps off with foot	N	S	O
	1.7 pick and carries liquid with open container	N	S	O
	1.8 Throws objects/balls	N	S	O
2	<b>How often do you teach your students the following fine motor skills?</b>	<b>N=Never</b>	<b>S=some</b>	<b>O=Often</b>
	2.1 To hold and use pen/pencil properly	N	S	O
	2.2 Open locks with key	N	S	O
	2.3 Fold and cut paper/cloth	N	S	O
	2.4 Put thread on beads and needle	N	S	O
	2.5 To drive and pull screw With screw driver	N	S	O
	2.6 pours liquid from one container to another	N	S	O
3	<b>How often do you teach</b>			

	<b>your students the following socialization skills? To</b>	<b>N=Never</b>	<b>S=some times</b>	<b>O=Often</b>
	3.1 Play cooperatively with peers	N	S	O
	3.2 Remember names of other children and interact appropriately	N	S	O
	3.3 Show concern about problems of others	N	S	O
	3.4 Apologize for making mistakes or error	N	S	O
	3.5 Ask permission for using things belongs to others	N	S	O
<b>4</b>	<b>How often do you teach your students the following language expressive skills? To</b>	<b>N=Never</b>	<b>S=some times</b>	<b>O=Often</b>
	4.1Develop appropriate and real sound production	N	S	O
	4.2Name all body parts	N	S	O
	4.3Know & names of families peers, teachers, common objects etc.	N	S	O
	4.4Understand the story what they heard before	N	S	O
	4.5Respond appropriate answer	N	S	O
	4.6Know & tell their a dress	N	S	O
	4.7Develop communication skill on telephone calls	N	S	O
	4.8Develop his/her knowledge on what, when, why & how type of questions and answers	N	S	O
<b>5</b>	<b>How often do you teach your students the following language receptive skills? To</b>	<b>N=Never</b>	<b>S=some times</b>	<b>O=Often</b>
	5.1 Know & show their body parts	N	S	O
	5.2 Know and call equipments that we use always	N	S	O
	5.3 Know figures in book	N	S	O
	5.4 Identify direction to the left, the right, dawn ward, upward,..	N	S	O
	5.5 Know directions of east,	N	S	O

	west, south, north.			
	5.6 Know types of money notes and their uses	N	S	O
<b>6</b>	<b>How often do you teach your students the following eating skills?</b>	<b>N=Never</b>	<b>S=some times</b>	<b>O=Often</b>
	6.1 uses fingers/spoon to eat food appropriately	N	S	O
	6.2 Chew foods by closing the mouth	N	S	O
	6.3 Pours water from ajar to cup & to drink properly	N	S	O
	6.4 Take the require amount of food and eat independently	N	S	O
<b>7</b>	<b>How often do you teach your students the following toileting skills to function independently?</b>	<b>N=Never</b>	<b>S=sometimes</b>	<b>O=Often</b>
	7.1 Indicate or tell toilet needs	N	S	O
	7.2 To close the toilet room to keep privacy	N	S	O
	7.3 Pool down clothes When he she needs to use toilet	N	S	O
	7.4 Sites on toilet sit appropriately	N	S	O
	7.5 Pull up cloth after use	N	S	O
<b>8</b>	<b>How often do you teach your students the following grooming skills? To</b>	<b>N=Never</b>	<b>S=so</b>	<b>O=Often</b>
	8.1 wash hands after & before eating	N	S	O
	8.2 Comb their hair by applying oil	N	S	O
	8.3 Cut and clean their finger nails	N	S	O
	8.4 Take bath independently	N	S	O
	8.5Develop brushing his/her teeth	N	S	O
<b>9</b>	<b>How often do you teach your students the following dressing skills to perform independently?</b>	<b>N=Never</b>	<b>S=sometimes</b>	<b>O=Often</b>
	9.1 Take of simple clothes	N	S	O
	9.2 Wear his/her own clothes and close back button/zip	N	S	O

	9.3 Put shoes correctly	N	S	O
<b>10</b>	<b>How often do you teach your students to protect themselves from the following potential accidents?</b>	<b>N=Never</b>	<b>S=sometimes</b>	<b>O=Often</b>
	9.1 To protect themselves from fire accident	N	S	O
	9.2 To protect themselves from car accident	N	S	O
	9.3 Handling sharp objects carefully	N	S	O
	9.4 To protect themselves from Electric shock	N	S	O
	9.5 To protect themselves from sexual abuse	N	S	O
<b>11</b>	<b>How often do you teach your students the following functional academic skills of reading?</b>	<b>N=Never</b>	<b>S=sometimes</b>	<b>O=Often</b>
	11.1 To identify & read letters	N	S	O
	11.2 To develop knowledge reading words	N	S	O
	11.3 To read short sentences	N	S	O
	11.4 Read functional words (male, female, position etc)	N	S	O
	11.5 To read from printed materials	N	S	O
<b>12</b>	<b>How often do you teach your students the following arithmetic skills</b>	<b>N=Never</b>	<b>S=sometimes</b>	<b>O=Often</b>
	12.1 To arrange objects by size	N	S	O
	12.2 To identify more from less	N	S	O
	12.3 To enable them count, add and subtract numbers	N	S	O
<b>13</b>	<b>How often do you teach your students the following writing skills? To</b>	<b>N=Never</b>	<b>S=sometimes</b>	<b>O=Often</b>
	13.1 Write letters	N	S	O
	13.2 Write words	N	S	O
	13.3 Copy from other printed materials	N	S	O

14. How do you teach the above mentioned skills in a given period?

A) Separately from the subject matter

B) Together with the subject mater

C) Other \_\_\_\_\_

15. In your observation, children with intellectual disability uses their break time in the school by

A) Playing with peers

B) Playing alone

C) Sitting in the class room or out side the class room

16. In your opinion, do you believe that students with intellectual disability currently get the right intervention in your school?

A) Yes      B) No

17. If your answer for item number '16' is "Yes" mention the progress of the child that shows after he/she enrolled in the school

\_\_\_\_\_

\_\_\_\_\_

18. If your answer for item number '16' is "No" mention the factors that can hinder the instruction process

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

19. Any comment you have to improve the education of children with intellectual disability

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

Thank you!

## Observation check

### Observation check list on individual's independent performance

Sub city \_\_\_\_\_ Kebel \_\_\_\_\_ .Name of the school \_\_\_\_\_

Child's cod \_\_\_\_\_ age \_\_\_\_\_ date of entry \_\_\_\_\_

date of observation \_\_\_\_\_

NO	Different skills should be observed	poor	faire	good
<b>A</b>	<b>Motor skills                  Gross motor skills</b>			
1	Abilities of jumping with both foot			
2	Abilities of running by changing speed & direction			
3	sits strength and stands from sitting			
4	Walks without assistance			
5	Kick objects(ball) without failing			
6	Physical strength on pulling and pushing			
7	Catches objects with both hands			
<b>B</b>	<b>Fine motor skills</b>	poor	faire	good
8	Skills of holding objects like pen/pencil			
9	Abilities to open or to lock the door with key			
10	Skills of Folding papers/cloth properly			
11	Abilities of cutting different shapes from a drawing paper with scissor			
12	Skills to pick up objects with his/her finger			
13	Skills of un screw bottle			
14	Skills to Pour water from one container to another			
<b>C</b>	<b>Personal - social skills</b>	poor	faire	good
15	Abilities of Playing with peers co-operatively			
16	Abilities of waiting turns during playing with others			

17	Greeting when being introduced to others			
18	Willingness to give objects when he/she asked			
19	Take permission to use things /to go out from the class			
D	<b>Communication skills</b>	poor	faire	good
	<b>1.language expression skills</b>			
20	Abilities to Produce real sound			
21	Skills of naming all body parts			
22	Ability of telling stories/jokes/ he/she heard before			
23	Abilities of giving appropriate answers for questions			
24	Abilities of remembering and telling of address			
25	Skills of recognizing names of peers			
26	Abilities to name familiar objects			
27	Abilities to expresses his/her needs, emotions and problems in simple sentence			
	<b>2.Language receptive skills</b>	poor	faire	good
28	Respond to a proper command (e.g. tell me, give me...)			
29	Touch body parts on command			
31	Discriminate between two unlike objects on command (e.g. give me the red, blue...)			
32	Move from one place to another as instructed			
33	Perform two step commands (give the duster for teacher and come back....)			
34	Understanding of meanings of 'YES' and 'NO'			
35	Knowledge of direction (the left, right, for ward, back ward...)			
36	Knowledge of direction(south, north, east and. west)			
E	<b>Self- help skills</b>	poor	faire	good
	<b>1.Eating and drinking skills</b>			
37	Sits appropriately to eat			

38	Eat independently with out spilling			
39	Chews food by closing his /her mouth			
40	Using of utensils to eat properly			
41	Takes the required amount of food when food is given			
42	Pours water to a cup and drinks with out spilling			
	<b>2.Toileting skills</b>	poor	faire	good
43	Indicates toilet needs			
44	Sites on toile seat appropriately			
45	Flushes after using toilet			
46	Performance of dressing (pull down &pull up)during toilet use			
47	Keeping of privacy during toilet use(closing the door)			
	<b>3.Dressing skills</b>	poor	faire	good
48	Puts on trouser dress			
49	Takes of trouser/ dress			
50	Puts on clothes in order			
51	Buttons/zips clothes			
52	Un Buttons/unzips clothes			
53	Puts on shoes			
	<b>4.Grooming skills</b>	poor	faire	good
54	Washes and wipes hands			
55	Washes and wipes face			
56	Washes and comps hair by applying oil			
57	Cleans nose			
58	Brushes teeth			
	<b>E. functional academic skills</b>			
	<b>1.Reading</b>	poor	faire	good
59	Recognize letters			

60	Reading ability of words			
61	Reading ability of sentences			
62	Reading ability by using punctuation signs			
	<b>2. Writing</b>	poor	faire	good
63	Writes letters on line with correct shape			
64	Write words			
65	Copies from other materials			
66	Writes simple sentence			
	<b>3. Arithmetic</b>	poor	faire	good
67	Abilities of grouping objects by size			
68	Identifies more from less			
69	Abilities of counting numbers			
70	Abilities of addition and subtraction up to two digit or more			
	<b>4 .money concept</b>	poor	faire	good
71	Differentiate different notes of money			
72	Knowledge about prices of common items			
73	Ask for change after shopping			
74	Counts and pay for the service they used (transportation...)			
75	Knowledge about differences and similarities between Birr and cents			
	<b>Time concept</b>	poor	faire	good
76	Name days of the week in order			
77	Name months of the year in order			
78	Knows what activities can be doing in morning, afternoon, at night			
79	Knows at what time he/she go to school & come back from school			
80	Knows their meal time(diner, lunch, breakfast)			

## Classroom and outdoor observation checklist

### A. Checklist for the actual teaching learning process in the Classroom

1. Are pupils participate in all classroom activities and interact each other?

A) Yes      B) No

2. Is there individually designed educational program (IEP)?

A) Yes      B) No

3. Are there continuous assessment mechanism?

A) Yes      B) No

4. Are there well-organized pupils record kept for each individual?

A) Yes      B) No

5. Are there lesson plans of the teacher?

A) Yes      B) No

6. Content of the lesson plan

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_

D) \_\_\_\_\_

E) \_\_\_\_\_

7. Are teaching aid materials inside and out side the classroom is available?

A) Yes B. No

8. Is the classroom conducive for teaching-learning process?

A) Yes B. No

9. Are there textbooks for each student?

A) Yes B. No

10. Does the teachers have evaluation mechanism about the pupil's progress ?

A. Yes B. No

## Interview Guide

### Interview guide to be respond by teachers of pupils with intellectual disability

#### 1. personal information

- Sub city \_\_\_\_\_ kebele \_\_\_\_\_ Qualification \_\_\_\_\_ Field  
of specialization: major \_\_\_\_\_ Minor \_\_\_\_\_ Experience  
\_\_\_\_\_

2. How can you identify age appropriate skill gaps of the pupils with intellectual disability in your school?
3. Who are the participants in the assessment process of age appropriate skill gaps of pupils with intellectual disability ? In addition, at what interval the assessment is made?
4. Do you think that pupils with intellectual disability currently get the right intervention?  
If yes, describe the progress of the pupils  
  
If No, what possible strategies do you recommend?
4. Are resource rooms and teaching aid materials available to teach children with intellectual disability in your school?
1. In your opinion, what are the major problems of instructional practices of pupils with intellectual disability in your school?
7. Do you get adequate training to teach pupils with intellectual disability in your school?
8. Do you get support from your school?

If yes, what type of support you get?

If No why?

8. What are the methods currently used to train these adaptive Skills  
(motor, Social, communication, daily living skills training) of pupils with

Intellectual disability in your school?

8. What evaluation mechanism currently use to measure the

Progress of the pupils with intellectual disability in your school?

9. How do you explain the current family participation in your school?

10 What possible solutions or suggestions do you recommend to

improve the current intervention practices of schools for pupils

with intellectual disability?

Thank you!

Annex: Back ground characteristics of children's age, sex, educational placement, duration in the school

of the subjects of the study

school	Child's Code	sex	Age	School year	Educational placement	
					Special class	Regular class
Kokebe Tsibah primary school	K1	M	22	>10yrs		
	K2	F	21	>10yrs	SU	
	K3	F	16	5yrs		RC
	K4	F	15	7yrs	SU	
	K5	F	13	5yrs	>>	
	K6	F	19	8yrs		RC
	K7	M	23	9yrs	SU	
	K8	M	20	>10yrs	SU	
	K9	M	18	7yrs		RC
	K10	M	12	4yrs	SU	
	K111	M	21	>10yrs		RC
	K12	M	17	6yrs		RC
	K13	M	11	2yrs	SU	
Sib ste	S1	F	23	7yrs	SU	

	S2	F	21	7yrs	>>	
	S3	M	21	7yrs	>>	
	S4	M	16	3yrs	>>	
	S5	M	17	5yrs	>>	
	S6	M	15	3yrs	>>	
	S7	M	19	7yrs	>>	
Belay Zeleke primary school	B1	F	19	6yrs	SU	
	B2	F	21	6yrs	SU	
	B3	M	16	4yrs		RC
	B4	M	20	7yrs	SU	
	B5	M	17	3yrs	>>	
	B6	M	17	5yrs	>>	
	B7	M	15	8yrs		RC
	B8	M	13	3yrs	SU	
	B9	M	21	5yrs		RC
	B10	M	13	2yrs	SU	
YEKATIT 23 PRIMARY SCHOOL	Y1	F	25	>8yrs	SU	
	Y2	F	14	3yrs	>>	
	Y3	F	13	2yrs	>>	
	Y4	M	16	4yrs	>>	
	Y5	M	18	>6rs	>>	
	Y6	M	12	1yr	>>	
	Y7	M	15	3yrs	>>	
	Y8	M	11	1yr	>>	
	Y9	M	16	3yrs	>>	
	Y10	M	18	>6yrs	>>	

## Declaration

This thesis is my original work, has not been presented for degree in any other university and that all sources of material used for the thesis have been dully acknowledged

Name: \_\_\_\_\_

Signature; \_\_\_\_\_

Place : Addis Ababa University

Date of submission: July 2010

This thesis has been submitted for examination with my approval as University advisor.

\_\_\_\_\_

Advisor

\_\_\_\_\_

Signature

