Comparative study of the psychosocial functioning of children with visual impairment in integrated and Special school settings

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Acronyms

LRE	least restrictive environment
SD	standard deviation
ESLCE	Ethiopian School Leaving Certificate Examination
MR	Mental retardation
M	male
F	female
α	alpha value
NFER	National Foundation for Educational Research

Abstract

The purpose of this study was to compare the psychosocial functioning of children with visual impairment in integrated and special school settings. To conduct this study 32 children (M=15, F=17) were purposefully selected from German (integrated) and Sebeta (special) school and instruments that measure their psychosocial functioning were administered on them. Their teachers and caregivers (who were also purposefully selected) filled the social skill scale and responded to interview questions with regard to the children's psychosocial functioning. The T-test result indicated that at α *=0.05 there is significant difference in the psychosocial functioning of those children in the two schools. When specifically looking into the variables the significant difference is observed in four of the variables .Those children in the special school were found to be better in their self confidence, psychological adjustment, social adjustment and functional independence The interview made with teachers and caregivers was analyzed using thematic analysis and the result indicated that what was found from most of the respondents in the special School is in line with many of the quantitative findings whereas what was found from those in the integrated school was different from it. This strengthens the finding that the children in the special school are better in their psychosocial functioning than those in the integrated school. From* the *result of the study it can be concluded that educational setting has an impact on the psychosocial functioning of children with visual impairment. Finally it was recommended that before integrating children with special needs in the regular class rooms some preconditions must be fulfilled like changing the attitude of teachers and sighted children towards them, making the infrastructure of the schools suitable for them, availability of specially trained teachers etc. The children should be integrated not only physically but also socially and intellectually and their special needs must be fulfilled. Counseling services should also be provided for the children to strengthen their psychosocial functioning. It was also recommended that it is better for those children with visual impairment to join special schools so that their psychosocial functioning would be enhanced. The recommendation also highlights the need for further study and a revision in the current trend in special needs education.*

Chapter One

Introduction

1.1. Background of the study

1.1.1. Background of Efficacy studies

For several years it was the preoccupation of special educators to conduct studies comparing the placement of children with disabilities in various types of educational settings, for example, special classes versus general education classrooms, special classes versus resources rooms, and so on. At least 50 such studies were conducted from 1950 to 1980 (Carlberg and Kavale, 1980) as cited by (Hallahan and Kauffman, 1988). These studies are commonly referred by special educators as "the efficacy studies" and these studies were the source of considerable debate (Hallahan and Kauffman, 1988).

In making efficacy studies between integrated and segregated provision, two groups are selected for study, one integrated, the other segregated; the curricular and socializing opportunities that differentiate the two groups are identified; the differences in outcome (e.g. attainments, adjustment, self- confidence etc) are measured. This pattern of research is popular since it fits neatly into empirical research method and allows the use of sophisticated and powerful tools of data analysis (Hegarty et al; 1981).

Studies, however, indicate that the results found are contradictory and inconclusive. While some researchers in the field of education and rehabilitation of children with disabilities have demonstrated the integrated or mainstreamed educational provisions to be socially, emotionally and academically beneficial to children with disabilities, there

are some researches which have shown no significant difference among those children studying in different educational settings or have found the special educational provisions to be more beneficial to them in terms of their social, emotional and educational development (Hegarty et al; 1981).This is also supported by Hallahan and Kauffman (1988); they indicated that results were some times mixed and what complicates the picture further is the difference in the results for academic versus social outcomes.

Researchers indicated that the reasons for the inconsistent findings are methodological inadequacies (Hegarty et al, 1981). Jenkinson (1987) and kemp and Carter (1993) as cited in Hegarty et al ;1981 discussed the problems in designing efficacy studies: one group is never identical with another group of children, no matter how carefully selected; it is not always possible to randomly assign students to groups for study (the pool of students with some disabilities is relatively small; matching students is difficult when creating comparison groups; outcomes to be measured need to be socially valid (and therefore some times require specialized measurement techniques).

1.1.2. Characteristics of segregation

1.1.2.a. Definition of segregation

Meijer et al; 1995 as cited in Tirusew, 1999 defined segregation as "an educational setting that does not allow children with special needs to have social contacts with their peers referring to both special schools and permanent special classes in regular school settings."

In general, segregation inhibits children with special needs from having social contacts with their non-disabled peers; therefore, as we go down in the cascade for special educational provision since the social contact between these two groups decreases segregation on the contrary increases. This means the least segregative educational setting will be when children with special needs have their education in the ordinary class alongside with their peers and the most segregative educational setting will be when these children are in special school on a full-time basis.

1.1.2.b.The concept of segregation

Based on the traditional view towards disabling factors and persons with disabilities, disability was seen as punishment. Following this, a model which consider disability as lying 'with in' the individual factors emerged (Tirusew, 1999). According to this model (the medical model) disability is seen as a lack of competence due to a dysfunction in an individuals' mind and Body (Reindal, 1995; as cited by Tirusew, 1999).This conceptualization led to the creation of different categories and labeling. The consequence of such understanding led to segregation and isolation of children with disabilities from the main stream' (special school and institutions are established) (Evans, 1998; as cited by Tirusew, 1999). Special school is the supreme example of segregated folly, or of sensible education policy, depending on the values one holds (Williams, 1991).

Special schools fall into three types according to how they are run; maintained schools provided by local education authorities; non-maintained school, provided by voluntary bodies and which are non-profit making concerns, eligible for certain grants from public

funds if approved for the purpose; and independent schools. "In the decades following the Second World War, there was a steady and substantial increase in the number of places available in maintained special schools, both day and residential" (Williams, 1991, 12).

1.1.2.c. Rationale for segregation / segregated education

In the mid-and late 1800's, with the help of public funds, institutional programs and some special classes were developed for persons with hearing impairment,visual impairment and mental retardation, as well as for delinquents. Because of the belief that handicapping conditions could not be improved through education, these programs segregated children with disabilities from the general education system (Hayer, 1989). Until the early 1900's there was also fear that people with disabilities especially the retarded will pollute the society. Between the early 1900's and world war ll special schools and classes became more prevalent. Their purpose was to give care and training (Hayer, 1989).

On the contrary, schools for the blind were established because of the belief that they are capable individuals who can contribute a lot. (Not to segregate or shelter or provide care for them). In general, children with visual impairment were not excluded from education like children with other disabilities; there was never a sense that education of students with visual impairment was a waste of time or money. Rather time and money were an investment in the future (International center for eye health, n.d.).

1.1.3.Characteristics of integration

1.1.3.a. Definition of integration

In some way, people define integration as the process of increasing the participation of children and young people in their communities. They see their involvement in the social

and educational life of comprehensive kindergarten, primary and secondary schools as well as further and higher education as an integral part of this process. "Integration is most commonly applied to the bringing of children with disabilities from segregated special schools into ordinary schools since they are an exclude group and it is appropriate that this should be so" (Booth and Potts, 1983; as quoted by Nitsuh, 1996).

According to Hegarty et al. (1981) "integration in its widest usage entails a process of making a whole, of combining different elements into a unity." It refers to the education of pupils with special needs in ordinary schools. Integration provides a 'natural ' environment where these pupils are freed from the isolation that is characteristic of much special school placement.(Hegarty et al; 1981).

Guralinck (1997) as cited by Tirusew (1999) indicated that, "integration is a more generic term applied to the school situation and may include departures from mainstreaming such as when more limited contact during part of the day between children with and without disabilities is planned." Integration in its broadest sense refers to the process of educating children with disabilities in regular classroom whenever the placement best fits their particular learning and / or social needs (Banbury (1987) as cited by Tirusew (1999)).

1.1.3.b. The concept of integration

Hegarty, et al. (1981) indicated that the concept of integration is a complex and dynamic one. "It has evolved from a simple opposition to placement in a special school to encompassing a variety of arrangements in ordinary schools." They added that this diversity is mostly described in two ways: first; in terms of the association between the

'special' group and the ordinary school; and secondly, in terms of organizational structure.

1.1.3.c. Forms of Integration

Hegarty et al, 1981; as cited by Teferi, 1996 indicated that Warnock distinguished three main forms of integration in terms of association: locational; social; and functional.

> Locational integration exists where special units or classes are set up in ordinary schools or where a special school and ordinary school share the same site. Social integration is 'where children attending a special class or unit, eat, play and consort with other children, and possibly share organized out- of -classroom activities with them'. Functional integration is the fullest form of integration and is achieved when locational and social integration lead to 'joint participation in educational activities --- where children with special needs join, part-time or full-time, the regular classes of the school, and make a full contribution to the activity of the school'.(p:20).

A more elaborate, though similar structure is offered by soder as cited in Hegarty, et.al (1981:11).

Table 1: Forms of integration adapted from Soder (1980)

Physical integration	Functional integration			Social integration	Societal integration
	co- utilization	simultaneous utilization	co- operation		
Facility integration Organizational integration Formal integration Structural integration	Administrative integration		Activity integration subject integration		

Table1 indicates the different concepts used with respect to four different forms of

integration: physical, functional, social and societal. The thrast is on reducing the distance between two groups.

Another way of elaborating the concept of integration is based on the different organizational arrangements. One of the most popular one is Deno's (1970) cascade model as cited in Hegarty et al (1981). Following this, various writers and official reports describe the arrangements in terms of a continuum of provision. These vary slightly but the essential patterns are as follows:

i. Ordinary class with support in classroom

ii. Ordinary class with withdrawal

iii. Special class part- time, ordinary class part- time

iv. Special class in ordinary school full- time.

v. Special school with contact with ordinary school (P: 13).

Deno's cascade system was one of the first models which provided a model for a special education service based on learning variables and not clinical labels. Following this there are more efforts in this area. These are usually structured in terms of degree of separation from the main stream, which indicate a continuum from total segregation to the absence of segregation .One of them is from Gear heart and weishahn as cited in Hegarty et al (1981) and it is as follows (P:69).

Table 2: Cascade model of integration by Gear heart and weishahn

ordinary class placement, no additional assistance	1
ordinary class placement with consultative assistance only from specialist educator	2
ordinary class placement with consultation and specialist materials from specialist educator	3
ordinary class placement with assistance from peripatetic specialist teacher	4
ordinary class placement with withdrawal into resource rooms	5
placement 'shared' between special and ordinary classes	6
special class in ordinary school	7
special class in separate day special school	8
Hospital/ home bound service	9
Residential school	10

Here we can talk of a continuum only in an imprecise way. One can do no more than point to an overall trend. There will be a progression from one end to the other.

1.1.3.d. Rational for integration

Bricker (1987) as cited in Hegarty et al. (1981) indicated that the rationales for the integration of exceptional children are three: social- ethical, legal -legislative, and psychological- educational. Social- ethical, reasons have to do with altering societal attitudes and the social/ emotional effects of segregation, while legal- legislative reasons derive from legislative enactments and court decisions. Psychological-educational reasons, on the other hand, have to do with the educational or developmental benefits the children get by interacting with non-disabled peers.

The above rationale for integration is also supported by proponents of integration for young children with handicaps (Bricker, 1987 as cited in Hegarty et al., 1981). They rely primary up on the following rationale. First, a legal rationale states that integration with non handicapped peers represents the least restrictive educational environment, which is a requirement of P.L 99-457. A second rationale suggests that integration is appropriate because it is the most morally and ethically correct form of education. Stated simply,

integration should occur because it is the right thing to do. The third rationale states that children with handicaps enrolled in integrated educational programs will receive additional educational or developmental benefits by being in close proximity to and interacting with normally developing peers of similar ages (NASP center, n.d.).A minimum criterion related to this rationale is that children with handicaps receive educational benefits that are at least equal to those that would be received in non integrated placements (NASP center, n.d.).

1.2. Concepts in psychosocial functioning

Psychosocial comes from the words psychological and social interrelationship of the psychological aspects pertaining to the thoughts, feelings, reactions, behaviors of a person with the social aspect pertaining to the situation, circumstances, events, relationships, other people which influence , or affect the person sometimes to the point of causing distress ("Social psychology," n.d.). Social functioning is also defined as an individual's social interactions and expectations (Wisconsin center for education, 2005).

Elements of psychological functioning include self-esteem, locus of control, coping strategies, adjustment to handicap etc whereas that of social functioning include competencies in working independently; following directions; peer relations; being attentive, enthusiastic, and actively involved in classroom activities; conforming to classroom rule and routines; asking for and receiving help when needed; and getting along with other children etc.(Shakespeare, 1982)

In this study the scope is delimited to self-esteem, self-confidence and psychological adjustment to handicap with regard to psychological functioning and to social skill, independence and social adjustment to handicap with regard to social functioning.

1.2.1. The concept of self –esteem

Self-esteem is the affective or emotional aspect of self (Springer, n.d.). Rentsch and Heffne (1992) and Derga and Tanda(1986) as cited in (Solomon, 1999) define self-esteem as an evaluation of oneself as a person, and how we think of ourselves, whether in a positive or negative fashion respectively.

Our feelings about self- worth and self-esteem develop in large part from our perceptions of where we see ourselves in relation to significant others. In addition to this, common elements of self- esteem include early relationship with parents, others appraisal of us, culturally influenced identities and specific skills (Springer, n.d.).

According to Pope et al; (1988) as cited in (Solomon, 1999) high self- esteem is related to having a "healthy" view of the self-one that realistically includes short comings but is not harshly critical of them. They also said "a person with a high self- esteem evaluates himself in a positive way and feels good about his strong points" (P:10).

In contrast, people with low self- esteem frequently exhibit an artificially positive self-attitude to the world, in a desperate attempt to prove to others and themselves that they are adequate persons, or they may retreat into themselves, avoiding contact with others who, they fear will ultimately reject them. "A person with low self- esteem is essentially

a person who finds little to be proud of him" (Pope et al; 1988 as cited in Solomon, 1999).

1.2.2. The concept of self- confidence

Self- confidence is being certain and trusting about your self in regard to addressing certain tasks or all tasks. It is an attitude which makes individuals to have positive yet realistic views of themselves and situations (Gilbert, n.d.). Self- confident people trust their own abilities, have a general sense of control in their lives, and believe that, within reason, they will be able to do what they wish, plan and expect (Gilbert, n.d.).

> Self-confidence is characterized by: assertiveness, optimism, eagerness, affection, pride, independence, trust, the ability to handle criticism, emotional maturity, and the ability to accurately assess our capabilities. Primarily it refers to us having a positive and realistic perception of ourselves and our abilities. A lack of self-confidence, on the other hand, is characterized by: self- doubt, passivity, submissiveness, over –conformity, isolation, sensitively to criticism, distrust, depression, and feelings of inferiority and being un loved, and they may blame themselves for faults that lie else where (Rigby, 1972,4).

1.2.3. The concept of Psychological adjustment to handicap

Psychological adjustment to handicap means becoming aware of the limitations associated with the handicap and accepting them. This doesn't mean that they should adjust to their handicap and become handicapped persons. But rather that goals and expectations must not be set too low and should never be static (Hegarty et al; 1981). The

individual now sees the disability as one of her/his many personal characteristics and it moves along with him/her together with their other personal assets and liabilities (Council for exceptional children, n.d.). Many young people with disabilities have problem of adjustment. These are mainly of two kinds. Some become inward looking and attach too much importance to their handicapping condition. They misinterpret other pupils' actions, and respond negatively. Others see themselves as special cases and as deserving sympathy and exceptional status. On the other hand, some others have widely ambitious dreams which don't go along with the reality (Hegarty et al, 1981).

Individuals with disability must make some adjustments to lead fulfilling and satisfying lives. The most obvious and important of these adjustments is the appraisal and acceptance of the handicapping condition itself. Another necessary adjustment requires recognizing and dealing with influences of a handicapping condition on all aspects of the individual's development (Reynolds and Lesterman, 1987).

Adjustment models for persons with visual impairment and other disabilities have been described by Persson (2004) as cited in NASP center (n.d.). He said a person with a disability will adopt many strategies that complement each other, rather than one particular coping style. The positive strategies are acceptance, positive avoidance, minimization... and the negative strategies are denial, shame, helplessness, etc (NASP center, n.d.).

Positive strategies

i. Acceptance (stoicism and re- evaluation) involves acknowledging the disability, which is, ignoring its limitations and emphasizing its possibilities.

ii. Positive avoidance is the ability to focus attention away from the problematic and frightening aspects of disability.

iii. Minimization involves viewing the disability in relativistic terms (other people are worse off) (NASP center, n.d.).

Negative Strategies

i. Denial means not acknowledging the disability.

ii. Shame is the feeling of inferiority in comparison to healthy people.

iii. Helplessness is the feeling of self- pity and of not being able to cope. (A feeling of helplessness) (NASP center, n.d.).

1.2.4. The concept of social skill

Social skills are defined as specific strategies used by an individual to perform social tasks effectively and thus be judged socially competent (Smith, n.d.). Foster and Ritchey (1979) as quoted in (Gresham, 1982) define it as: "Those responses, which within a given situation, prove effective, or in other words maximize the probability of producing, maintaining, or enhancing positive effects for the interactors."

Social skills are classified in different ways. The "stop and Think" program organizes social skills into four areas: 1. Survival skills: (e.g. listening, following directions, and ignoring distractions, using nice or brave, talk, rewarding you), 2.Interpersonal skills:

(e.g. sharing, asking for permission, joining an activity, waiting your turn), 3.Problem-solving skills: (e.g. asking for help, apologizing, accepting consequences, deciding what to do), and 4.Conflict resolution skills: (e.g. dealing with teasing, losing, Accusations, being left out, peer pressure) (NASP center, n.d.).

Social skills are often the result of spontaneous visual imitation. However, with regard to this very aspect, children with visual impairment experience their limitations, sometimes even from birth. In addition, people with visual impairment miss out on very important signals such as nonverbal communication. It is a source of information in the contact with others. For example, nonverbal communication provides information about the moment of joining in a conversation with another person/ other persons. Rejection by others also interferes with the acquision of social skill (Bremer, n.d).

1.2.5. The concept of independence

The opportunity to act independently, to run risks and make mistakes, to explore the world around them and their own capacities in relation to it, is an essential part of growing up for all children. It is no less important for those who have special needs. "In some ways it may be more important since particular disabilities such as vision impairment or lack of mobility may restrict the scope for independent action" (Hegarty et al; 1981).

Formal teaching should prepare children for adult living, for example, they should be taught about the use of public transport and be given the opportunity to perform the task outside the school. To fulfill the aim of independence there should be an atmosphere of

autonomy. The staff in schools can do a lot to promote the independence of students including those with special needs. some of these are: - Having high expectations of the children to be independent, Giving pupils responsibility, Allowing them to take risks, Making a minimum of interventions, Making concessions only when necessary, Reducing excessive dependence, etc (Hegarty et al; 1981).

1.2.6. The concept of social adjustment to handicap

Rathjen (1984) as cited in (Reynolds and Lesterman, 1987) views social adjustment in relation to an individuals awareness of socially accepted behaviors. Shakespeare (1982) indicated that social adjustment include having adequate interpersonal relationships to avoid extreme loneliness and to avoid rejection through being unaware of others people's reactions; not interrupting or monopolizing conversations or addressing strangers in a familiar manner; being able to contribute to friendships as well as receiving.

Socially adjusted individuals are able to achieve intimacy in social relationships and they have the capacity to form friendships. They are also socially competent and make use of social contacts to satisfy their needs. Moreover, they are able to express both negative and positive feelings in a socially appropriate manner i.e. feelings of warmth, affection, admiration, irritation, disappointment, anger etc (Ibid). Shakespeare (1982) also indicated that socially adjusted people with handicap "have less need of social approval and are more able to rely on their own judgments of whether they are doing well" (P.31).

Loss of vision may hinder children from learning social skills which are important in making contacts with other children. Warren (1989), however, stated that not all

difficulties of socialization should be considered as the child's. He continued on saying that the reaction of others to the child with handicap plays an important role in socialization.

Some of the positive adaptation strategies to visual and other impairments are trust; independence etc .Trust (in the environment or outside factors) involves accepting social support from others. Isolation on the other hand, is one of the negative adaptation strategies to Visual impairment (NASP center, n.d.).

1.3. Statement of the problem

Individuals with visual impairment were having their education in segregated educational settings for a long time. However, the failure of these settings in providing the necessary support for the educational and psychosocial adjustment of people with disabilities initiated the development of integrated education. And due to further development many children with visual impairment are now having their education in the regular schools along side their peers.

Even though the basic assumption for the provision of integrated education for children with visual impairment, as indicated above, is the importance of integration for development of these children the findings regarding this are inconsistent. Some researchers indicate that segregated educational settings are better for the psychosocial functioning of these children, while others indicate that integrated educational settings are the better ones (Hegarty et al; 1981). There are some other researchers who found non significant differences between those children attending segregated and integrated

educational settings (Hegarty et al; 1981).

Keeping this as the brek drop, the present study has been designed to answer the following research questions;

1. Are there significant differences between children studying in integrated and special schools with regard to their self- esteem, self- confidence and psychological adjustment to handicap?
2. Are there significant differences with respect to social-skill, independence and social adjustment to handicap between children studying in integrated and special schools?

1.4. Objectives of the study

The study has the following general and specific objectives.

1.4.1. General objectives

The general objective of the study is to compare the psychosocial functioning of children with visual impairment in special and integrated schools.

1.4.2. Specific objectives

The specific objectives of the study are to compare:

- children with visual impairment in special and integrated schools with respect to their self-confidence.
- the self-esteem of children with visual impairment in special and integrated schools.
- children with visual impairment in special and integrated schools with regard to their psychological adjustment.

- the social adjustment of children with visual impairment in special and integrated schools.
- children with visual impairment in special and integrated schools with respect to their social skill.
- the functional independence of children with visual impairment in special and integrated schools.

1.5. Significance of the study

The focus of this study is to compare the psychosocial functioning of children with visual impairment attending in special and integrated school settings. Doing this kind of efficacy study would enable the concerned to decide which placement is better in maximizing the psychological and social growth of persons with disability in general and persons with visual impairment in particular. This will further guide parents and children in making placement decisions based on the result of the study. These studies also help in proving basic information for planners and policy makers so that they can make improvements in the educational setting which proves to be problematic for the psychosocial functioning of the children. Furthermore, this study will probably initiate others or will help others as a steeping stone for doing further research in the area.

1.6. Delimitation of the study

Previous researches on efficacy studies are done not only with respect to psychosocial functioning but also in relation to academic / educational achievement of students in different educational settings. However, the focus of this study is delimited to psychosocial functioning. Moreover, even though there are many aspects of psychological and social functioning, this study focuses only on self- esteem, self

confidence and psychological adjustment on the psychological side and on social-skills, independence and social adjustment on the social side. As indicated earlier this study is also delimited only to two schools namely German Church School and Sebeta Special School for the blind. In addition to this the study is delimited to children.

1.7. Limitations of the study

The study has the following limitations.

- Due to the limited number of children in the integrated school the sample size is limited to 32 children from both schools. So it may be difficult to generalize the finding of the study.
- Due to lack of sufficient materials in relation to the areas covered in the study the ideas raised may not be rich with important informations.

1.8. Operational definition of terms

Psychosocial functioning: for the purpose of this study its scope is delimited to self-esteem, self-confidence, psychological adjustment to handicap, social skill, functional independence and social adjustment to handicap. It is alternatively used with socio-emotional functioning/development.

Self-esteem: a feeling of self-worth, ,being successful ,capable of doing things, being proud of one self, satisfaction with one self, respection for one self etc.

Self-confidence: a feeling of adequacy ,being successful ,satisfaction with one self, preference to be independent in doing things, good at coming up with solutions etc.

Psychological adjustment to handicap: a feeling of being successful in life, of capable of doing things for one self, believing that a person with visual impairment has a chance to

be independent by learning new ways , visual impairment makes people pretty helpless, a person with vision problems has to do things by himself/herself etc.

Social skill: following teacher's instructions, making friends easily, initiating and maintaining conversation, offering help to others, responding to teasing from peers appropriately etc.

Functional independence: Being independent in performing daily activities ,in mobility, in doing home work/class work, in taking responsibility, in decision making etc.

Social adjustment to handicap: getting along with class mates, communicating with class mates, asking help from others, making friends easily, being accepted by friends, being friendly to others etc.

Children with visual impairment: Children who are low - vision and who lost vision completely (blind).

Integrated school settings: are settings where children with disabilities are having their education along side their non- disabled peers. In this study, regular (ordinary) school and mainstreaming are interchangeably used with integrated school.

Special School Settings: are settings where children with disabilities are having their education away from their non disabled peers. In the context of this study it refers to residential special schools where the children stay on a full- time basis.

Chapter Two

Review of related literature

As indicated in the previous chapter the purpose of this study is to make a comparative study of the psychosocial functioning of children with visual impairment in integrated and special school settings. There fore in this chapter in addition to a brief look at the historical development of education for the blind and blind education in Ethiopia, the literature found regarding this issue will be presented section by section.

2.1. Historical development of Education for the blind

Historically blind education has passed through various stages as indicated below. During the pre- Christian era, people with disability, if they survived, were persecuted, neglected, and mistreated (Hayer, 1989). However, this was not the case for people with visual impairment; they were rather accepted by the society. However, there was no attempt to educate and integrate them 'into' society until the eighteenth century (Smith and lukasson, 1995).

The Institution for Blind Youth is the first school for the blind (Smith and lukasson, 1995). It was founded in Paris in 1784 by Valentin Hauy who conceived a system of raised letters on the printed paper (Smith and lukasson, 1995). A tactile system that used an embossed six- dot code is developed for reading and writing in the early 1800s; by Louis Braille. This is what is known as the Braille system today (Smith and lukasson, 1995).

In the United States the first blind school was opened in 1829 (ANTO, 2004). It is known as the New England Asylum for the blind; and it was directed by Samuel Gridley Howe (ANTO, 2004). Around 1832, the New York Institute for the blind and the Pennsylvania Institution for blind were founded. "These nineteenth century schools were private boarding schools, usually attended by children from wealthy families'' (Smith and Luckasson,1995, 465).

The first day classes began in Scotland in 1872, where the blind were integrated with their sighted classmates. In the United States the first attempt to do so happened in Chicago. FankHall, the superintendent for the Illinois school for the blind, developed a mechanical Braille writer, a small, portable machine for taking notes and completing other written tasks (ANTO, 2004).

2.2. Blind education in Ethiopia

In former times, education and the position of the blind in the Ethiopian society had been vested with the Ethiopian Orthodox church. A blind child would be brought to the church at an earlier age and he would receive instruction concerning church liturgy (Taffesse, 1990 as cited; by Tensae, 2000). Due to this fact the kind of Education that existed in Ethiopia before the 20th century was traditional oriented and characterized by church education. During this time the Church and Monasteries were the main centers of learning (Yusuf, 1987). Its aim was to prepare the children for the service of the church. Since the mode of instruction/ presentation was oral, it helped the blind children a lot.

The education of the blind in Ethiopia started at the same time with that of the sighted ones. This was possible since the way of instruction was oral. This idea is supported by Rigby (1972), who indicated that since instruction was given orally and reading and writing were kept to a minimum, it was possible for the blind to follow the traditional type of education. He considers this as the first instance of an integrated education system for the blind.

According to Rigby (1972), in the 1930's the Ethiopian education system started to follow the Western type of education. Since the focus of this type of education was on reading and writing and no attempt was made to introduce Braille reading and writing, it was difficult for the blind to follow their education.

Special education of people with visual impairment is not a relatively recent phenomenon compared to that of other persons with disability. This is also true in the Ethiopian case. The first school for the blind was established in 1924 in Dembi Dollo by Voluntary and non- governmental organizations and individuals (Maru, 1990). However, its growth was disrupted by the Italian invasion in 1935. After this other special schools began to be opened beginning from the 1950's in different parts of the country; Bakko, Sebeta, Soddo Ghimbi, Shashemene, Wolayita, and Dire dawa with the cooperation of the Ethiopian government by different charity organizations (Rigby and Sawarage, 1970 as cited by Tensae, 2000).Currently there are totally six blind boarding schools in the country: Walayta, Shashemene, Sebeta, Bakko, Gonder and Mekele (the recent one) schools for the blind.

At present, blind students do not only attend in residential schools but also in regular schools together with their sighted peers in the elementary, secondary and tertiary levels. However it is not fully supported with specially trained itinerant teachers, and adapted materials and facilities.

2.3. Special versus integrated education

2.3.1. Efficacy Studies

There are many factors that adversely affect the socio-emotional development of children with visual impairment. Some of these are environment, attitude of others and lack of acceptance by others. Environment is a factor that significantly affects the psychosocial functioning of children with visual impairment. Their development is affected by different kinds of environment, including educational placement.The focus of this study is to see this effect on children in integrated and special school settings.

Even if children's social and emotional development is not the main objective of schools, it is clear why they should be concerned about it. During these formative years school is the main place for the social experience of these children that puts a great deal of influence on their social development. It is therefore important to examine different schooling arrangements' based on how well they enhance social and emotional development (Hegarty, 1993). That is why this study focuses on this issue.

This issue becomes more important in relation to pupils who have difficulties. Numerous studies have been conducted to examine which one of the two educational settings (i.e. ordinary or special) is superior in equipping these children with socio- emotional

development.The focus of these studies like that of the current study has been on different aspects of development- independence, maturity, display of socially acceptable behavior etc. However, the result was inconclusive and inconsistent. The findings do not consistently favor either of the two (Hegarty, 1993). "Moreover, all the methodological problems of control groups and extrapolation from the past behavior arise and make the interpretation of findings just as tentative" (P: 58).

Non comparative studies, however, does point in a particular direction. Hegarty and Pocklington (1981) as cited in Hegarty (1993) indicated that one study that addresses these issues was conducted at NFER .sample of pupils with special needs in ordinary schools are taken and their social and emotional development is examined (including those having sensory impairments). The result of the study indicates that the children had gains in their development.

As indicated above studies conducted regarding the efficacy of special and integrated educational settings for the psychosocial functioning of children with disabilities (in particular children with visual impairment) proved to be inconclusive and inconsistent even if the non comparative studies indicate the positive side of integrated education.

From now on these studies will be touched upon section by section.

2.3.2. The efficacy of special and integrated education on the psychological functioning of children with visual impairment

In this study the scope of psychological functioning is delimited to self-esteem, self-confidence and psychological adjustment and each will be discussed one after the other.

2.3.2. a. Self- esteem

2.3.2. a.1. Comparison of the self- esteem of Children with visual impairment in integrated and special schools.

One aspect of psychological functioning included in this study is self-esteem. Self-esteem is related to a person's feeling of self- worth and value. It is a critical ingredient for life-long happiness, success and a better life. (Perera, 2000 as cited in Tirusew, 2005, 231).

Although the benefits of integration for academic achievement have been a focus, a more persistent theme has been the impact of special education on the self concept and self-esteem of exceptional learners which is one of the points to be covered in the current study (Ager, 1998). Developing and maintaining positive self- concept and self- esteem has been considered important in educational programs for exceptional learners. The strong relationship between a student's self- esteem, level of functioning and school success indicate that one criterion for choosing appropriate educational placements for students with mild disabilities must be the impact on self-concept and self- esteem (Ager, 1998).

The basic assumption in providing integrated education to the blind children is that it would enhance their social emotional development including enhancement of self-concept and self-esteem. Non- disabled peers provide role models for more socially acceptable behavior, and also that being a fully included member of general education class increases self- esteem (Hayes, 1980).

The move away from segregated settings was, in part, based on the assumption that identifying children as special and isolating them results in a decrease in self- concept and self- esteem. This is because of the stigmatizing effect of handicapped labels (Hayes, 1980). This stigmatizing effect is one frequent criticism of the current special education system. Integration supporters suggest that the very act of labeling a student as a "special" frequently lowers expectations and self-esteem (Hayes, 1980). Further, special education placement in "pull out" programs" has (all too often) left many students with fragmented educations and feeling that they neither belong in the general education class room nor the special education classroom".The impact of such stigmas lowered expectations and also results in poor self – esteem (Ager, 1998).

A review and theoretical analysis of research on the influence of handicapped labels on children's self-concepts and self-esteem, provided by MacMillan et al. (1974) as cited in Coleman (1983, 6.1, 4) hypothesized two mechanisms through which handicapped labels supposedly influence children's perceptions of themselves: (a) the direct effects of the label on the child, and (b) the indirect effects of the label as it influences the behavior and attitudes of others that interact with children so labeled. Through the first mechanism

children's self- concept is thought to become reduced as their perceptions of themselves change in reaction to being labeled as handicapped. According to the second mechanism, handicapped labels influence self concept and self- esteem indirectly in that the differential perceptions of parents, teachers and/or peers toward the child who receives a handicapped label somehow assist the child in fulfilling the prophecy of lower self-concept resulting from being identified as handicapped (Coleman, 1983, 6.1, 4)

Most prior research has focused on the direct effects of labeling i.e., the extent to which being labeled as handicapped results in lowered self- concept. These studies have typically assessed the self- concept of children in different instructional settings. Children identified as handicapped, by legal mandate, must receive special education assistance. As a result, labeling and special- class placement always occur together, obvious/legal and ethical issues prevent attempts at separating the influence of each event experimentally. (Coleman, 1983, 6.1, 5)

Smith (1980) and his Colleagues (Coleman; Rogers, Smith,& Coleman, 1978; Smith, Zingale, & Coleman,1978; Stang, Smith,& Rogers,1978) as cited in Coleman (1983) studied the self concept and self–esteem of mildly handicapped elementary school students across a wide range of instructional placements. Based on their observations, these authors concluded that special- class placemats are a more powerful influence on children's self- perceptions than are handicapped labels. Furthermore they contended that special- class participation most often has a favorable, not negative, impact on children's self- concepts. These researchers repeatedly presented evidence that pre adolescent

handicapped children in both partially and totally segregated instructional settings retain positive self- images. In their view, children's self- esteem maintenance is based largely on the processes delineated in Festinger's (1954) social comparison theory. They cited him as saying that individuals use others in their immediate environment as the basis for making subjective judgments of self- worth (Coleman, 1983).

Macmillan, et al. (1974) as cited in Hallahan and Kauffman, (1988) however indicate that they are not sure of the relationship between self- esteem and labeling. They said:

> ... no evidence has been found of a direct relationship between self- concept and self –esteem and labeling ... some investigators found lower self-concepts in labeled and or special – class students (Borg, 1966, Jones 1973; Mann,1960; Meyerowitz 1962); others found the opposite (Drew; 1962; Goldberg, Passow, and Justman, 1961; and one researcher reported no difference (Bacher, 1965). And the methodological problems inherent in the vast majority of these studies render their findings difficult to interpret. (P: 467).

Opponents of integration argue that difficulties can only be exaggerated when students with disabilities function in the presence of non disabled students and this will ultimately result in lowering their self- concept and self- esteem. Integrationists, however, indicate that this is not what is happening in case of integration (Stainback .Sand Stainback .W, 1985 as cited in Tirussew, 2002).

Integration Supporters also suggest that as regular and special education faculty work cooperatively together in integrated settings, their coordinated work tends to raise their

own expectations for their students with disabilities, as well as student self- esteem and sense of belonging (Ager, 1998).

Peer acceptance is positively related to good socio- emotional development. If one is accepted by others, the relationship is likely to have a positive effect on individual's self-esteem and self-concept. On the other hand, if peers or teachers show lack of acceptance, their relationship may have unfavorable effect on the individual's self-esteem. The acceptance of children with visual impairment by their sighted peers has a great effect on their socio- emotional development including their self- esteem (Tirusew, 2002).

In general, as indicated above studies done with regard to self-esteem development of children in integrated and special school settings prove to be inconclusive even if the non-comparative studies highlight the importance of integrated education.

2.3.2. b. Self –confidence

The other aspect of psychological functioning covered in the current study is self-confidence.

2.3.2.b.1. Comparison of self- confidence of children with visual impairment in integrated and special schools.

As indicated earlier in this paper there have been numerous studies attempting to establish the relative superiority of ordinary schools or special schools in terms of social and emotional development of children with disabilities.The results found, in these studies, however, were inconclusive (Hegarty, 1993).

A non-comparative study conducted in this regard indicated that integrated educational settings are better than the special ones in helping children with disabilities gain in self-confidence, and independence and having a realistic acceptance of their handicapped condition (Hegarty, 1993).

Cave and Maidson (1978) as cited in Hegarty et al. (1981) have made studies on the social and emotional development of children in the integration programmes. The specialist staff especially those who had experience of special schools indicate that the children seemed as if they were more confident and mature than they would have been in special school but less so than their ordinary peers.

Further information on self- confidence comes from responses to questionnaires on the small sample of case study pupils. The teachers indicated that "this suggests a reasonable level of confidence, with a slight increase over the twelve months; the difference is in fact statistically significant (at two percent) level of confidence, using a matched pair's test" (Hegarty et al; 1981, 425).

The development of self- confidence was affected in different ways by pupils' presence in the ordinary school. Some of these children got confidence only because of the fact that they are being in an ordinary school. They said that being in an ordinary school make them to be part of the world (Hegarty et al; 1981). They had not been totally cut off in special school and indeed appreciated the opportunities created there to enable them enter mainstream of society. These had to be specially set up however and tended to attract

attention. Here they were part of the mainstream and there was less need for them to feel different. One of them put it very directly. "At (special school) you are a handicapped person; here you are a person with a handicap" (Hegarty et al; 1981, 426).

Another pupil said that he got the confidence from being able to compete with the able-bodied on their terms and being able to do as well if not better: " What is important to me is that I can hold up my head ... join in" (Hegarty et al; 1981, 426). Many of the children are also in this happy position. Some teachers, however, said that may be they are stressing too much on the positive side and ignoring the negative aspects. They added that the comparison that pupils make may damage their self- esteem and self- confidence. Some other teachers said, "It's better being a big fish in a little pond than a little fish in a big pond," (Hegarty et al; 1981, 426), and indicated the many opportunities for excelling at competitions, representing the school and so on that pupils had in special schools and were deprived of in ordinary schools (Hegarty et.al; 1981).

Except for the non-comparative studies, the studies conducted regarding the effectiveness of special and integrated educational settings for the self-confidence of children with visual impairment prove to be inconsistent. The current study tries to see the result with respect to the confidence the children have in performing various tasks, in mobility, decision making and caring for own belongings.

2.3.2. c. Psychological adjustment to handicap

The last aspect of psychological functioning to be covered in this study is psychological adjustment.

2.3.2.c.1. Comparison of psychological adjustment of children with visual impairment in integrated and special schools

Psychological adjustment to handicap means becoming aware of the limitations associated with it and accepting them without dismay, In this regard Hegarty et al. (1981) said "this doesn't mean any easy acceptance of handicap or notion of handicapped personality, where achievement is set at a low level by static and conventional targets." (P.434). Werner (1993) as cited in Tirusew (2005) also said that in addition to having self- confidence and developing the right concept of self (both strengths and weaknesses), acceptance of one's self is an important instrument for adjustment and well- being.

Many children with special needs have adjustment problems of two sorts. Some of them become 'inward looking and attach too much importance to their handicapping condition.' They are egocentric and misinterpret other pupils' actions and retaliate negatively, (Hegarty et al; 1981). Better adjusted children are less likely to be annoyed or upset by what they see as unfair treatment or tactless behavior and are more able to tolerate uncertain or ambiguous situations where they are unsure of others' reactions to them (Shakespeare, 1982). Some other children with special needs see themselves as special cases and deserve sympathy and exceptional status. They didn't expect that they have to wait their turn, to be punctual, etc. There are also others who have wildly ambitious dreams which indicate a lack of realism (Hegarty et al; 1981).

There were different efficacy studies conducted to see the relative effectiveness of special or regular schools on the socio- emotional development of children with disabilities even though the findings indicated inconsistent results. Non comparative studies, however, indicated that being in ordinary schools increases self- confidence and independence and also promoted a realistic acceptance of the individual's handicapping condition. One study was done in this direction by Hegary, pocklington and Lucas (1981). And, in general, positive results were found from this study in answering the question, does ordinary schools provide a stimulating environment that promotes adjustment or is immersion in 'normality' too much to cope with? Even though children with special needs in ordinary schools are surrounded by peers who do not have their limitations, this doesn't necessarily lead to low self- esteem but rather their self- esteem can be enhanced from being there (Hegarty et al; 1981).

Various factors are indicated that helped in promoting the adjustment of these youngsters. Firstly, many teachers indicated that they were successful in correcting those children who were seeing themselves as special cases. They added that they did this by making a minimum of fuss and exception, insisting that they abide by school rules and so on. As a result the children are now beginning to understand that they can't be special cases. It was also indicated that the kind of interaction in ordinary schools were important in reducing the egocentricity and extreme sensitivity of some pupils. They saw that they were not the only ones with problems and seeing others' problems and difficulties helps to put theirs in perspective. They could also see that if another pupil with comparable handicap is successful in different aspects, it becomes more difficult to believe that one's

own failures are entirely attributable to one's handicap (Hegarty et al; 1981).

The second reason indicated by the teachers is that the ordinary school provides a series of small hurdles rather than one huge hurdle at the age of sixteen. "Our pupils have to fight lots of little battles everyday." (P.436). They added that if the children are helped in making continual adjustments, they do not have to make such big adjustments when they leave school. They will have 'the feeling of belonging to the mainstream' (Hegarty et al; 1981).

The third reason indicated is that the unrealistic aspiration that many pupils with special needs have can be improved by being in the ordinary schools. Some of the children had a keen realization of the efforts they needed to make to achieve their goals (that they need to work harder than their peers to reach the same goals). In general this study indicates that ordinary placement can provide opportunities for pupils to adjust to their handicap in a mature way (Hegarty et al; 1981).

Tirusew (2002), however, indicates that if the environment (for example, the school) is a rejecting, insensitive, hostile and degrading type, this will not only complicate the adjustment of persons with disabilities but also thwarts their development. He further said that, "this in turn adversely affects their self- esteem which is usually characterized by lack of trust and confidence in one self and the surrounding, low self- esteem, and a feeling of hopelessness." (P. 9).

Shakespeare (1982) indicated that if a child attends a residential school where everyone has the handicap, he may not be fully aware that he is unusual. However, it is rarely possible for a person with disability to fail to appreciate the impact of his handicap beyond adolescence. Exposure to other people with the same handicap is generally an important experience. To generalize, children tend to find it reassuring that there are other children who have the same problems and that they are not unique. This will help them to adjust to their disability. This is in contrary to what is said above.

It is indicated that the comparative studies conducted with regard to psychological adjustment of children with disabilities (in the case of this study, children with visual impairment) is inconsistent. Among other points this study tries to look at this aspect in the context of those children in German (integrated) and Sebeta (special) School.

2.3.3. The efficacy of special and integrated education on the social functioning of children with visual impairment.

With regard to social functioning, the scope of this study will be delimited to social skill, independence and social adjustment.

2.3.3.a. Social skill

2.3.3. a.1.Comparison of the social skill of children with visual impairment in integrated and special schools.

The educational rationale for integration is based on several processes. It assumes that children may acquire age-appropriate skills from developmentally advanced peers in their classes. Acquisition of social and certain communication skills may also occur through interactions that occur in classroom Settings. In addition, the presence of advanced peers

may create a more developmentally complex environment. This may give the children with handicaps a development "push" toward acquiring advanced skills (Hayes, 1980).

Hegarty et al (1981) also supported the above idea by saying that in many people's eyes the main goals of integration is to facilitate contact between pupils with special needs and their peers. Even if it is not possible to have complete functional integration and they can not learn together it is believed that the children will benefit from social contract with their age peers. Mixing with them and forming relationships outside the handicapped community is important both in its own right and as a factor in promoting self-confidence and maturity. However, there is a contrary view held by some parents and other people that this social benefit is a myth (Hegarty et al; 1981).

Cartledge et al; (1985, 82,132) indicated that children with disability in integrated educational settings are expected to benefit from interaction with their non handicapped peers in terms of improved social skills and over all social competence. Furthermore, the non handicapped child is expected to benefit from positive interactions with the handicapped. The evidence to date, however, does not support these assumptions. For example, Greenspan's (1981) research in integrated settings as cited in Cartledge et al; (1985) indicated that handicapped children tend to be rejected by their non handicapped peers even if the children have not been identified as handicapped, suggesting that handicapped children's behavior- not their label - is the cause for the social dissonance. Educators should not expect physical proximity alone to result in successful social interaction between children with and with out disabilities. The unsuccessful social

integration of children with disability into integrated settings is due to a variety of factors, the most salient of which include: non handicapped children's negative attitudes toward those with handicap, inadequate social skill of those with handicap, and regular class teachers' poor attitudes and inadequate skills for teaching students with handicap (Cartledge et al; 1985).

Hunt et al; (1986) as cited in Teferi (1996) on the contrary, pointed out that integrated experiences for non- disabled students allow for the development of attitudes and skills necessary for the acceptance of students with disabilities or other differences and it provides the opportunity for social interaction and friendships to develop between disabled and non disabled students which contribute to their quality of life.

It is also indicated that integration enhances social skills like following class room or school rules ,Positive initiations, Expansion of conversation topics, sharing in group of activities, Turn- taking in conversations or interactions, Repertoire of play activities that promote inclusion into activities, Interpreting verbal and non- verbal cues, Expectations for situational behaviors for play, school, and work experiences, Decision- making skills, Problem- solving skills etc (" Importance of," n.d.).

It is clear that a child with a visual impairment misses many of the nuances of social interaction which might explain and help interpret the responses of both peers and adults. The child does not know when he is behaving improperly unless he is told each time he does it, he can not lead the responses of people around him; nor can he change his

behavior unless some one tells him (Scholl, 1986, 132; as quoted in Nitsuh, 1996).

In comparing children with visual impairment in integrated and segregated educational settings studies indicate that those children in integrated settings have more age appropriate social behaviors than those in segregated setting (MC Guiness, 1981; as cited in Tirusew, 2002). Those children in integrated settings also get the social benefits explained earlier. The current study also focuses on children with visual impairment in integrated and segregated educational settings with regard to important social skills.

As indicated above there are different views about the advantage of integrated and special schools with regard to social skill development of children with disabilities (in particular children with visual impairment) and this study will try to see what is the reality in the case of our country(Ethiopia)by focusing on two schools.

2.3.3.b. Independence

Independence is a crucial aspect for an individual's quality of life. That's why it is included as one part in this study.

2.3.3.b.1. Comparison of the independence of children with visual impairment in integrated and special schools.

The efficacy studies done in the previous years regarding the effectiveness of special or integrated schools for the academic and psychosocial functioning of children with disabilities and in particular children with visual impairment indicated inconsistent results.There are, however, non comparative studies which do point to a particular

direction.

One study that sought to address these issues was conducted by Hegarty and Pocklington (1981). The samples were taken from ordinary schools and they include those children with physical, sensory and other impairments. Information was gathered in different areas including independence. The result indicated that there were gains in self- confidence, independence, etc (Hegarty et al; 1981).

Tirusew (2002) also indicated that in addition to the benefit of socialization and success to many extra curricular activities children with visual impairment who attend in integrated educational settings can achieve greater independence throughout their lives. on the contrary some people say that children with special needs are at risk of being 'lost' and have no opportunities to excel in peer terms and miss the specific training in independence that a good special school can provide: (Hegarty et al; 1981).

A study was conducted to examine the social and emotional functioning of pupils in integrated schools (Hegarty et al; 1981). The information regarding independence was collected through a questionnaire. The questionnaire was filled by the teachers.

Responses were gathered for 32 pupils. The averages for the first and second administrations were 2.7 and 3.2 respectively, which indicates modest levels of independence. Factors such as level of supervision and staff support; opportunities for independent action and decision making; psychological factors, especially motivation; and a policy of encouraging independence were taken by the teachers as having an impact

on the degree of independence achieved.

Some of the staffs indicated that high level of supervision and support prevents children/ pupils from growing in independence. They indicated that this was seen in the special schools the pupils had attended previously where there is a very dependent atmosphere. One teacher, while acknowledging the support that a special class gave, was critical of its dependent atmosphere. He said: "he is not learning to survive because he is getting all this individual help, he has got to learn that there isn't always going to be some body there the minute he wants them- education is for life, not a sheltered workshop" (Hegarty et al; 1981, 428). Other staff pointed out that insisting on independent action from pupils led pupils to believe in themselves and so become more independent. This idea was supported by some pupils who had experience in both special and ordinary schools; they said special schools staff kept them dependent since they considered them as incapable of independent action. They were treated in the same way whether they were six or sixteen. On the contrary the regular schools were considered to provide "the chance of being a person who doesn't have to depend on people to do things." (P. 429).

In regular schools since the staff are concerned about the whole class and cannot give too much time for those with special needs, pupils will have opportunities for independent action and decision making. In the special schools, however, since there is good staffing ratios such opportunities are reduced and 'protective attitudes develop; However, some argue that special schools greater experience of special needs and their freedom from the

Some studies indicated that integration of children with disabilities can be successful (Hegarty, 1993). The main factor is the level of support that is given to the children, including the provision of sessions with specialist teachers (NASP center, n.d.).

Through the consultation, observation and interview period thirty- two children with disabilities including visual disabilities, in three different special education schools were studied. Thirty- two non- disabled peers were selected from grades three to six in three Victorian state government primary schools. The result of this study indicated that even though students in integrated classes were more likely than those in segregated classes to be selected for play, this increased contact didn't lead to greater popularity or to better social interaction (as rated by teachers). Self- rated social interaction was actually more negative for integrated students than for special school children. They reported lower satisfaction with peer relationships, lack of acceptance, and difficulty to cope with peer relationships; of social situations they encountered (NASP center, n.d.).

Children with disabilities were seen more negatively by the sighted children than non-disabled students. They were less likely to be selected as best friends or playmates and teachers reported more inappropriate social behaviors. Self- ratings of negative behaviors by children with and without disabilities, however, were at comparable levels, and children in segregated classes had high levels of peer- relationship satisfaction. While the results may indicate inaccurate self- observations by the children, they emphasize the positive view the children had about themselves and their world, when they were in segregated classes. High ratings by teachers of appropriate social skills appeared to be

necessary for peer nomination and peer relationship satisfaction in children with disabilities. While teachers' ratings of negative behaviors were not related to social adjustments, the self- rating were related to it. In general, the study indicates that while being integrated may have helped in promoting play selection, it did not significantly alter friendship nominations and it increased dissatisfaction with peer relationships and with the children's own social behavior (NASP center, n.d.).

Gresham (1982) as cited in Reynolds and lesterman (1989) after reviewing studies dealing with the social skills of children with handicapping conditions concluded that the failure of integration was due to the children's lack of requisite social skills critical for peer acceptance. He added that "this was compounded by the fact that once children were integrated, there were no provisions to support the development of social skills." (P. 1455).

Regarding the issue indicated above Hegarty (1993) indicated that a normal environment is ordinarily a first essential to normal development. But the exceptional child- especially certain types possesses needs of which neither the regular classroom teacher nor normal class- mates have any understanding. Consequently to place such a child in a normal environment may lead to disastrous educational retardation and emotional and social maladjustment, for the simple reason that physical presence with a normal group is no guarantee against segregation. In fact it often results in segregation in its worst from, namely that of impossible intellectual competition and social isolation (Hegarty, 1993)

Chapter Three
Methodology

This study employed descriptive survey comparative research method.

3.1. Sources of data

The major sources data for this study were children who have problem of vision and with no other impairments such as hearing or cognitive impairments and who are attending classes only in integrated schools or only in special schools for the blind.

Table 3: Background information of children with visual impairment in the two schools

Descriptor	Respondents	
	German(integrated) School	Sebeta(special) School
	n	n
Sex		
Male	15	15
Female	17	17
Total	32	32
Age		
7-12 years	17	17
13-18 years	15	15
Total	32	32
Grade level		
0-4th	16	17
5th-8th	16	15
Total	32	32
Severity		
Blind	16	16
Partially sighted	16	16
Total	32	32
Age of onset		
Congenitally	6	6
Within the 1st 3 years	7	7
After 3 years of age	19	19
Total	32	32

As indicated above in table 3 the main samples were comprised of 32 children. These samples were matched with respect to their sex, age, severity, and age of onset of the problem. This means the children in the two schools are similar with regard to these criteria. Therefore, out of the 32 children equal proportion (15 M and 17 F) of children were purposefully selected from the two schools. 17 of them are with in the age range of 7-12 and the rest (15) with in the age range of 13-18 in both schools. Half of the children

(16) from each school are low vision while the rest (16) are blind and their educational level ranges from 0-8 grades. With regard to age of onset 6 of the children have lost their sight or their sight has reduced congenitally, 7 of them with in the first 3 years and 19 of them after 3 years of age in both schools.

The other sources of information were care givers and teachers of these children who supplemented the information obtained from the children. The samples include 4 caregivers from Sebeta School (special school) and 3 teachers from German school (integrated school). These respondents were purposefully selected. The criteria for their selection were the reasons that they have worked for many years with the children and know much about their activities and they also have much contact with them.

One of the schools (the integrated school) was purposefully selected due to the fact that it is the only integrated school in the country and the other school (the special School) was selected using convenient sampling since it is near to Addis Ababa compared to the other special schools.

3.2. Instruments

In this study both qualitative and quantitative data gathering methods were employed. The following tools are used as the main instrument for data gathering. The details of these instruments are also indicated below.

A.Social adjustment scale

This instrument was developed /devised based on the review of literature, background of

the pilot samples and correction was made on one/an ambiguous item. After incorporating this modification the instrument become ready for the main study (with 10 items).

D. social skill rating scale

This scale was developed from the review of literature and back ground of the study and it consists of 20 items. It is a four-point rating scale with a response category ranging from never to always. The points given for each item are; (never=1, sometimes=2, often=3 and always=4). Its aim was to find out information from teachers and care givers about the social skill of children with visual impairment in the two schools. The skills include among others following teacher's instructions, making friends easily, initiating and maintaining conversation, offering help to others ,responding to teasing from peers appropriately etc. After the pilot study the only correction made was on some ambiguous items which were found on the Amharic version. After this the instrument was administered on the main samples with the same number of items as that of the pilot study.

E. Functional independence scale

This scale was developed based on the review of literature, background of the study and other relevant information by including items/concepts that should be incorporated when talking about functional independence and items/concepts on which previous studies have been done with regard to this issue. It was consisted of 5 main categories; 14 items under 1 main category and 2 items under another category and the other categories stand by themselves. In general, the scale has 21 items. The instrument is a four-point rating scale

with a response category ranging from independent to not applicable (4=independent, 3=support needed, 2= dependent and 1=not applicable). Its aim was to check out the degree of independence the children have in performing daily activities, in mobility, in decision making etc. After the scale was converted into the Amharic version and Oromic version it was administered on the pilot samples. After the pilot study some corrections were made on ambiguous items and the instrument was administered on the main samples (with the same number of items as that of the pilot study).

F. Rosenberg's self-esteem scale

This was adapted scale from Rosenberg (1965). The Rosenberg self-esteem scale is perhaps the most widely used self-esteem measure in social science research. It was originally developed to measure adolescents' global feelings of self-worth or self-acceptance, and is generally considered the standard against which other measures of self-esteem are compared. While designed as a Guttman Scale, it is now commonly scored as a Likert scale. The scale includes 10 items that are usually scored using a four-point response category ranging from strongly disagree to strongly agree. For positively stated items it is scored as; 4= strongly agree, 3= Agree, 2= disagree and 1= strongly disagree. The items include statements regarding the children's feeling of self-worth, capability of doing things, satisfaction with one self, respection for one self etc. The items are face valid, and the scale is short and easy and fast to administer. Extensive and acceptable reliability (internal consistency and test retest) and validity (convergent and discriminant) information exists for the Rosenberg self-esteem scale. The scale generally has high reliability: test-retest correlations are typically in the range of .82 to .88, and cronbach's alpha for various samples are in the range of .77 to .88. Specifically Cronbach

alpha for the English version is 0.78.Ingeneral; the Rosenberg self-esteem scale has demonstrated good reliability and validity across a large number of different sample groups.

The scale has been validated for use with clinical and general populations. Besides this as indicated above the scale is an attempt to achieve a unidimentional measure of global self-esteem i.e. its aim isn't to look at the specific domains of self-esteem. More than this the scale was translated in to 28 languages and administered to 16,998 participants across 53 nations. The Rosenberg self-esteem scale factor structure was largely invariant across nations. This indicates that the instrument isn't culture biased (i.e. has cross-cultural equivalence). These are the qualities of the scale that make it suitable for use in the present study. In this study the English version was converted into Amharic and Oromic version and was administered to the pilot samples. After that some corrections were made on translations which were found to be ambiguous and it was administered on the main samples.

G. Semi-structured interview schedule

To supplement the information gathered from the above instruments, interview was administered to teachers and caregivers. The questions raised in the interview include among others their opinion about the self- esteem, self confidence, social skill, independence and psychosocial adjustment of children with visual impairment in the school they teach. After the pilot study the content validity of the items was checked out using 4 criteria; relevance, ambiguity, simplicity and clarity. Based on these criteria some improvements were made. The other changes made on the items include; deletion of one

redundant item, inclusion of some additional items and fusion of two items. After incorporating these changes the interview was used for the main study.

Note:-In the case of each instrument after the English version was translated into the Amharic and Oromic version, these two versions were translated back in to English by language experts.The instruments were also evaluated by professionals from AAU and based on their comments some improvements were made on the instruments.

3.3. Data collection procedure

The data collection was made in two stages, pilot and main study stages.

3.3.1. The pilot study

A pilot study, the purpose of which was to improve the instruments used for data collection was conducted on 10 children (5 from each school) and 4 teachers and care givers (2 from each school).The procedures followed were as follows:-

*Official letter of consent was given to the schools and potential participants were informed to cooperate with the researcher.

*Based on the criteria the researcher adopted the children were selected from the list that contains their profile.

*After getting information from the unit leaders about the home room teachers or others (if the home room teachers don't teach them) of the children they were informed about the purpose of the research and were requested to fill the social skill scale. Some of them returned it on that day while others took it to their home and brought it on the second and third day.

*Before administering the instruments the children were told about the purpose of the research and objective of each instrument.

*The 5 instruments (self-confidence, self-esteem, psychological adjustment, social adjustment and functional independence) were administered in one session in the students' free time and the researcher tried to read and make them understand each of the statements. The session took 15-20 minutes per child.

*After informing them about the purpose of the study teachers and care givers who have more contact with the children were interviewed. It was conducted on their free time either in the middle or after the data collection session with the children and it took 20-30minutes per respondent.

*The pilot study took all in all three days for/in each school.

3.3.2. The main study

The data collection procedure for the main study was more or less similar to that of the pilot study. The only differences are the following:-

*Since the participants were informed about the research in the pilot study the researcher went directly in to the data collection in the main study.

*In the main study besides the researcher, data collector was hired and he was oriented about the instruments so that he could help the children when they couldn't understand the questions.

*The data collection for the main study took two weeks for /in each school and after that the data was arranged/ tabulated for further analysis.

3.4. Statistical treatment and analysis of data

3.4.1. Independent variable

The independent variables are taken from the argument that educational settings have an effect on the psychosocial functioning of children with disabilities (in our case children with visual impairment). To study this effect various kinds of educational settings have been studied specially integrated and special school. In this study, too, these two educational settings were studied.

3.4.2. Dependent variables

The dependent variable in this study is psychosocial functioning. Specifically it includes self- esteem, self-confidence, Psychological adjustment, independence, social skill and social adjustment. Each variable is treated independently and finally as one composite variable representing psychosocial functioning of children with visual impairment in integrated and special School.

3.4.3. Intervening variables

The purpose of this study was to see the effect of educational settings on the psychosocial functioning of children with visual impairment .To see this effect clearly some other variables that could have the potential to make an effect on the result of the study were controlled. This was possible by making the children in the two groups to be more or less similar with respect to some variables like age, sex, severity and age of onset of the problem.

3.4.4. Data analysis

In analyzing data both qualitative and quantitative methods were employed. Data gathered from teachers and caregivers was analyzed qualitatively while data gathered from the children was analyzed quantitatively. Percentage was used in order to analyze the background information. More over, after ensuring the fulfillment of the assumptions for using t-test for independent samples, t-test was used to examine if there is significant difference in the psychosocial functioning of children with visual impairment in special and integrated educational settings. Alpha value α=0.05 was used to test all significance tests employed in this study. The statistical software used in the study was spss-pc computer program. Besides this thematic analysis was used to analyze what is found from the respondents and this supplemented the information gathered through the quantitative method.

CHAPTER FOUR

Result

The findings of the study are presented and analyzed in this chapter. Specifically, analysis of background information and comparative results of the psychosocial functioning of children with visual impairment in integrated and Special School are presented.

Background information

The back ground information of the children in the two schools is presented below.

Table 4: Sex, age, grade level and the educational settings of children with visual impairment.

Descriptor	Respondents				Total	
	German School		Sebeta School			
	n	%	n	%	n	%
Sex						
Male	15	23.44	15	23.44	30	46.88
Female	17	26.56	17	26.56	34	53.12
Total	32	50.00	32	50.00	64	100.00
Age						
7-12 years	17	26.56	17	26.56	34	53.12
13-18 years	15	23.44	15	23.44	30	46.88
Total	32	50.00	32	50.00	64	100.00
Grade level						
$0\text{-}4^{th}$	16	25.00	17	26.56	33	51.56
$5^{th}\text{-}8^{th}$	16	25.00	15	23.44	31	48.44
Total	32	50.00	32	50.00	64	100.00
Educational setting						
Only in integrated school	32	50.00	0	0.00	32	50.00
Only is special school	0	0.00	32	50.00	32	50.00
Both in regular and special school	0	0.00	0	0.00	0	0.00
Total	32	50.00	32	50.00	64	100.00

As indicated in table 4, the total number of children (with visual impairment) included in

the study are 64 (100%) out of which equal proportion 32 (50%) of them are from each of the two schools; German school (integrated school) and Sebeta school (special school)). From these 15(23.44%) and 17(26.56%) of them are male and female respectively from both groups. Totally there are 30(46.88%) male and 34(53.12%) female in the study. With respect to their age, 17(26.56%) of them are in the age range of 7-12 in both groups. There are also equal proportion 15(23.44%) of children in each group in the age range of 13-18. All in all those children in the age range of 7-12 and 13-18 are 34(53.12%) and 30(46.88%) respectively.

With regard to their grade level, there are equal number 16(25.00%) of children in the grade levels of 0-4th and 5th-8th in the integrated school while in the special school they constitute 17(26.56%) and 15(23.44%) respectively. Therefore, the total number of children in grade levels 0-4th is 33(51.56%) while that of those in grade levels 5th-8th is 31(48.44%). Regarding the educational settings where they follow their education, all 32(50.00%) of the children from the integrated school reported that it is only there that they follow their education .None 0(0.00%) of them follow their education in special school. similarly all 32(50.00%) of the children from the special school reported that they follow their education only in special schools. None 0(0.00%) of them attend their education in integrated school. In general none (0.00%) of the children in both schools attend their education both in integrated and special schools/ in both schools. Thus, the samples are adequately matched.

Table 5: Severity (of the problem), age of onset and presence of other disabilities.

Descriptor	Respondents				Total	
	German School		Sebeta School			
	n	%	n	%	n	%
Severity						
Blind	16	25.00	16	25.00	32	50.00
Partially sighted	16	25.00	16	25.00	32	50.00
Total	32	50.00	32	50.00	64	100.00
Age of onset						
Congenitally	6	9.37	6	9.37	12	18.74
Within the 1st 3 years	7	10.94	7	10.94	14	21.88
After 3 years of age	19	29.69	19	29.69	38	59.38
Total	32	50.00	32	50.00	64	100.00
Other disabilities						
Yes	0	0.00	0	0.00	0	0.00
No	32	50.00	32	50.00	64	100.00
Total	32	50.00	32	50.00	64	100.00

According to the data in table 5 above, there are equal proportion 16(25.00%) of children who have lost their sight completely (blind) and who are partially sighted in both schools. Totally there are 32(50.00%) blind and 32(50.00%) partially sighted children in the study/in both groups. In terms of their age of onset also there is similar distribution in both schools. Those children who are congenitally blind or partially sighted are 6(9.37%), those who have lost their sight or whose vision has reduced within the first three years of their life are 7(10.94%) and those after 3 years of their age constitute 19(29.69%) of the children. Therefore, totally there are 12(18.74%), 14(21.88%) and 38(59.38%) of children in group 1, 2 and 3 respectively. Regarding the presence of other disabilities no 0(0.00%) child is found to have other disabilities besides his/her vision loss in both schools. This is to mean all 64(100.00%) of the children included in the study don't have other disabilities.

The result of the study with respect to each of the six variables is presented as follows.

Table 6: Data and result of t-test on self confidence between children with visual impairment in integrated and Special Schools.

Group	Mean	S.D	t-value
1(Integrated School)	3.9687	.46102	2.641*
2(Special School)	4.2687	.44753	

*Significant at 0.05 level

The t-test result in table 6 above indicated that at α =0.05 there is statistically significant difference between those children in the integrated and Special school on their self confidence. That is those children in the Special school have more self-confidence (m=4.27) that those in the integrated school (m=3.97).When looking specifically in to the t-test result of each of the items in this (self confidence) scale, there is statistically significant difference (at α =0.05) between the two groups of children in five items. In these items those children in the Special school are found to be better.

Table 7: Data and result of t-test on self – esteem between children with visual impairment in integrated and Special Schools.

Group	Mean	S.D	t- value
1(Integrated school)	3.1969	.40360	.555**
2(Special school)	3.2563	.45076	

**Not significant at 0.05 level

Table 7 indicated that there is no statistically significant difference at α =0.05 between those children in the integrated and Special school with respect to their self esteem. The

mean score is 3.20 and 3.26 respectively for the two groups. When looking specifically in to the items the children in the two groups do have insignificant difference in four items.

Table 8: Data and result of t-test on psychological adjustment between children with visual impairment in integrated and Special Schools.

Group	Mean	S.D	t-value
1 (Integrated school)	3.9219	.49886	2.014*
2 (Special School)	4.1656	.46877	

*Significant at 0.05 level

As indicated above in table 8, at $\alpha = 0.05$ there is statistically significant difference between those children in the Special and integrated school with respect to their psychological adjustment. That is those children in the Special school are better adjusted (psychologically) (m=4.17) than those in the integrated School (m=3.92).when looking specifically in to the items, however, there is statistically significant difference only with respect to two of the items and in these items those children in the special school are better than those in the integrated school.

Table 9: Data and result of t-test on social adjustment between children with visual impairment in integrated and Special Schools.

Group	Mean	S.D	t-value
1 (Integrated school)	4.1250	.51556	3.385*
2 (Special School)	4.5219	.41716	

*Significant at 0.05 level

As indicated above in table 9, those children in the integrated and Special school differ

significantly (at α=0.05) in their social adjustment. Their mean difference indicates that the children in the Special School are more socially adjusted (m=4.52) than those in the integrated school (m=4.13). Further analysis of the specific items indicated that the children in the Special School are better than those in the integrated school in six items.

Table 10: Data and result of t-test on Social skills (as perceived by their teachers) between children with visual impairment in integrated and Special Schools.

Group	Mean	S.D	t-value
1 (Integrated school)	2.6578	.43702	.480**
2 (Special School)	2.7234	.63766	

**Not significant at 0.05 level

As indicated above in table 10, there is no statistically significant difference (at α=0.05) between those children in the integrated and the Special school in their social skill (as rated by their teachers).The mean score for those children in the integrated and special school is 2.66 and 2.72 respectively. Specific analysis of the 20 items in this scale also indicated that there is insignificant difference with respect to all of these items between the two groups of children.

Table 11: Data and result of t-test on functional independence between children with visual impairment in integrated and Special Schools.

Group	Mean	S.D	t-value
1(Integrated school)	3.7488	. 20831	4.636*
2(Special School)	3.9369	.09647	

*Significant at 0.05 level

The t-value in table 11 indicates that there is statistically significant difference in the

functional independence of those children in the integrated and Special school (at α=0.05). The mean value indicates that those children in the Special school are more functionally independent (m= 3.94) than those in the integrated school (m=3.75).Further analysis of the specific items depicted that there is statistically significant difference between the two groups with regard to only 11 items. The result favors those children in the Special school.

Table 12: Data and result of t-test on the psychosocial functioning of children with Visual impairment in integrated and Special Schools.

Group	Mean	S.D	t-value
1 (Integrated School)	3.6032	.66968	2.841*
2 (Special School)	3.8121	.76819	

*Significant at 0.05 level

Table 12 indicates that there is statistically significant difference at α=0.05 between those children in the integrated and special school in their psychosocial functioning. That is, those children in the Special School have better (m=3.81) psychosocial functioning than those in the integrated School (m= 3.60)

Table 13: Summary of the t-test result on the above variables between children with Visual impairment in integrated and Special Schools.

Variable	t-value
Self-confidence	2.641*
Self-esteem	.555**
Psychological adjustment	2.014*
Social adjustment	3.385*
Social skill	.480**
Functional independence	4.636*
Psychosocial functioning	2.841*

*Significant at 0.05 level

**Not significant at 0.05 level

Qualitative analysis

In this section the results obtained from the teachers and care givers will be presented under the following themes: - self- confidence, self-esteem, psychological adjustment, social adjustment, social skill, functional independence and psychosocial functioning, of children with visual impairment in Special and integrated school as perceived by them.

Table 14: self-confidence of children in special and integrated school as perceived by their teachers and care givers

Functioning	Components	Children in the special school	Children in the integrated school
Self-confidence	-confidence in performing various activities	-confident in washing cups, dishes, make bed, clean bed etc	-confident in home economics(in washing utensils, boiling coffee etc)
	-confidence in social interaction	-like and love each other and they see each other as brother and sister	-have good social interaction with the sighted children
	-confidence in expressing oneself	-express what they feel	-Freely express personal and educational issues
	-confidence in decision making	-when they face a problem they will make a discussion and make decision	-Decide by themselves regarding situations concerning them

The teachers and care givers in the integrated and special School were asked about the self-confidence of the children in the school they teach. As indicated above in table 14 the result showed that the respondents from each of the two schools favor the children in their respective schools. Three out of the four respondents from the special School concluded that the children there are better in their self – confidence than those in integrated school. All (four) of the respondents indicated that most of the children are confident in performing various tasks. "*They wash dishes, cups, make bed, clean table etc*". They added that "*only those with additional problems such as MR have problem in doing different tasks*".

On the other hand one out of three of the respondents from the integrated school indicated that:

> *the children there participate in disability club, anti – Aids club, sport, dramas, literature, etc. In general, when their age and class increase their participation in the activities performed in the school increases. However, the younger children want to be supported in every aspect.*

All (three) of the respondents also added that the children are confident in home economics (in washing utensils, boiling coffee etc.)

With regard to social interaction, all (four) of the respondents from the special School indicated that the children there have confidence in their social interaction. They like and love each other and they see each other as brother and sister. On the other side, all (three) of the respondents from the integrated school reported that the children there have good social interaction since the sighted children treat them very well. One of them added that they prefer to have relationship with the sighted children than with those with visual impairment.

With respect to the children's confidence in expressing themselves, two of the respondents from the special School reported that the children there are confident in expressing themselves. If what they say make them feel bad, they will say you should not talk to us like this. The other respondent, however, indicated that only some of the children are confident in expressing themselves. The response of the last respondent was

that, "*it is only when the caregivers approach them motherly and don't become angry at them every time that the children feel free in expressing themselves*" .In this regard most (two) of the respondents in the integrated school indicated that most of the time the children there freely express / discus their ideas regarding personal and educational issues more than the sighted children since they know that their teachers don't belittle them. One of them, however, indicated that "*the children with visual impairment express their feeling depending up on the approach of the sighted children*".

With respect to decision-making, three of the respondents from the special school agreed that the children there are confident in making decisions. If they face a problem, they will make a discussion and make decisions. One of the respondents, however, indicated that only some of the children make decisions by their own. On the other side, two of the respondents from the integrated school also reported that the children there decide by themselves regarding situations concerning them. One of the respondents, however, indicated that "*most of the time the children make decisions regarding them, which are mostly wrong*".

In general the result indicated that most of the respondents from each of the two schools favor the children in their respective schools with regard to their confidence in performing various tasks, in social interaction, in expressing oneself and in decision making.

Table 15: self-esteem of children in special and integrated school as perceived by their teachers and care givers

Functioning	components	Children in the special school	Children in the integrated school
Self-esteem	-feeling of self worth	-feel self worth	-feel self worth
	-feeling of failurity	-don't feel as failures; they say they can work, can do any thing and can be successful every where	
	-feeling of equality with others	-feel they are capable of doing things as the sighted ones except differentiating colors	
	-attitude towards one self	-have good feeling for themselves	-have good feeling/attitude towards themselves

The teachers and care givers in the integrated and special School were asked about the self-esteem of the children in the school they teach. As indicated above in table 15 the respondents from the integrated school asserted that when the children were at home the family did everything. After the children join that school, they teach them and give advice to their family to let the children do things by themselves. This enhances their self- esteem .On the other side, all (four) of the respondents from the special School also asserted that the children there feel self-worth. They know that if they follow their education property they will be important individuals for their country. One of the respondents added that "*by making their seniors who are successful as models the*

children will say they will be like them, so they will consider themselves as worthy individuals".

With regard to the children's feeling of failurity and equality with others, one of the respondents from the integrated school reported that the children there assert that they are equal with the sighted ones and there is nothing that is difficult for them. They don't consider themselves as failures, they are rather optimists. One of the respondents, however, indicated that

> *the feeling of self worth the children have towards themselves is related to their age and grade level. The older ones are very eager to be independent; they are optimistic. However, in the case of the younger ones due to their background they are pessimistic.*

The other respondent added that academically the children consider themselves as being superior to the sighted ones. In general they feel that they are capable of doing things as others only in relation to education not in other aspects. With this regard ,all (four) of the respondents from the special School indicated that the children there feel that they are capable of doing things as the sighted ones except differentiating colors and that they aren't inferior to the sighted ones. The respondents added that the children don't consider themselves as failures. They say they can work, can do anything and can be successful in every way. They are also proud of themselves especially in schooling.

With regard to attitude toward oneself, two of the respondents from the integrated school indicated that due to the good treatment the children get from their teachers they have good feeling/attitude towards themselves. They added that since the school assists the children in various aspects they are satisfied with themselves. On the other side, three of the respondents from the special School also indicated that since the children there are treated well in food, care etc, they have good feeling for themselves. One of the respondents added that the children say there is "*nothing that they lack except sight*". Most of them say after finishing school they will help their family and lead their own life.

It is indicated above that most of the respondents from each school (except the respondents from the integrated school with regard to the children's feeling of failure and equality with others) favor the children in their school with respect to their self-esteem, like feelings of self-worth, success, equality with others and attitude toward one self .

Table 16: psychological adjustment of children in special and integrated school as perceived by their teachers and care givers

Functioning	Components	Children in the special school	Children in the integrated school
Psychological adjustment	-feeling of inadequacy	-don't feel inadequate in doing things	-don't feel inadequate
	-feeling of inferiority	-don't feel inferiority ;say they aren't inferior to the sighted ones	-there isn't a thing like inferiority
	-awareness of limitation and accepting it	-are aware of the limitations associated with their disability and accept them	- are aware of the limitations associated with their disability and accept them especially the older ones
	-considering one self as special case	-don't see themselves as special cases	- don't see themselves as special cases
	-considering one self as deserving sympathy	-don't want others to sympathize with them	-don't want others to sympathize with them

The teachers and care givers in the integrated and special School were asked about the psychological adjustment of the children in the school they teach. As shown in the above table the respondents from both groups favor the children in their respective school. The respondents from both schools indicated that the children in their respective school believe that persons with visual impairment can be successful in life and it is better for a

person with vision problems to do things by himself/herself.

Three of the respondents from the special School reported that the children there don't feel inadequacy (in doing things) and inferiority; they say they are not inferior to the sighted ones in education, etc. One of the respondents, on the other side said, "*those children who don't have a family or whose families don't visit them feel inferior to the other kids who have families or whose families visit them*". On the other side, two of the respondents from the integrated school also claimed that the children there don't feel inadequate and in that school there isn't a thing like inferiority.

With respect to awareness of their limitations, all (four) of the respondents from the special School asserted that the children are aware of the limitations associated with their disability and accept them. And they do not have wildly ambitious dreams; they know in what kinds/types of fields they can be engaged in by making their seniors as models. On the other side, two of the respondents from the integrated school also reported that the children there are aware of the limitations with their disability and accept them especially the older children. They make fun of themselves; they say this is what like being 'kizish' means, besides this they know that they can only join some departments like law, sociology, etc. in the university when they pass the ESLCE. One of the respondents, however, said, "*the younger children have wildly ambitious dreams, for example, they want to be a pilot but when they grow their dreams become realistic*".

All(four) of the respondents from the special and integrated School further indicated that the children in their respective schools don't see themselves as special cases and they don't want others to sympathize with them.

As indicated above most of the respondents from the two schools consider the children in their respective schools as better in their psychological adjustment like in their feelings of adequacy, superiority, awareness of limitations etc.

Table 17: Social adjustment of children in special and integrated school as perceived by their teachers and care givers

Functioning	**Components**	**Children in the special school**	**Children in the integrated school**
Social adjustment	-kind of relationship	-have good relationship with each other	- have good relationship with each other and with the sighted children; no teasing and rejection
	-asking help from others	-are not reluctant in asking help from their friends and caregivers	-ask help from their friends and teachers (especially resource room teachers)
	-feeling of loneliness	-don't feel lonely	-don't feel lonely
	-making friendship	-make friends easily	-are fast in making friends

The teachers and care givers in the integrated and special School were asked about the social adjustment of the children in the school they teach. As indicated in the above table

the respondents from both groups favor the children in their respective school. The respondents from the special School agreed that the children there have good relationship to each other. One of the care givers elaborated this by saying the children agree and cooperate with each other. With regard to this issue, all (three) of the respondents from the integrated school agreed that the children there have good relationship with each other and with the sighted children. One of the respondents explains this by saying that "*the children are friendly to each other; they help each other; they care, feel, and defend for each other except the clash they sometimes have*". All of the respondents further indicated that the sighted children and those with visual impairment are very friendly to each other, they study, work, eat together, etc. All of the respondents also clarified that there isn't such a thing as teasing and rejection in that school.

Two of the respondents from the special School asserted that the children there are not reluctant in asking help from their friends and caregivers. They may ask help from their friends with low vision to help them in writing letters, in fixing cassettes, etc. If they are sick, if they need something they ask help from their caregivers. One of them indicated, however, that "*whether they feel reluctance or not in asking help depends on the approach of the caregivers*". The last respondent on the other side reported that only those with additional problems ask for help. With regard to the same issue two of the respondents from the integrated school reported that when the children there need help they ask their friends and teacher (especially resource room teachers). Since the teachers care for them, the children have the courage to ask for a help.

With respect to loneliness and friendship, three of the respondents from the special School indicated that the children there do not feel loneliness. When they join that school they will develop friendship based on their class level, after that they will study together, they also make friends easily. One of the respondents, on the contrary, said, "*some of the children feel lonely; they become weak in schooling and most of the time become* them, however, said:

> *making friendship isn't similar for all. But when the children join this school we make a pair (1 sighted child with one with visual impairment). So they will become friends. Since there are other friends on both sides the friendship circle enlarges (widens).*

All (three) of the respondents further reported that except those with mental retardation and other kind of additional disability, the others don't feel loneliness.

In general, most of the respondents from each school asserted that the children in their respective schools are better in their social adjustment. They indicated that the children have good relationship with each other, they aren't reluctant in asking help from others, they can make friends easily and they don't feel loneliness at school.

Table 19: Functional independence of children in special and integrated school as perceived by their teachers and care givers

Functioning	Components	Children in the special school	Children in the integrated school
Functional independence	-mobility	-move independently	-after having orientation they move independently
	-performing daily activities like washing hand, face etc	-after orientation they become independent in performing daily activities	- after orientation they become independent in performing daily activities
	-caring for own belongings	-put their belongings in their box and take care of it	-the younger children need help but the older ones can manage it
	-doing other tasks in the school	-are independent in doing tasks in the school(e.g. participate in dramas etc)	-are independent in doing tasks in the school(e.g. participate in dramas, music programs etc
	-decision making	-are independent in decision making	- are independent in decision making

The teachers and care givers in the integrated and special School were asked about the functional independence of the children in the school they teach. As indicated in the above table the respondents from both groups favor the children in their respective school. Three of the respondents in the special School indicated that the children there are better with respect to their functional independence than those in integrated School. One of the respondents indicated that when the children join that school they become changed

in every aspect within two or three months. Besides this, since the school is established for those with visual impairment, when the children come there they can move and play freely. So with in two or three month they will show change in their mobility. As indicated earlier all (three) of the respondents from the integrated school reported that the children there are better in their functional independence than those in special School. With regard to mobility, two of the respondents indicated that when the children come there most of them were not able to move independently; however, after they are given a lesson, they will change and move independently. They play like that of the sighted ones, such as 'Kukulu' (a kind of play). One of the respondents, however, indicated that "*after getting training the older children become independent both inside and outside the school compound but the younger ones become independent only in the school compound*".

In the case of daily activities, three of the respondents from the special school indicated that the children there are independent in performing daily activities. They added that small kids at the beginning (when they join the school) do have a problem in performing daily activities. But since training is given there with this regard, they will be better and better. One of the respondents, however, indicated that "*the children can perform daily activities independently but mostly they prefer to do it in groups. They make their hair; wash their body etc. in groups by helping to each other*". On the other side, two the respondents from the integrated school reported that after the children are given orientation in clothing, using toilet, tooth paste, etc. they become independent in performing these activities. One of them, however, said that those children whose families care too much for have problems in performing the daily activities independently

since they prohibit them from performing these activities by themselves.

With regard to caring for own belongings, three of the respondents from the special School reported that the children there do have their own box and they put their materials there and lock it. One of them, however, asserted that "*only the elder children care for their belonging; for the younger ones it is the care givers who do it*". In case of the same issue, one of the respondent from the integrated school claimed that the children there care for their belonging. Two of the respondents, however, asserted that since materials for the blind are huge and cumbersome the younger children needs their help for taking care of their properties, but the older children can manage it.

When answering the question regarding doing other tasks in the school, all of the respondents from both School reported that the children in their respective school are independent in doing tasks in the school, for example, they will participate in music programmes, drama, they help their caregivers in fetching Injera, in washing dishes, etc.

With respect to decision making, too, all of the respondents from both school indicated that the children in their school are independent in decision making.

In general, most of the respondents from each school (except the respondents from the integrated school with regard to the children's independence in caring for own belonging) indicated that the children in their respective school are better in their functional independence (i.e. in their mobility, in performing daily activities, in caring for own

belongings, in doing tasks in the school etc.)

Table 20: psychosocial functioning of children in special and integrated school as perceived by their teachers and care givers

Functioning	Components	Children in the special school	Children in the integrated school
Psychological functioning	-self-confidence -self-esteem -psychological adjustment -social adjustment -social kill -functional independence	-are advantageous by being there (i.e. they will learn cooperation, caring for own property, toilet use; they will become independent in performing different activities and their attitude towards them will be improved	-are lucky to be there(i.e. are advantageous in their self-confidence, self worth, independence, social skill and psychosocial adjustment

Finally the respondents from both schools were asked about the psychosocial functioning of the children in their respective school. Table 20 above indicated that all (four) of the respondents from the special School claimed that the children there are advantageous that they are having their education in special School. Being there makes the children become advantaged in their self-confidence, self-worth, independence, and psychosocial adjustment. Most (three) of them supported the fact that after the children join special School they will change in every respect within two or three months (they change at once). They will learn cooperation, caring for own property, toilet use, etc. They will also become independent in performing different activities and their attitude towards themselves will be improved. One of the respondents also added that "*our society has a*

problem even in raising and educating sighted children. It is good that they are having their education and (are) provided with everything they want".

The last respondent added that the problem the children face by being in special School is regarding their social skill and social life. Since they aren't mixed with the sighted children they don't know about social life, that there are problems in social life and in general they will have problems in their social life. It is when they reach grade seven that they know all these things, when they live by their own out side of the school.

In general, three of the respondents concluded that special school is better for the psychosocial functioning of children with visual impairment while one of them, however, asserted that there won't be difference in the psychosocial functioning of children in special and integrated schools (both schools).

As indicated above the respondents from the integrated School indicated that integrated school is better than special school in promoting the psychosocial functioning of children with visual impairment. With regard to their advantages and disadvantage, all (three) of the respondents indicated that the children are lucky to have their education in integrated school. They added that the children are advantageous in their self-confidence, self worth, independence, social skill and psychosocial adjustment.

One of the respondents further added that this can be seen in two ways. He said:

> *There are those who join the school when they were very young and those who come from different boarding schools. The first group doesn't have any problem while the second group does have difficulties in integrating there. They don't want to play or be with the sighted children; they want to segregate themselves. But after we teach them they will show changes. They will be mixed with the sighted children. This goes to the extent of forgetting their disability.*

In general, except one of the respondents from the special school (who said there won't be difference in the psychosocial functioning of children in integrated and special school), the rest respondents from the two schools asserted that the children in their respective schools will benefit the most in this regard.

In this chapter the results of the study are presented .In the next chapter these results will be discussed in relation to previous findings.

Chapter Five
Discussion

In this section, an attempt is made to answer the research question and to examine the result in relation to findings of previous research. The variables included in the study are self-confidence, self-esteem, psychological adjustment, social adjustment, social skill and functional independence.

Self- confidence of children with visual impairment in integrated and special school

The study shows that at $\alpha = 0.05$ there is statistically significant difference between those children in the integrated and special school with respect to their self-confidence. Those children in the special school have more self confidence (m=4.27) than those in the integrated School (m=3.97).

The result found through the qualitative study (from the respondents in the special school) is inline with the result found through the quantitative study. This means what is concluded from what the children said about themselves is similar to what their caregivers also report about them. Most of the respondents from this school reported that the children there are better in their self-confidence than those children in integrated School. All of the respondents also indicated that most of the children there are confident in performing various task (e.g. they wash dishes, cups, make bed, clean table, etc.) and in their social interaction. On the other side, the responses obtained from the teachers in the integrated school are not in line with the quantitative result. Even if the quantitative result indicated that the children there are less self- confident than those in the integrated

school, the teachers indicated the other way round.

The similarity of the quantitative and qualitative result in the case of children in the special School validates the finding that the children there are better in their self-confidence than those in the integrated school. This result is in line with some of the previous findings. These findings indicated that the children in the special school have better self-confidence than those in the integrated school. Festinger's social comparison theory (1954) as cited in Hayes (1980) indicated that individuals use others in their immediate environment as the basis for making subjective judgments of self-worth. This could be one possible explanation for the better self-confidence the children have in special school. In a study done in this aspect some of the respondents (teachers of children with visual impairment) reported that the comparison that pupils make in integrated schools may damage their self-esteem and self-confidence.

Some others added that being a big fish in a little pond is better than being a little fish in a big pond and indicated that in special school there are many opportunities for excelling (at competitions) which can't be found in integrated schools (Hegarty etal, 1981).The respondents in the special School (in the present study) also indicated that in integrated schools the children may make comparison with their sighted friends and this may hurt their psychology. They added that in special school, however, due to the fact that they are similar the comparison they make won't have a problem; rather it helps them to have a good self-confidence. Further, the respondents from the special School indicated that since the children there are good at schooling they will have good confidence in

themselves even if they compare themselves with the sighted children. Therefore, this could be the possible explanation for the better self-confidence the children have in the special school.

As cited in Tirusew (2002), Stainback, and stainback, W. (1985) also indicated that mixing with students without disabilities can only exaggerate difficulties which will lead to low self concept and self esteem. Low self-esteem further leads to negative perceptions of ability and expectations of failure in the future which in turn produce unfavorable outcomes on measures of both ability and achievement (Shakespeare, 1982).In this regard, too, one of the respondents from the special school indicated that due to lack of awareness the sighted children in integrated schools may hurt the psychology of those with visual impairment and this may have lead the children to have less self-confidence. However, the respondents from the integrated school indicated that there isn't a thing as teasing; rejection etc. that could lead the children to lower self-concept and self-esteem.

It is indicted that lack of self-confidence is often the result of focusing too much on the unrealistic expectations or standards of others. Friends' influence can be as powerful or more powerful in shaping feelings about oneself (Sobsey, 1993). Since all the children in special school have the same problem (vision problem); they may have realistic expectations from each other. This will make these children to have better self confidence than those in integrated schools. Therefore this could also be one possible explanation for the result of the current study.

Self-esteem of children with visual impairment in integrated and special school

The result of this study indicated that at α=0.05 there is no statistically significant difference with respect to self-esteem between those children in the integrated and special school.

When looking at the result of the qualitative study, the respondents from both schools favor the children in their respective school which isn't in line with the quantitative result. The result indicated in the quantitative analysis is inline with some of the previous findings. In this regard Hallahan and Kauffman (1988), Hegarty et al. (1981) and Macmillan et al; (1974) as cited in Hallahan and Kauffman (1988) asserted that there are some studies that indicate insignificant difference between those children in integrated and special school with respect to their self-esteem.

Tirusew (2002) indicated that acceptance by others like peer; teachers, etc. affect self-esteem of an individual. He said if one is accepted by his peers, teachers etc the relationship is going to have a positive effect on the individual's self- esteem. He added that the acceptance of children with visual impairment by their sighted peers has a great influence on their self esteem. In the case of the current study the result indicated that the children in the special School are accepted by their teachers, caregivers, friends etc. In the case of the integrated school, too, it was indicated that teachers, other staffs and sighted friends accept those children with visual impairment. There fore, this could be one of the reasons for the insignificant difference found between the children in the two schools (with regard to their self- esteem).

This study also indicated that the children in both schools are treated well in various aspects like food, shelter, financial support, etc. and this could also be the other possible reason for the insignificant difference. In addition to this looking at the success of their seniors and the confidence the children have in their schooling is taken (by the respondents) as a reason for the good self esteem of the children in the integrated and the special school respectively.

Psychological adjustment of children with visual impairment in integrated and special school

The study indicated that at α=0.05 there is statistically significant difference between those children in the integrated and special school with respect to their psychological adjustment. Those children in the special school are found to be better adjusted (psychologically) (m=4.17) than those in the integrated School (m=3.92).

The result found from the respondents in the special School is in line with the above result. This means what is found about the children through the scales is similar to what their caregivers reported about them. However, in the case of the respondents in the integrated school what they say about the children in their school isn't inline with what is indicated from the quantitative result. The similarity of the quantitative and qualitative result in the case of children in the special School validates the finding that the children there are better in their psychological adjustment than those in the integrated school.

The above result is inline with some of the previous findings. These studies indicate that those children in special school are better in their psychological adjustment than those in

integrated school. Shakespeare (1982) in this regard indicated that if a child attends a residential school where everyone has the handicap, he may not be fully aware that he is unusual. However, it is rarely possible for a handicapped person to fail to appreciate the impact of his handicap beyond adolescence. Exposure to other people with the same handicap is generally an important experience. To generalize children tend to find it reassuring that there are other children who have the same problems and that they are not unique. This will help them to adjust to their disability.

In the present study the above idea is also supported by the respondents from the special School. They further indicated that the fact that children in special school are with their similar(with regard to their disability) help them not to be reminded everyday about their disability and not to make unnecessary competitions that would have been the case were they are in integrated school and this will in turn help them to be psychologically adjusted. Supporters of integration, however, indicated that even though those children in integrated schools are surrounded by peers who don't have their limitations, this doesn't necessarily lead to low self-esteem but rather their self-esteem can be enhanced and they become psychologically adjusted from being there. (Hegarty et al; 1981).But this isn't what is found from the current study.

Tirussew (2002) indicate that an environment (for example, the school) which is an accepting type enhance the adjustment of persons with disabilities. In the case of the current study, too, the respondents indicated that since the children there are similar they accept each other. Besides this caregivers and teachers there accept the children and treat

them well. Therefore, this could be one possible explanation for the result of the current study.

Social adjustment of children with visual impairment in integrated and special school

The finding of this study indicated that at $\alpha = 0.05$ there is statistically significant difference between those children in the special and integrated school with regard to their social adjustment. Those children in the special School are found to be more socially adjusted (m=4.52) than those in the integrated school (m=4.13).

The result found through the qualitative study (from the respondents in the special school) is inline with the result found through the quantitative study. This means what is concluded from what the children said about themselves in the scales is similar to what their caregivers also report about them. However, in the case of the respondents in the integrated school what they say about the children in their school isn't inline with what is indicated from the quantitative result. Most of the respondents from the special School reported that the children there are better in their social adjustment than those in integrated School while it is the opposite in case of the respondents from the integrated school. The similarities of the quantitative and qualitative result in the case of children in the special School validate the finding that the children there are better in their social adjustment than those in the integrated school.

The above finding is in line with some of the pervious findings. Some evidence indicates that the benefits of integration may not be as great as expected (Bandura, 1987;

Grescham, 1982 as cited in NASP center, n.d.).Although an improvement of social behavior can occur (Gampel, Gottlieb and Harrison, 1974 as cited in NASP center, n.d.) there is not necessarily an increase in acceptance. Some research in fact indicates that increased contact between those children with and with out disabilities can reduce acceptance of the former (Chambers and Kay, 1992 as cited in NASP center, n.d.).

In a study done on children with learning, intellectual, physical and visual disabilities from different special schools, it was found that the children were more likely than segregated classes to be selected for play. However, as rated by teachers, this increased contact didn't lead to greater popularity or to better social interaction. Self-rated social interaction was actually more negative for integrated students than for special class children. The integrated children also reported lower satisfaction with peer relationships; they are aware of their lack of acceptance and their inability to cope with the challenges of social situations they encountered. It is indicated that the overall result of the study highlighted the reality that while being integrated may have helped to promote play selection, it didn't significantly alter friendship nominations and it heightened dissatisfaction both with peer relationships and with the children's own social behavior (NASP center, n.d.).

With regard to the present study even if the children in the integrated school reported that they have satisfaction with their relationship , are accepted by the sighted children and have self confidence in their social interaction and the respondents from that school indicated that there is nothing like rejection there, the quantitative analysis showed that

the children in the special school are found to be better at working with other children in the class, get along with their friends , do have more friends and better liked by the kids in the class than those children in the integrated school. Therefore, this could be one possible explanation for the result of this study.

Gresham (1982) as cited in Reynolds and Lesterman (1989) further indicated that the failure of integration was due to the children's lack of requisite social skill critical for peer acceptance. He added that this is worsened by the fact that there are no provisions to support the development of social skills of these children in integrated schools (Gresham, 1982 as cited in Reynolds and Lesterman, 1989).

With regard to the above issue Hegarty (1993) said that normal environment is very essential to normal development. However, since children with disabilities have needs which their classmates and teacher have no understanding, putting them in that environment may lead to disastrous educational retardation and emotional and social mal adjustment such as impossible intellectual competition and social isolations (Hegarty, 1993).

Social skills of children with visual impairment in integrated and special school

The study indicated that there is no statistically significant difference (at $\alpha = 0.05$) between those children in the special and integrated school with respect to their social skill (as rated by their teachers). The mean score for those children in the integrated and special School is 2.66 and 2.72 respectively.

The interview made in this regard with the care givers and teachers of the children in the special and integrated School respectively indicated that most of the respondents from each group show preference to the children in their respective school which isn't inline with the quantitative result. Most of the respondents from the special School indicated that since the children live there like a family (as brother and sister) their social skill and interaction become good. On the contrary one of the respondents reported that "for *the sake of their social life and skill it is good that the children learn in integrated school*". On the other side, all of the respondents from the integrated School reported that since the children there live with the society they have a good basis in their social interaction. Due to this reason they won't face a problem when they mix with society. They added that since the social life of those children in special School is mostly limited to the campus their social skill becomes poor. The preference of the respondents to their students may be because they don't know enough information about the school condition and the student's social behavior in the other school or may be they are biased to their respective school.

The above finding obtained from the quantitative study is in line with some of the previous findings. Hallahan and Kauffman (1988) in this regard said that there are some studies which indicate no significant difference in the social skill of those children in integrated and special school. It is indicated that peer and adult interaction combined with experiences of acceptance and rejection greatly influence the maturing child's social behavior (Cartledge et al; 1985). In this regard the current study showed that the children in both schools have a good interaction with their friends (with and with out visual

impairment), teachers and other staffs; they accept and treat them well. In addition to this the respondents in the special school said since the children there live like a family their social skill becomes good while those in the integrated school indicted that since the children there live mixed with the society they have good social skill. Therefore, these reasons could be the possible explanations for the insignificant difference found in the study.

Integration facilitates social development by providing peers as models for appropriate behavior, by providing increased opportunities to practice social skills across multiple settings and by offering social interaction contexts that are more interesting and more responsive than contexts provided in segregated environments (Calkins, Dunn, and Kulgen, 1986; smell and Eichner, 1989; as cited in Teferi, 1996). Studies, however, indicate that physical proximity alone doesn't result in successful social interaction between those children with and without disabilities (cartledge et al; 1985). This could also be the one possible reason why there is no significant difference between those children in integrated and special School with respect to their social skill.

Functional independence of children with visual impairment in integrated and special school

The study indicated that at $\alpha = 0.05$ there is statistically significant difference between those children in the special and integrated school with respect to their functional independence. Those children in the special school are more functionally independent (m=3.94) than those in the integrated school (m=3.75).

The result found from the respondents in the special School is in line with the above result. This means what is found about the children through the scales is similar to what their caregivers reported about them. However, in the case of the respondents in the integrated school what they say about the children in their school isn't inline with what is indicated from the quantitative result. Most of the caregivers in the special School indicated that the children there are better than those in integrated school with respect to their functional independence.They reported that even if the small children at the beginning (before training) have problem most the children are independent in performing daily activities.

All of the respondents also reported that the children there move independently in the campus and outside, are independent in doing tasks in the school and in decision making. On the other side, half of the respondents from the integrated school also asserted that the children there are independent in washing their body, hair, identifying birr, in mobility etc. All of the respondents from this school further reported that the children there participate in mini media; dramas etc .The similarities of the quantitative and qualitative result in the case of children in the special School validate the finding that the children there are better in their functional independence than those in the integrated school.

The above finding is similar to some of the previous findings. The opportunity to act independently, to run risk and make mistakes, to explore the world about them and their own capacities in relation to it, is an essential part of growing up for all children. It is no less important for those who have special needs. It may be more important in some ways

since disabilities like vision impairment limit the scope of independent action (Hegarty et al; 1981). Some of the previous findings indicate that special school is effective for the independence/independent behavior of children with disabilities in general and those with visual impairment in particular (Hegarty et al; 1981).

Some people say that in regular schools since the staff are concerned about the whole class and cannot give too much time for those with special needs, pupils will have opportunities for independent action and decision making. In the special schools, however, since there is good staffing ratios such opportunities are reduced and 'protective attitudes develop. However, others argue that children with special needs are at risk of being 'lost' and have no opportunities to excel in peer terms and miss the specific training in independence that a good special school can provide. Besides this special schools' greater experience of special needs and their freedom from the constraints of the ordinary school give them a unique scope for promoting independence (Hegarty et al; 1981).

With regard to the above idea even if most of the respondents from both schools(in the present study) indicated that the children in each school have trainings in mobility and daily activities the reason that those children in the special school have more contact time with their care givers may have helped the children to get more advice from their care givers as to how they become independent in taking care of their property, performing various activities etc .Beside this the respondents from the special school indicated that since the school is established meant for those with visual impairment the children there can move and play freely .so within some time they will show change in

their mobility. These all could be possible explanations for the result of the present study.

Psychosocial (socio emotional) functioning of children with visual impairment in integrated and special school

The result of this study indicated that there is statistically significant difference (at α=0.05) between those children (with visual impairment) in the integrated and special school with respect to their psychosocial functioning. Those children in the latter group are found to be psychosocially better (m=3.81) than the children in the former group (m=3.60).

The result found through the qualitative study (from the respondents in the special school) is inline with the result found through the quantitative study. This means what is concluded from what the children said about themselves in the scales is similar to what their caregivers report about them. However, in the case of the respondents in the integrated school what they say about the children in their school isn't inline with what is indicated from the quantitative result. The respondents from the special School reported that special school is better than integrated school in promoting the psychosocial functioning of children with visual impairment so the children there are better in this respect.

The reasons why the respondents think the children there are better in their psychosocial functioning are as follows: - since the children are successful in their education they have confidence in themselves; they think that if they were with their families they would have been idle and wouldn't have any use ; since they are treated well in food, care etc, they

have good feelings for themselves ;the children are psychologically advantageous since they have good life there, even the road on the campus is very comfortable for them; by learning with their similar they will develop self confidence and they help to each other, by looking at their teachers and others with visual impairment they will have hope for themselves, by looking at others they try to be independent, they share experience to each other (since they are similar) etc. They added that in integrated school since those children with visual impairment consider the sighted ones as superior, they won't have self-confidence. Besides this since the society doesn't have the awareness, the sighted children don't accept and support those children with visual impairment and more than this they may hurt their psychology by reflecting the attitude of their parents. So the children will be secluded/ rejected and all these things will make the children to have bad feelings towards themselves.

All of the respondents from the integrated school, however, said the opposite. They said the children there are better in their psychosocial functioning. The reasons they give for this are: - the children there are provided with every thing they need, everything is ready for them, they will do what ever the sighted ones do, most of them are successful, if their families don't take care of them well, the school will rent them a home, the teachers treat them as their families, their teachers are trained in how to handle them, they have good relationship with the sighted children etc. The similarities of the quantitative and qualitative result in the case of children in the special School validate the finding that the children there are better in their psychosocial functioning than those in the integrated school.

The above result is inline with some of the previous findings. These studies indicate that special educational provisions are more beneficial to children with disabilities in terms of their social, emotional and educational development. Hegarty (1993) indicated that normal environment is ordinarily a first essential to normal development. But the exceptional child -especially certain types possess needs of which neither the regular classroom teacher nor normal class-mates have any understanding. Consequently to place such a child in a normal environment may lead to disastrous educational retardation and emotional and social problems, for the simple reason that physical presence with normal group is no guarantee against segregation. In fact it often results in segregation in its worst form, namely that of impossible intellectual competition and social isolation (Hegarty, 1993). In this regard some of the respondents from the special School indicated that due to lack of awareness sighted children may hurt the psychology of the children with visual impairment. Due to this reason they may be secluded which in turn affects their social development .On the other side, the respondents from the integrated school don't accept this; they say there is no teasing and rejection there. With regard to intellectual competition, however, the respondents from the special School indicated that the children there are successful in their schooling and some times they think that they are superior to the sighted ones. Therefore the problem of impossible intellectual competition that is suggested in the above study may not be the case in the case of the children in the present study.

Some also say that pupils with special needs are at risk of being 'lost' and becoming emotionally stunted in large impersonal schools .In a study done in this aspect some of

the respondents said the following (Hegarty etal, 1981, 423).

> *far from enjoying the benefit of social contact many pupils suffer bitterly because of it; not only do they fail to form normal peer relationships but they are liable to a range of negative experiences, being over-protected and treated as incapable if they are lucky, teased and bullied if they are not (P: 473).*

This will affect their social and emotional development /Psychosocial functioning/.

By being in an environment with other children with visual impairment, the children have better prospects for social interaction, independence etc (Shakespeare, 1982). The respondents in the special School also supported this by saying that since the children there are with their similar others they are advantageous in their psychosocial functioning. They said by learning with their similar the children will develop self confidence and they will help to each other , by looking at others they try to be independent, also since they are similar they share experience to each other.

In general the study indicated that there is significant difference between those children in the special and integrated school with regard to their psychosocial functioning. The result favors the children in the special school. In case of the qualitative result the respondents from each school favor the children in their respective school. The preference of the respondents to their students may be because they don't have enough

information about the school condition and the psychosocial functioning of the students in the other school or may be they are biased to their respective school. What ever the case is the similarities of the quantitative and qualitative result in the case of children in the special School validate the finding that the children there are better in their psychosocial functioning than those in the integrated school. Even if there are some previous studies that support this finding the modern trend in special needs education is towards inclusion. This may imply the need for further study and since there is not much study done in the area, the present study may help as a steeping stone.

In the chapter to follow in addition to the summary and conclusion, based on the results obtained and the conclusions drawn from this study some recommendations are suggested.

Chapter Six

Summary and Conclusion

The purpose of this study was to compare the psychosocial functioning of children with visual impairment in integrated and special school settings. Specifically its aim was to compare these children with respect to their self-confidence, self-esteem, psychological adjustment, social adjustment, social skill and independence. To accomplish this purpose two schools were selected; namely German (integrated) school and Sebeta (special) School using purposeful and convenient sampling respectively. Five children from each school were compared, in the pilot study, with regard to the above six variables. In addition to the various tools administered on children with special needs, semi structured interview was conducted with teachers and care givers of the children in the two schools to elicit their responses on the psychosocial functioning of these children (in their respective school). They also rated the children's social skill on a scale.Based on the result of the pilot study some corrections were made on ambiguous items and on items which didn't discriminate the children well. For the main study 32 children (M=15, F=17) were purposefully selected from the integrated school and the same number of children from the other school too. These two samples were matched on their sex, age, severity and age of onset of the problem. The result of the study was analyzed using both quantitative (t-test) and qualitative (thematic analysis) methods. The t-test result indicated that there is statistically significant difference between those children in the special and integrated school in their psychosocial functioning. When specifically looking in to the variables the significant difference is observed in four of the variables.Those children in the special school were found to be better in their self-confidence, psychological

adjustment, social adjustment and functional independence. In case of the qualitative result, the responses given by most of the respondents from the special school were in line with the quantitative result while it wasn't the case of the responses given by the respondents from the integrated school. This is to mean that the respondents from the two schools favor the children in their respective school with regard to their psychosocial functioning. The reasons for this could be that the respondents may not be having enough information about the school condition and the psychosocial functioning of the students in the other school or may be they are biased to their respective school. In general the similarity of the quantitative and qualitative result in the case of children in the special School strengthens the finding that those children in the special School are superior in their psychosocial functioning than those in the integrated school.

Based on the finding of this study it can be concluded that educational setting in general has an impact on the psychosocial functioning of children with visual impairment.

Recommendation

Based on the results obtained and the conclusions drawn from this study, the following recommendations are suggested:-

- Before integrating children with visual impairment in the regular schools some preconditions must be fulfilled like equipping sighted children, teachers etc. with the necessary information about the strengths and limitations of children with visual impairment and teaching them to accept the children as they are. There should be specially trained teachers in these schools. Besides this the infrastructure of the schools should be made suitable for those children with visual impairment.

- The children should be integrated not only physically but also socially and intellectually. This is to mean that their physical presence in the school compound is not enough rather they should learn and interact with their non disabled peers.
- The childrens' special needs must be fulfilled in integrated educational settings.
- The teachers in the integrated schools should have a close relationship with the children and treat them motherly and fatherly and the regular and special teachers must work together to solve the problems of the children.
- To increase the self-confidence of children in integrated schools it is important to help them to be clever in schooling, forexample by giving tutorial classes.
- Counseling services should be provided to the children in integrated settings to help them avoid unnecessary comparisons with the sighted children and ingeneral to develop their psychosocial functioning.
- There must be follow-up on the psychosocial functioning of the children and the necessary steps should be taken.
- It is indicated in the study that the mean score for the social skill of the children in the two schools is very low compared to the other variables.This implies that schools, parents, etc. must play their role in enhancing the social skill of children with visual impairment. This can be accomplished by increasing contact between those children with and without visual impairment and by teaching the former the necessary social skills that are important for their interaction. This will further help them to be more socially adjusted.
- Schools, parents, etc. must play their role in enhancing the self- esteem of children with visual impairment.

- Since the result of the study favors those children in the special school it is recommended that it is better for those children with visual impairment to join these schools and learn with their similar others so that their psychosocial functioning would be enhanced. However, since the present study is delimited in its scope (psychological and social) and in the size of the participants (32 from each group), it is very good to conduct further studies by encompassing other aspects like education, by increasing the sample size and by making careful matching between the children in the two groups.
- It is also good to conduct further studies to find out the possible causes for the differences observed between the children in the two educational settings.
- There should be a revision in the current trend in special needs education.

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Appendix A

Addis Ababa University

School of Graduate Studies

Department of Psychology

Questionnaires for children with visual impairment

For the reader – read to the children the following general information and what is indicated under the heading 'for the reader' in each section.

General information: These scales and questions (regarding personal information) are designed to be administered on children with visual impairment both in special and integrated educational settings. The aim is to find out and compare the psycho-social functioning of these children in the two school settings. For the success of this research your genuine cooperation is important.

In general, there are 5 sections. Each section has its own specific direction. Please, complete all the items according to the instruction given in each section. Your name is not necessary and without any stress you can answer the questions when they are read to you.

I like to thank you in advance

Section 1- personal information

For the reader- read the direction and questions to the children and write, or encircle their responses.

Direction: for the following 7 questions choose and indicate/ tell the answers that suit you.

1. Sex a. Male b. Female

2. Age _____

3. Grade _____

4. In which of the following groups do you belong?

   a. The blind

   b. The partially sighted

5. When did you lose your sight or your sight has reduced?

   a. Congenitally

   b. within the first 3 years of my life

   c. After 3 years of age

6. In which of the following educational settings did you follow your education?

   a. only in regular schools

   b. only in special schools

   c. Both in regular and special schools

7. Do you have another health problem?

   a. Yes

   b. No

   - If your answer is yes, specify it _____

Section 2- psychosocial adjustment measure/scale

For the reader- read the following to the children and indicate their answers by putting "✓" mark on the space provided on a 5 - point scale.

Direction: this scale is designed to study the psychosocial adjustment to vision loss. I will read some statements that reflect your attitudes towards loss of vision.

As I read each statement, please tell me whether you strongly agree, agree undecided, disagree, or strongly disagree. There is no right or wrong answers. Choose to say undecided only when you surely find it difficult to choose other response categories.

Psychosocial adjustment scale

Item No	Statement	Response Categories				
		Strongly Agree	Agree	Un decided	Disagree	Strongly Disagree
1	Because of my vision loss, I feel that I can never really do things for myself.					
2	I can do many of the things I lo ve; it just takes me longer be cause of my vision impairment.					
3	I am good at working with other children in my class despite my vision loss					
4	Persons with visual impairment can be successful in life.					
5	By learning new ways of doing things (that compensate for visi on loss),a person with visual imp airment has a chance to be more independent.					
6	I get along with my class mates despite my vision loss					
7	Sighted people should not expect too much from persons with vis ual impairment.					
8	Visual impairment makes people pretty helpless.					
9	Sighted people generally dislike being with people with visual impairment.					
10	Due to my vision problem I am afraid to communicate with my class mates.					
11	People with visual impairment have to depend on sighted peop le to do things that are impossi ble for them to do.					
12	People with vision problems are uncomfortable making new frie nds because they can not always see people's faces clearly.					
13	I ask help from my family and friends for things which I can not do because of my vision loss.					
14	It is better for a person with vision problems to do things by himself/herself.					

15	There are worse problems that can happen to a person than los ing vision.					
16	Vision loss causes problems in social relationships.					
17	Even if I have a vision problem I can easily make new friends at school.					
18	Despite my vision loss I have lots of friends in my class.					
19	Because of my vision problem I feel lonely at school.					
20	The kids in my class don't like me due to my vision loss.					

Section 3- Rosenberg's self- esteem scale

For the reader- read the following to the children and indicate their answers by putting a "✓" mark on the space provided on a 4 - point scale.

Direction- The following are statements that indicate self- esteem. As I read each statement, please Indicate your response by choosing among strongly agree, agree, disagree and strongly disagree

Rosenberg's Self- Esteem Scale

Item No	Statement	Response categories			
		Strongly Agree	Agree	Disagree	Strongly Disagree
1	I feel that I am a person of worth, at least on an equal plane with others.				
2	I feel that I have a number of good qualities.				
3	All in all, I am inclined to feel that I am a failure.				
4	I am able to do things as well as most other people.				
5	I feel I do not have much to be proud of.				
6	I take a positive attitude toward myself				
7	On the whole, I am satisfied with myself.				
8	I wish I could have more respect for myself.				
9	I certainty feel useless at times.				
10	At times I think I am no good at all				

Section 4- self - confidence scale

For the reader- read the following to the children and indicate their answers by putting a "✓" mark on the space provided on a 5 - point scale.

Direction: the following are statements that indicate the confidence individuals have in themselves. As I read each statement, please indicate your responses by choosing among strongly agree, agree undecided, disagree, or strongly disagree.

Self- confidence Scale

Ite No.	Statement	Response Categories				
		Strongly Agree	Agree	undecided	Disagree	Strongly Disagree
1	I take a positive attitude tow ard myself.					
2	I prefer to be independent in doing things.					
3	When faced with a problem, I am good at coming up with solutions					
4	I feel inferior to my friends.					
5	I have a good relationship with my friends.					
6	On the whole, I am satisfied with myself.					
7	I feel like a failure.					
8	I feel inadequate.					
9	Even if I want to express my feelings to my friends, I won't do it.					
10	I feel that I should always conform to my friends.					

Section 5 - Functional Independence Scale

For the reader- read the following to the children and indicate their responses by putting a "✓" mark on the space provided on a 4 - point scale.

Direction: the following are skills activities that indicate a degree of independence in performance. As I read each of them tell me whether you perform these skills/ activities independently, with some help, by being dependent on others or you don't perform these activities at all.

Functional Independence Scale

Item No.	Statement	Performance			
		Independent	Needs some help/support needed	Dependent	Not applicable
1	Manages daily activities (self- care skills)				
	- Washes hand				
	- washes face				
	- Washes body				
	-Washes hair				
	- Manages eating				
	- Manages drinking with a cup				
	- Uses toilet				
	- Chooses cloth				
	-Wears cloth appropriately				

	-Wears shoe				
	-Ties shoe				
	- Identifies birr				
	- Identifies cents				
	-Buys things from a sh op				
2	Manages movement				
3	Manages doing home wo rk/class work				
4	Manages studying				
5	Performs other necessary tasks in the school				
6	Takes Responsibility				
	-Identifies self property				
	-Cares for own belongi ngs				
7	Makes decisions regardi ng issues concerning me				

Appendix B

Addis Ababa University

Schools of Graduate Studies

Department of Psychology

Scale and semi-structured interview schedule for teachers of children with visual impairment.

General information: - These scale and interview schedules are prepared to be administered for the teachers of children with visual impairment in regular and special educational settings. The aim is to collect data on the psycho- social functioning of these children and general observations about them and the relation they have with the sighted children, their teachers and other staffs; since teachers are very close to their students it is very important that they participate in this kind of study.

I like to thank you in advance

Section1- social skill behavior rating scale

Direction: listed below are lists of social skills which are important for social competence. Please read the description of each skill and indicate the answer which best describes your opinion about the particular child's ability by putting a "✓" mark on the space provided on a 4 - point scale; never, sometimes, often and always.

Social skill behavior rating scale

Item No.	Statement	Response Categories			
		Never	Sometimes	Often	Always
1	Paying attention and following teacher's instructions				
2	Ignoring distractions from classmates when doing class work				
3	Finishing school work in a reasonable time/according to the time limit				
4	Asking questions appropriately				
5	Making friends easily				
6	Seeking company from peers				
7	Initiating and maintaining conversation				
8	Waiting turn during conversation				
9	Ending a conversation				
10	Joining an on going activity with others				
11	Offering help to others				
12	Seeking help from peers appropriately				
13	Seeking help from adults appropriately				
14	Responding to peer pressure appropri ately				
15	Responding to teasing from peers appr opriately				
16	Receiving criticism well (from adults)				
17	Expressing frustrations and anger effe ctively and without harming others or property				
18	Sharing materials with others				
19	Apologizing for wrong doings				
20	Using nice talk				

Section 2:- semi-structured interview schedule

Interview

1. How do you feel about the confidence of these children in
   - performing tasks
   - social interaction
   - expressing their feelings/thoughts
   - making decisions regarding issues concerning themselves

2. What do you say about the feeling of self- worth that the children have about themselves? Do you think that they feel
   - Self worthy
   - good about themselves
   - as failures
   - as capable of doing things as others
   - proud of themselves/ satisfied with themselves

3. Are the children independent in
   - performing daily activities
   - mobility
   - decision making/regarding themselves
   - doing other tasks in the school
   - caring for own belongings

4. Can you tell us about the psychosocial adjustment problems that the children face due to their vision loss/ disability/? Do they feel
   - reluctance in asking help
   - lonely
   - in adequacy in doing things (are they dependent)
   - inferiority
   - do they make friends easily
   - do they agree with their friends? do they work cooperatively? do they exchange ideas?
   - are they aware of the limitations associated with their disability and accept them?
   - do they see themselves as special cases, as deserving sympathy?
   - do they have wildly ambitious dreams? For example, do they wish to be a pilot, mathematician?

5. Questions regarding the relations children with visual impairment have with in themselves, with sighted children and the staff
   5.1. How is the relation they have with in themselves? Do they agree with each other, do they help to each other? etc
   5.2. What can you say about the relation they have with the sighted children? (Only to be answered by regular school teachers)
   - are they rejected, teased, liked
   - do they have helping relationships with each other/cooper ation? E.g. do they study, do home work, eat, and play together.
   - do they accept help from the sighted one's
   - do they feel free in expressing themselves.

5.3. What kind of relation do they have with their teachers and other staffs?

- do they try to be independent in performing various activities?(with out expecting the help of their teachers and others)
- do they have positive relationships? For example, do they accept what their teachers tell them? /do they agree with their teachers?

6. Questions regarding the advantages and disadvantages of special and regular educational settings for promoting the psychosocial functioning of children with visual impairment.

6.1. Please indicate any advantages or disadvantages; you are particularly conscious of, that your school creates on these children in relation to

: - self- confidence
: - self- worth
: - Independence
: - social skill
: - psychosocial adjustment

6.2. What are the negative and positive consequences that you think the children could have faced would they have been in special schools (to be answered by regular school teachers)/ regular schools (to be answered by special school teachers) in relation to

: - self- confidence
: - self- worth
: - Independence
: - social skill
: - psychosocial adjustment

6.3. In general which of the two educational settings do you think is better for promoting the psychosocial functioning of these children in relation to:-

: - self- confidence

: - self- worth

: - Independence

: - social skill

: - psychosocial adjustment

Why is that so?

Appendix C

አዲስ አበባ ዩኒቨርሲቲ

የድህረ ምረቃ ትምህርት /ፕሮግራም

የስነልቦና ክፍል

ማየት ለተሣናቸው ልጆች የተዘጋጁ መጠይቆች

<u>ለአንባቢያን</u>:- ለልጆቹ ከዚህ በታች የተባፈውን አጠቃላይ መረጃ እና 'ለአንባቢያን' በሚለው በእያንዳንዱ ክፍል ውስጥ ባለው መግቢያ ስር የተመለከቱትን/እንዲያነቡላቸው የተጠየቁትን ያንብቡላቸው::

<u>አጠቃልይ መረጃ:-</u> እነዚህ ለመኪያዎችና ጥያቄዎች የተዘጋጁት በመደበኛና በልዩ ትምህርት ቤቶች እየተማሪ ላሉ ማየት የተሣናቸው ልጆች ነው:: የመጠይቁ ዋላ ዓላማ በሁለቱ ትምህርት ቤቶች ያሉትን የእነዚህን ልጆች የስነልቦናና ማህበራዊ ግንኘ ነታቸውን በማጥናት ንፅፅር ለማድረግ ነው:: እና በአጠቃላይ ለዚህ ጥናት መሣካት የእናንተን ቅን ትብብር አስፈላጊ ነው::

በአጠቃላይ አምስት ክፍሎች አሉ:: እያንዳንዱ ክፍል የራሱ መመሪያ አለው:: እና እባካችሁ በእያንዳንዱ ክፍል በተሠጠው ትህዛዝ መሠረት ጥያዎቼችን በሙሉ ለመመለስ ሞክሩ:: ስማችሁ አያስፈልግም ፤ እና ካለምንም ጭንቀት ለሚነበቡላችሁ ጥያቄዎች ምላሽ ስጡ::

በቅድሚያ ለትብብራችሁ አመሠግናለሁ

<u>ክፍል 1:- የግል መረጃ</u>

<u>ለአንባቢያን-</u> መመሪያውንና ጥያቄዎቹን ለልጆቹ በማንበብ ምላሻቸውን በማክበብ ወይም በፅሁፍ ያስፍሩ::

<u>መመሪያ</u>- ለሚከተሉት ሰባት ጥያቄዎች የሚስማማችሁን ምላሽ ተናገሩ፣ አመልክቱ/ ምረጡ

1. ዖታ ሀ. ወንድ ለ. ሴት
2. እድሜ ----------
3. የክፍል ደረጃ ----------
4. በየትኛው ምድብ ውስጥ ትካተታለህ/ትካተቻለሽ?
   ሀ. ሙሉ በሙሉ ማየት ከተሳናቸው
   ለ. የተወሰነ እይታ ካላቸው
5. እይታህን/እይታሽን ያጣኸው/ያጣሸው ወይም እይታህ/እይታሽ የቀነሠው መቼ ነበር?
   ሀ. ስወለድ ጀምሮ
   ለ. እስከ ሶስት አመቱ ባለው ጊዜ
   ሐ. ከሶስት አመቱ በኃላ

6.ትምህርትህን/ትምህርትሽን የተከታታልከው/ሽው ከሚከተሉት ውስጥ በየትኛው አይነት ትምህርት ቤቶች ነው?

ሀ. በመደበኛ ትምህርት ቤቶች ብቻ

ለ. በልዩ ትምህርት ቤቶች ብቻ

ሐ. በሁለቱም

7.ተጨማሪ የጤና ችግር አለብህ/ብሽ ወይ?

ሀ. አዎ

ለ. አይ

ምላሽህ/ምላሽሽ አዎ ከሆነ ቢብራራ ----------

ክፍል 2:- የስነልቦናና ማህበራዊ ግንኙነት ስኬት መለኪያ

ለአንባቢያን:- የሚከተለውን ለልጆች በማንበብ ምላሽቸውን ባለ አምስት ነጥቦች መመዘኛ ላይ ባሉት ክፍተቶች ለይ የራይት «✓» ምልክት በማስቀመጥ ያመልክቱ::

መመሪያ:- ይህ መመዘኛ የታጋጀው የእይታ እጦት በስነልቦናዊና ማህበራዊ ግንኙነት ስኬት ላይ የሚያስከትለውን ተፅእኖ ለማየት ነው:: ስለእይታ እጦት ያላችሁን አመለካከት የሚያመላክቱ የተወሰኑ መግለጫዎችን አነብላችኃለሁ::

እነዚህን መግለጫዎች ሳነብላችሁ በጣም መስማማታችሁን፣ መስማማታችሁን፣ መወሰን አለመቻላችሁን፣ አለመስማማታችሁን ወይም በጣም አለመስማማታችሁን ተናገሩ:: ትክክለኛ ወይም ስህተት የሚባል መልስ የለም:: መወሰን አልቻልኩም የሚለውን ምርጫ መምረጥ ያለባችሁ ከተሰጡት ሌሎች ምርጫዎች ውስጥ ለመምረጥ ስትቸገሩ ብቻ ነው::

የስነልቦናዊና ማህበራዊ ግንኙነት ስኬት መለኪያ

ተ.ቁ	መግለጫ	አማራጮች				
		በጣም እስማማለሁ	እስማማለሁ	መወሰን አልችልም	አልስማማም	በጣም አልስማማም
1.	ማየት የተሣነኝ በመሆኑ ማድረግ የም ፈልገውን ነገር ራሴን ችዬ ማድረግ እንደማልችል ይሰማኛል					
2	ማየት የተሣነኝ መሆኔ የምወደውን ነገር ከማድረግ አያግደኝም፤ ተጨማሪ ግዜ ይሰወስድብኛል እንጂ					
3	ማየት የተሳነኝ ቢሆንም እንኳን በክፍል ውስጥ ካሉ ልጆች ጋር ተባብሮ በመስ ራት በኩል ጎበዥ ነኝ					
4	ማየት የተሳናቸው ሰዎች በህይወታቸው ስኬታማ መሆን ይችላሉ					
5	ማየት የተሳነው ሰው አዳዲስ መንገዶችን በመማር ራሱን የመቻል/ጥገኛ ያለመሆን እድል አለው					
6	ማየት የተሳነኝ ብሆንም እንኳ ከጋደኞቼ ጋር እስማማለሁ					
7	አይናሞኝ ማየት ከተሳናቸው ሰዎች ብዙ መጠበቅ የለባቸውም					
8	እይታን ማጣት ሰዎችን ረዳት አልባ/ ደካማ ያደርጋል					
9	በአጠቃላይ ማየት የሚችሉ ሰዎች ማየት ከተሳናቸው ሰዎች ጋር መሆን አይወ ዱም					
10	ማየት የተሳነኝ በመሆኑ ከጋደኞቼ ጋር ሀሣብ ለመለዋወጥ እፈራለሁ					
11	ማየት የተሣናቸው ሰዎች ለማከናውን የሚክብ ዷቸውን ነገሮች ለመድረግ ማየት በሚችሉ ሰዎች ላይ ጥገኛ መሆን አለባቸው					
12	ማየት የተሳናቸው ሰዎች ሁልግዜ የሰዎችን ፊት በደንብ ማየት ስለማይችሉ አዲስ ጋደኝነትን ለመመስረት ይቸገራሉ					
13	ማየት ባለመቻሌ የተነሳ ለማድረግ የማ ልችላቸው ነገሮች ሲኖሩ ከቤተሰቦቼና ከጋደኞቼ እርዳታ እጠይቃለሁ					
14	ማየት የተሳነው ሰው የሚሰራቸውን ነገሮች በራሱ ቢያከናውን የተሸለ ነው					
15	እይታን ከማጣት የከፋ በሠው ላይ ሊከሠቱ የሚችሉ ችግሮች አሉ					

16	እይታን ማጣት በማህበራዊ ግንኙነት ላይ ችግር ያስከትላል					
17	ምንም እንኳን ማየት የተሳነኝ ብሆን በቀላሉ አዲስ ጋደኞችን በትምህርት ቤት ማፍራት እችላለሁ					
18	ማየት የተሳነኝ ብሆንም በክፍል ውስጥ ብዙ ጋደኞች አሉኝ					
19	የማየት ችግር ስላለብኝ በትምህርት ቤት ውስጥ ብቸኝነት ይሰማኛል					
20	ማየት ባለመቻሌ የተነሳ ክፍል ውስጥ ያሉ ልጆች አይወዱኝም					

ክፍል 3፡- የርዘንበርግ ለራስ ያለን አመለካከት/ለራስ የሚሠጥ ዋጋ መመዘኛ

ለአለንባቢያን፡ የሚከተለውን ለልጆቹ በማንበብ ምላሽቸውን ባለ አራት ነጥቦች መመዘኛ ላይ ባሉት ክፍተቶች ላይ የራይት «✓» ምለክክ በማስቀመጥ ያመላክቱ።።

መመሪያ፡ የሚከተሉት መግለጫዎች ለራስ ያለን ሰመለካከት የሚያመላካቱ ናቸው።። እንዳንዱን ሳስብላችሁ በጣም መስማማታችሁን፣ መስማማመታችን፣ አለመስማታችሁን ወይም በጣም አለመስማማታችሁን ተናገሩ።።

የሮዘንበርግ ለራስ ያለን አመለካከት መመዘኛ

ተ.ቁ	መግለጫ	አማራጮች			
		በጣም እስማማለሁ	እስማማለሁ	አልስማማም	በጣም አልስማማም
1	ቢያንስ ቢያንስ ከሌሎች ሰዎች እኩል ዋጋ እንዳለኝ ይሰማኛል				
2	ብዙ ጥሩ ነገሮች/መለያዎች እንዳሉኝ ይሰማኛ				
3	በአጠቃላይ ምንም ነገር የማይሳካለት ሰው እንደ ሆንኩ ይሰማኛል				
4	ነገሮችን ከሌሎች እኩል ማድረግ እችላለሁ				
5	ብዙ የምኮራበት ነ ር እንደሌለኝ ይሰማኛል				
6	ለራሴ ጥሩ አለመካከት አለኝ				
7	በአጠቃላይ በራሴ ረክቻለሁ				
8	አሁን ካለኝ በበለጠ ለራሴ ከበሬታ እንዲኖረኝ እመኛለሁ				
9	አንዳንድ ግዜ በእርግጠኝነት የማልረባ እንደ ሆንኩኝ ይሰማኛል				
10	አንዳነድ ጊዜ ምንም ጠቀሜታ እንደሌለኝ ይሰማኛል				

ክፍል 4፡- በራስ የመተማመን መመዘኛ

ለአንባቢያን፡- የሚከተለው·ን ለልጆቹ በማንበብ ምላሻቸው·ን ባለ አምስት ነጥቦች መመዘኛ ላይ ባሉት ክፍተቶች ላይ የራይት «✓» ምልክት በማስቀመጥ ያመላክቱ

መመሪያ፡- የሚከተሉት ሰዎች በራሳቸው ላይ ያላቸው·ን መተማመንን የሚያመላክቱ መግለጫዎች ናቸው፡፡ እያንዳንዱን ሳነብላችሁ በጣም መስማማታችሁን፣ መስማማታችሁን፣ መወሰን አለመቻላችሁን፣ አለመስማማታችሁን ወይም በጣም አለመስማማታችሁን ተናገሩ፡፡

በራስ የመተማመን መመዘኛ

ተ.ቁ	መግለጫ	አማራጮች				
		በጣም እስማማለሁ·	እስማማለሁ·	መወሰን አልችልም	አልስማማም	በጣም አልስማማም
1	ለራሴ ጥሩ አመለካከት አለኝ					
2	ማድረግ የምፈልገው·ን ነገር ራሴን ችዬ ማድረግ እመርጣሁ·					
3	ችግር ሲያጋጥመኝ መፍትሔ በመፈለግ· ጎበዝ ነኝ					
4	የዝቅተኝነት ስሜት ይሠማኛል /ከጓደኞቼ					
5	ከደጓኞቼ ጋር ጥሩ ግንኙነት አለኝ					
6	በአጠቃላይ በራሴ ረክቻለሁ· / እርካታ ይሰማኛል					
7	ምንም ነገር የማይሳካለት ሰው· እንደ ሆንኩ· ይሰማኛል					
8	ነገሮችን ለማከናወን ብቃት እንደሌለኝ ይሰማኛል					
9	ሀሣቤን ለጓደኞቼ መግለፅ ብፈልግ እንኳ አላደርገው·ም					
10	ሁልጊዜ ጓደኞቼን መከተል/መምሰል እ ንዳለብኝ ይሰማኛል					

ክፍል5፡- ራስን የመቻል መመዘኛ/መለኪያ

ለአንባቢያን፡- የሚከተለው·ን ለልጆቼ በማንበብ ምላሻቸው·ን ባለአራት ነጥቦች መመዘኛ ላይ ባሉት ክፍተቶች ላይ የራይት «✓» ምልክት በማስቀመጥ ያመላክቱ፡፡

መመሪያ፡- የሚከተሉት ራስን የመቻልን ደረጃዎች የሚያመላክቱ ክህሎቶች ወይም ክንው·ኖች ናቸው፡፡ እያንዳንዱን ሳነብላችሁ· የማንንም ድጋፍ ሳትፈልጉ· እንደምታከናው·ኗቸው·፣ የተወሰነ እርዳታ እንደሚያስፈልጋችሁ·፣ ሌሎች እንደሚያከናው·ላቸው· ወይም ሙሉ· በሙሉ· እነዚህን ነገሮች አከናው·ናችሁ· እንደማታው·ቁ ተናገሩ/ አመላክቱ፡

ራስን የመቻል መመዘኛ

ተ.ቁ	ክንውኖች/ክህሎቶች	አማራጮች			
		ራሴን ችዬ አደርጋለሁ	የተወሰነ እርዳታ እፈልጋለሁ/የሌሎች ሰዎች እርዳታ ያስፈልገኛል	ሌሎች ሠዎች ናቸው የሚረዱኝ/ የሚያደርጉልኝ	አድርጌው አላውቅም
1	የእለት ተእለት ሕይወት ክንውኖችን አደርጋለሁ - እጄን እታጠባለሁ - ፊቴን እታጠባለሁ - ሠውነቴን እታጠባለሁ - ፀጉሬን አታጠባለሁ - ምግብ እበላለሁ - በመጠጫ ተጠቅሜ እጠጣለሁ - መፀደጃ ቤት እጠቀማለሁ - መልበስ የምፈልገውን ልብስ እመርጣለሁ - ልብሴን በአግባቡ እለብሣለሁ - ጫማዬን አደርጋለሁ - ጫማዬን አስራለሁ - ብሮችን እለያለሁ - ሣንቲሞችን እለያለሁ - ክሰቅ እንዳንድ ነገሮችን እገዛለሁ				
2	ከቦታቦታ እንቀሳቀሳለሁ/ እንቅስቃሴ አደርጋለ ሁ				
3	የቤትና የክፍል ውስጥ ስራ እሠራለሁ				
4	አጠናለሁ				
5	በትምህርት ቤት ውስጥ አስፈላጊ የሆኑ ሌሎች ስራዎችን እሠራለሁ				
6	ኃለፊነትን እቀበላለሁ - የራሴን እቃዎች እሌያለሁ - ለራሴ እቃዎች ጥንቃቄ አደር ጋለሁ				
7	እኔን በተመለከተ ላለ ገዳዮች ውሳኔዎችን እወስናለሁ				

የማህበራዊ ክህሎት መመዘኛ

ተ.ቁ	ማህበራዊ ክህሎት	አማራጮች			
		በጭራሽ	አንዳንድ ግዜ	ዘወትር	ሁልጊዜ
1	ከአስተማሪ የሚሰጡ መመሪያዎችን ትኩረት ሰጥቶ መከታተል				
2	ከጓደኞች የሚመጡን ማዘናጊያዎች ትኩረት ባለመስጠት በክፍል ውስጥ የሚሰጡ ስራዎችን መስራት				
3	በትምህርት ቤት የሚሰጡ ሥራዎችን በተገቢው ጊዜ መጨረስ				
4	ጥያቄዎችን በአግባቡ/ስርዓት ባለው መልኩ መጠየቅ				
5	ጓደኞችን በቀላሉ ማፍራት/በቀላሉ ጓደኝነትን መመስረት				
6	የጓደኞችን አብሮነት መሻት				
7	ንግግርን መጀመርና ማቆየት/መቀጠል				
8	በንግግር ጊዜ ተራን መጠበቅ				
9	ንግግርን ማብቃት				
10	ሌሎች የሚያከናውኗቸው ነገሮች ውስጥ መሳተፍ/መካተት				
11	ሌሎችን መርዳት				
12	እርዳታን በአግባቡ ከጓደኞች መሻት				
13	እርዳታን በአግባቡ ከአዋቂዎች መሻት				
14	ከጓደኞች የሚመጣን ግፊት በአግባብ ምላሽ መስጠት/ማስተናገድ				
15	ከጓደኞች ለሚመጡ ሽሙጦች በአግባቡ ምላሽ መስጠት				
16	ከአዋቂዎች የሚሠነዘሩ ትችቶችን በአግባብ መቀበል				
17	ተስፋ መቁረጥንና ብስጭትን በአግባቡ መግለፅ/ሌሎች ሠዎችንና ንብረትን ሳይጎዱ				
18	ቁሣቁሶችን ከሌሎች ጋራ መጋራት/ከሌሎች ጋር አብሮ መጠቀም				
19	ለፈፀሙት ስህተት ይቅርታ መጠየቅ				
20	ጥሩ ንግግር መናገር				

ክፍል ሁለት፡- የቃለ መጠይቅ ዝርዝሮች

ቃለ መጠይቅ

1. ልጆቹ ያላቸውን በራስ የመተማመን ስሜት እንዴት ያዩታል?
   - የተለያዩ ስራዎችን በመስራት ሰኪያ
   - በማህበራዊ ግንኙነት አኪያ
   - ስሜታቸውን/ሃሳባቸውን በመግለፅ አኪያ
   - እነሱን የሚመለከቱ ጉዳዮችን ውሳኔ በመወሰን አኪያ
2. ልጆቹ ለራሣቸው ስላላቸው ስሜት/ግምት እርሶ ምን የሚሉት ነገር አለ?
   - ዋጋ እንዳላቸው የሚሠማቸው ይመስሎታል?
   - ጠቀሜታ እንዳላቸው የሚሠማቸው ይመስሎታል?
   - ምንም ነገር የማይሳካላቸው እንደሆነ የሚሠማቸው ይመስሎታል?
   - ከሌሎች እኩል ነገሮችን ማድረግ እንደሚችሉ የሚሠማቸው ይመስሎታል?
   - በራሣቸው ኩራት የሚሰማቸው ይመስሎታል?/ በራስ የመርካት ስሜት የሚሰማቸው ይመስሎታል?
3. ልጆቹ ራሣቸውን የቻሉ ናቸውን?
   - የእለት ተእለት ክንውኖችን በማድረግ አኪያ
   - በእንቅስቃሴ አኪያ
   - ውሣኔን በመወሠን አኪያ/ እነርሱን በተመለከተ
   - በትምህርት ቤት ያሉ ተግባሮችን በማከናወን አኪያ
   - ለራሣቸው ንብረት ጥንቃቄ በማድረግ አካያ
4. በእይታ እጦታ የተነሣ ልጆቹ በስነልቦናና በማህበራዊ ግንኙነታቸው ረገድ ስለማያጋጥማው ችግሮች ሊነግሩን ይችላሉ?
   - እርዳት ሲያስፈልጋቸው ለመጠየቅ ያመነታሉ ወይ?
   - ብቸኝነት ይሠማቸዋል ወይ?
   - እንዳንድ ነገሮችን ለማከናወን ብቃት እንደሌላቸው ይሠማቸዋል ወይ?
   - የበታችንት ስሜት ይሠማቸዋል ወይ?
   - በቀላሉ ጓደኞችን ማፋራት ይችላሉ ወይ?
   - ከጓደኞቻቸው ጋር ይስማማሉ ወይ? ተባብረው ይሠራሉ ወይ? ሀሣብ ይለዋወጣሉ ወይ?
   - በአካል ጉዳታቸው ምክንያት ያለባቸውን እንከን አውቀው ይቀበላሉ ወይ? / አካል ጉዳታቸው የሚያስከትልባቸውን ችግር አምነው ይቀበላሉ ወይ?
   - እራሳቸውን እንደ ልዩ ሰው፣ ርህራሄ እነደሚያስፈልገው ሰው ይቆጥራሉ ወይ?
   - ሊሣኩ የማይችሉ ህልሞች አሏቸው ወይ/ ለምሳሌ፡ ፖይለት፣ የሂሳብ አዋቂ ለመሆን ይመኛሉ ወይ?

5. ማየት የተሣናቸው ልጆች እርስ በርሳቸው፣ ከአይናማ ልጆችና ከትምህርት ቤቱ ሠራተኖች ጋር ባላቸው ግንኙነት ረገድ የቀረቡ ጥያቄዎች

5.1. እርስ በርሳቸው ያላቸው ግንኙነት እንዴት ነው? ይስማማሉ ወይ? ይረዳዳሉ ወይ? ወዘተ

5.2. አይናማ ከሆኑ ልጆች ጋር ስላላቸው ግንኙነት እርሶ ምን ይላሉ? /መደበኛ ትምህርት ቤት በሚያስተምሩ መምህራን ብቻ የሚመለስ/

- ይገለላሉ ወይ? ይፌዝባቸዋል ወይ? ይወደዳሉ ወይ?
- እርስ በርሳቸው የመረዳዳት መንፈስ አላቸው ወይ? ለምሳሌ አብረው ያጠናሉ ወይ? አብረው የቤት ስራ ይሰራሉ ወይ? አብረው ይበላሉ ወይ? አብረው ይጫወታሉ ወይ?
- ከአይናሞች የሚቀርብላቸውን እርዳታ ይቀበላሉ ወይ?
- እራሣቸውን በነፃነት ይገልጻሉ ወይ? /እራሳቸውን ለመግለፅ ነፃነት ይሰማቸዋል ወይ?/ የተሰማቸውን ይናገራሉ ወይ?

5.3. ከመምህራኖቻቸውና ከሌሎች ሠራተኞች ጋራ ምን አይነት ግንኙነት አላቸው?

- ራሣቸውን ችለው ነገሮችን ለማከናወን ይጥራሉ ወይ? /ነገሮችን በራሣቸው ለማከናወን ይሞክራል ወይ?/ የአስተማሪዎቻቸውንና የሌሎቹን እርዳታ ሣይጠ ብቁ/
- ጥሩ የሆነ ግንኙነት አላቸው ወይ/ ለምሳሌ፡- የሚሏቸውን ይቀበላሉ ወይ?/ ይስማማሉ ወይ?

6. ልዩና መደበኛ የሆኑ ትምህርት ቤቶች ማየት ለተሣናቸው ልጆች ስነልቦናና ማህበራዊ ግን ኙነት መዳበር ስላቸው ጥቅምና ጉዳት አኳያ የቀረቡ ጥያቄዎች

6.1 እባኮትን እርሶ የሚያስተምሩበት ትምህርት ቤት በልጆቹ ላይ አስከሏል የሚሉትን ማንኛውንም ጥቅምና ጉዳት ያመላክቱን?

- በራስ መተማመን አኳያ
- ለራሣቸው በሚሠቱት ዋጋ አኳያ
- ራስን በመቻል አኳያ
- በማህበራዊ ክህሎት አኳያ
- በስለልቦናና ማህበራዊ ግንኙነት ስኬት አኳያ

6.2. በልዩ (መደበኛ ትምህርት ቤት በሚያስተምሩ መምህራን ብቻ የሚመለስ)/ በመደበኛ (ልዩ ትምህርት ቤት በሚያስተምሩ መምህራን ብቻ የሚመለስ) ትምህርት ቤቶች ውስጥ ቢማሩ ኖሮ ያጋጠሟቸው ነበር ብለው የሚያስቧቸው ጥሩ ወይም መጥፎ ውጤቶች ምንድን ኛቸው?

- በራስመተማመን አኳያ
- ለራሳቸው በሚሰጡት ዋጋ አኳያ
- ራስን በመቻል አኳያ

- በማህበራዊ ክህሎት አኳያ
- በስነልቦናና ማህበራዊ ግንኙነት ስኬት አኳያ

6.3. በአጠቃላይ ከሁለት አይነት ትምህርት ቤቶች የትኛው የነዚህን ልጆች ስነልቦናና ማህበራዊ ግንኙነት በማዳበር አኳያ የተሻለ ነው ብለው ያስባሉ?

- በራስ መተማመን አኳያ
- ለራሳቸው በሚሰጡት ዋጋ አኳያ
- ራስን በመቻል አኳያ
- በማህበራዊ ክህሎት አኳያ
- በስነልቦናና ማህበራዊ ግንኙነት ስኬት አኳያ

ለምን?

Appendix E

Univarsiitii Finfinnee

Sagantaa Digirii Lammaffaa

Damee Xiim-Sammuu

Gaaffiileewwan Ijoolee Qaro Dhabeeyyiitiif Qophaa'an

Dubbistootaaf: Armaan gaditti, daa'immaniif kan barreefame odeeffannoo dimshaashaa fi 'dubbistootaaf' kan jedhu kutaallee tokkoon tokkoo isaanii keessatti kan argamu seensa jalatti kan mul'atan akka dubbistaniif kan gaafatamtan dubbisaafii.

Odeeffannoo Dimshaashaa

Safartuuwwaniif gaaffileewwan Kun kan qophaa'an manneen barnoota Idilee fi manneen barnoota barattoota fedhii addaatti barachaa kan argaman ijoolleewwan qaro dhabeeyyiitiif. Kaayyoo guddaan gaaffileewwaniis manneen barnoota akkaakuu lamaanitti kan barachuu irratti argaman qunnamtii hawaasummaa fi kan saayikooloojii daa'imman kanaa qo'atee waliin ilaaluu fi dha. Walumaa galatti qo'annoon Kun akka galma ga'uuf deegarsi isin gootan baayisee barbaachisaa dha.

Walumatti kutaa shanitu jira.Kutaan tokkoon tokkoo isaa qajeelfama mataa isaatii ni qaba. Kanaafuu tokkoon tokkoo isaatiif akkaataa qajelfama kennamanitiifiin gaaffileewwan dhiyaatan hunda deebisuuf yaala. Maqaa keessan barreessuun hinbarbaachisu. Kanaafuu dhiphinaafi yaaddoo tokkoon ala gaafileewwan isiniif dubbifamanf deebii laadha.

Kutaa 1ffaa

Odeeffannoo /Ragaa Dhuunfaa

Dubbistootaaf: qajeelfamaaf gaaffileewwan daa'immaniif dubbisuudhaan deebii isaan laatan itti maruun yookan barreessuun kaa'aa.

Qajeelfama: Gaafileewwan torba armaan gadiitiif deebii isin ibsu /walsimatu filadha, agarsiisa ibsa.

1. Saala A. dhiira B. dhalaa
2. Umurii _____
3. Sadarkaa barnootaa _____
4. Garee kam keesstti ramadamta
   A. hundaa hundatti Kan hinagare
   B. Xiqqoo xiqqoo Kan argan /cilaan cilii
5. Qaroo Kee kan abde ykn kan hir'ate yoom ture?
   A. Jalqaba dhalootaatii eegalee
   B. Dhaloota fi ogga sadi gidduutti
   C. Dhaladhee waggaa sadi booda
6. Barnoota kee Kan baratte manneen barnoota armaan gaditti argaman keessaa akaakuu isa kamitti?
   A. manneen barnoota idilee qofatti
   B. manneen barnoota ijoolle fedhii addaa/qaro dhabeeyyiitti
   C. Lamaanittuu dha.
7. Rakkina nageeny Kan biroo/dhibee dabalataan qabdaa?
   A. eeyyen qaba
   B.lakki hin qabu.

Yoo qabaatt, ibsuuf yaal_____

_____

Kutaa 2ffaa

Safartuu Galma ga'insa qunnamitti Hawaasummaaf saayikoolojii

Dubbistootaaf: Gaaffileewwan armaan gaditti argaman dubbisuudhaan deebii isaanii madaallii abbaa qabxii shanii gubbaatti kan argaman bakka duwwaa irratti mallattoo sirrii "✓" kaa'uudhaan agarsiisaa.

Qajeelfama: Madaalliin Kun Kan qophaa'e qaroo dhabuun dhiibbaa galma ga'iinsa qunnamtii hawaasummaa fi saayiikooloojii irratti fidu beekuufi dha. Ilaalcha qaro dhabumaaf qabdan Kan agarsiisan ibsoota muraasa isiniifan dubbisa.Ibsoota kana yommuun isiniif dubbisu baayistanii iittiin waliigaluu, ittiin walii galuu, murteessuu dadhabuu, ittiin Kan walii hin galle fi baayistanii kan ittiin walii hin galle ta'u keessan ibsa. Sirrii yookaan soba deebiin jedhamu hin jiru. Murteessuu hin dandeenye filannoo jedhu filachuu Kan dandeessan filannoo kennaman kan biro keessaa filachuuf yommuu dadhabdan qofa dha.

Safartuu Galma Gahinsa Quunnamitii Hawaasaa fi Saayiikooloojii

Lak	Ibsa	Filannoo				
		Baayiseen ittiin walii ga la	Ittiin waliin gala	Murteessu hindanda'u	Ittiin walii hin galu	Baayisee Ittiin walii hin galu
1	Qaro dhabduu sababan ta'eef wantan gochuu barbaadu of danda'ee ofiin goc huu akkan hindandeenyetunatti dhagah ama					
2	Qaro dhabduu ta'uun koo wantan goch uu fedhu irraa gochuu nan dhorku yeroo natti fudhata malee					
3	Qaro dhabullee kutaa keessatti da a'l m man biroo wajjiin waliin hojjechuu gu b batti cimaa dha.					
4	Namootni qaro dhabeeyyii ta'an jire en ya isaanii keessatti galma gahuuf ni da nda'u.					
5	Namni qaro dhabe tokko karaawwan haarawaa barachuudhaan of danda'u ni danda'a /nama irratti jiraachuu dhiisuu ni danda'a					
6	Qaroo dhabullee hiriyoota koo wajjiin waliin gala.					

7	Namootni qaro dhabeeyyii hin ta'iin qaro dhabeeyyota irra baay'ee eeguun isaanitti hin jiru.					
8	Qaroo dhabuun gargaarsa dhabaa yookan dadhabaa nama taasisa.					
9	Walumaa galatti namootni qaroo qaban qaro dhabeeyyii kan ta'an wajjiin ta'uu hin barbaadan.					
10	Qaroo sababan hinqabneef hiriyoota koo wajjiin yaada waljijjiiruu nan sodaa dha.					
11	Qaroo dhabeeyyiiwwan wantoota gochuu hin dandeenye tokko gochuuf nam oota qaroo qaban irratti jiraachuu qabu /dabbaalummaa jireenyaa.					
12	Namootni qaro dhabeeyyii ta'an yeroo hunda fuula namaa sirritti arguuf sab aba hindandeenyeef hiriyaa haarawaa hundeessuun isaan rakkisa.					
13	Harguu dadhabuu kiyyaan kan ka'e wantootan gochuu dadhabu yommuu jiraatan maatiif hiriyoota koo gargaarsa nan gaafadha.					
14	Namni qaroo hinqabne tokko wantoota hojjetu tokko ofii isaatiin yoo hojjete gaarii dha.					
15	Qaroo dhabummaa caala yaraa kan ta 'an nama kan qunnaman rakkoowwan baay'eetu argama.					
16	Qaroo dhabuun wa lqu nn am tii ha wa asummaa irratti rakko ni fida.					
17	Qaroo dhabullee salphaatti mana baru msaatti hiriyoota haarawaa hundeessuu nan danda'a.					
18	Qaroo dhabullee kutaa keessatti hirly oota baay'een qaba.					
19	Sababan rakkina qaroo qabuuf mana barumsaa keessatti kophummaatu natti dhaga'ama.					
20	Sababan qaroo dhabeen kan ka'e daa'i mman kutaa keessatti argaman nan jaa latan.					

Kutaa 3ffaa

Ilaalcha ofiif Qabnu kan Roozanbarg Bakka/Gatii ofiif kennamu kanittin madaallamu

Dubbistootaaf –Armaan gaditti kan argaman dubbisiidhaan deebiii isaaniiqabxiiwwan abbaa afurii kan ittiin madaallaman gubbaatti kan argaman bakka duwwaa irratti mallattoo sirrii "✓" kaa'uudhaan agarsiisaa.

Qajeelfama: Ibsoonni armaan gaditti argaman ilaalcha ofiif qabnu Kan agarsiisanidha. Tokkoon tokkoo isaanii yommuun isiniif ibsu dubbisu sirritti ittiin waliigaluu, ittiin waliigaluu, itti walii hingalle yookan sirritti Kan itti walii hingalle ta'uu keessan hima /dubbadhaa.

Ilaalcha ofiif Qabnu kan Roozanbarg

lakk	Ibsa	Filannoo			
		Sirritti ittiin waliin gala	Waliin gala	Ittiin walii hingalu	Sirriitti ittiin walii hin g alu
1	Dhibee yoo dhibe namoota kaan wajjiin bakka walqixa akkan qabu natti dhagahama				
2	Adda kan nataasisan, wantoota baay'ee gaarii ta'an akkan qabu natti dhagahama.				
3	Waluumaa galatti nama homaanuu galma hingeenye akkan ta'e natti dhagahama.				
4	Wantoota namoonni godhan walqixa isaanii gochuu nan danda'a				
5	Baay'ee wanta nama boonsisan a kk an hin qabaannetu natti dhagahama				
6	Ofii kiyyaaf ilaalcha gaariin qaba				
7	Walumaa galatti ofitti booneera/gam adeera				
8	Kabajan amma ofiif qabu irra kan caalu qabaachuun barbaada/hawwa.				
9	Yeroo tokko tokko jalamuruun kanan hin rabbanee akkan ta'e natti dhag ahama.				
10	Yeroo tokko tokko faayidaa tokkollee akkan hinqabne natti dhagahama.				

Kutaa 4ffaa

Ofitti Abdiin Kan ittiin Madaallamu

Dubbiftootaaf: Armaan gaditti kan argaman daa'imaa dubbisuudhaan deebii isaanii qabxiileewwan abbaa shanii kan ittiin madaallaman gubbaatti kan argaman bakka duwwaa irratti mallatto sirrii "✓" kaahuudhaan agarsiisaa.

Qajeelfama: Armaan gaditti kan argaman namootni ofi irratti amantaa qaban kan mul'isudha.Tokkoon tokkoo isaaniittiif sirriitti itti waliigaluu, itti waliigaluu murteessuu dadhabuu itti waliigaluu dhiisuu sirriitti itti waliigaluu dhiisuu keessan himaa.

Maddaallii Ofitti Amantaa

lak	Ibsa	Filannoo				
		Sirritti ittin walii gala	Ittin waliigala	Murteess uuhindan da'u	Itti walii hingalu	Sirritti itti walii hingalu
1	Ilaalcha gaariin ofiif qaba					
2	Wantootan gochuu barbaadu ofiif of danda'een gochuubarbaada					
3	Rakkoon yommuu na qunname hiika isaa barbaaduu gubbatti cim aa dha					
4	Hiriyoota koo irraa gadi'aantum ma tu natti dhagahama					
5	Hiriyoota koo wajjiin walitti dhufee nya gaariin qaba.					
6	Walummaa galatti ofitti gamad eera					
7	Nama galma isaa hingeeny ta'uu tu natti dhagahama					
8	Hojjachuuf ga'umsa akkan hin qabnetu natti dhagahama.					
9	Yaada koo hiriyoota kootiif ibsuuf fedhii qabaadhuullee hin godhu /hin ibsu					
10	Yeroo hunda hiriyoota koo duuka bu'uu yookan fakkaachuun akka natti jiru natti dhagahama.					

Kutaa 5ffaa

Safartuu /Madaallii of dandeettii

Dubbistootaaf: kan armaan gadi daa'immaniif dubbisuudhaan deebii isaanii madaallii abbaa qabxii afurii gubbattii kan argaman bakka duwwaa irratti mallattoo sirrii "✓"kaahuudhaan agrsiisaa.

Qajeelfama: Kan armaan gadii sadarkaa of dandeettii kan agarsiisan beekumsa yookan gochoota dha.Tokkon tokkoo isaanii yommuun isiniif dubbisu gargaarsa eenyuma iyyuu otoo hin gaafatiin akka hojjatan, gargaarsa xiqqoo akka isin barbaachisu namoonni biro akka isiniif hojjetu yookiin walumaa galatti wanta kana hojjattanii kan hin beekne ta'uu keessan himaa/agarsiisa.

Madaallii of Dandeetti

lak	Gochoota/beekumsa	Filannoo			
		Of danda'een hojjedha	Gargaarsa xiqqoo nanbarbada kan nama biroo	Namoota birootu nagargaara naaf hojjata	Dhima kan hojjadhee godhee hinbeku
1	Guyyaa guyyaatti hojjiiwwan jireenyaa nan hojjedha.				
	Harka koo nan dhiqadha.				
	Fuulla koo nan dhiqadha				
	Qaama koo nan dhiqadha				
	Mataa koo nan dhiqadha.				
	Dhiyaana koo nan nyaadha.				
	Meeshaa dhugaatiitti fayyadamee nan dhuga.				
	Mana fincaaniitti nan fayyadama.				
	Uffata /Huccuu/uffachuu barbaade nan filadha.				
	Uffata /huccuu/ koo haala gaarii ta'een nan uffadha.				
	Kophee koo nan keewwadha.				
	Kophee koo nan hidhadha.				
	Qarshiiwwan addaan nan baasa				
	Saantimoota addaan nan baasa				
	Suuqiidha wanta tokko tokko nan bita				
2	Bakkeewwan adda adda ofii kootiin nan adeema				
3	Hojii manaa fi kutaa keesaa nan hojja dha				
4	Nan qo'adha.				
5	Mana barumsaa keessatti hojiiwwan barbaachisoota ta'an kan biro nan hojjadha.				
6	Itti gaafatamummaa ofitti nan fudhadha. - mi'oota koo nan addaan baase/beeka. - mi'oota kootiif of eeganoo nan godha.				
7.	Of ilaalchisee dhimmoota jiraniif murtee nan kenna /murteessa.				

Declaration

I, the undersigned declare that this thesis is my original work, has not been presented for a degree in any other University and that all sources of material used for the thesis have been duly acknowledged.

Senait G/medhin G/silassie

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

Dr.R.S.Kumar