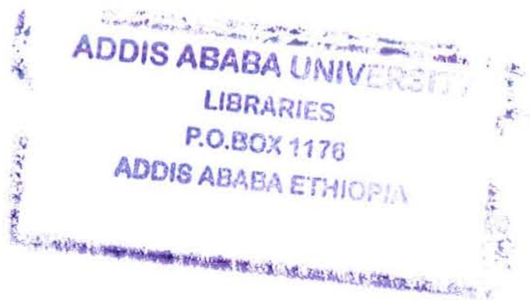
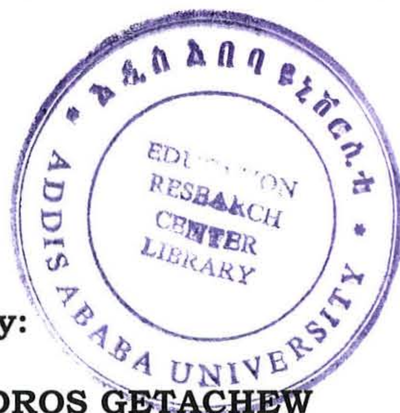


Status of Special Units and Integrated Classes for Children with Mental Retardation: Study on Selected Schools in the Amhara National Regional State

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES, ADDIS ABABA UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTERS OF ARTS IN SPECIAL NEEDS EDUCATION



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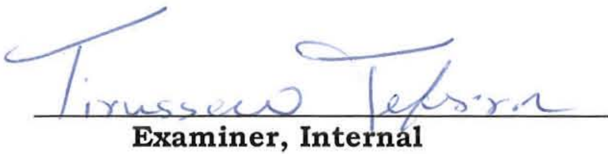

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Abstract

The study tried to explore and describe the functioning of special units and integrated classes for children with mental retardation at schools in the Amhara National Regional State.

In the study four schools with special unit and integrated class based educational provisions were selected. As the participants for the study four directors, four special units heads, seven and thirteen teachers teaching children with mental retardation at the special units and regular classroom, respectively were selected. Interview guide, questionnaire, and data collection form were used as data collecting instrument. The data collected was then presented in a descriptive form and analyzed qualitatively.

The results of the study showed that there is lack of well-formulated identification technique, appropriate instrument and trained professionals for assessing children with mental retardation at the schools. Moreover, the study also found out that children are roughly identified as mentally retarded on the basis of some observable developmental patterns and physical features.

In the special units, special educators and a regular classroom teacher provide instruction to children with mental retardation. As it was revealed in the study, there are 8 teachers teaching children with mental retardation in the special units out of which 7 are trained as special educators and 1 is a general education teacher. In terms of additional training they received, it was identified that such trainings were arranged for limited instances since the beginning of the special needs educational program at the schools.

With regard to integrating children with mental retardation into the regular classrooms, the study noted that the procedure is conducted based on the measurement of the children's skills in the academic, communication, social, self-care and independent functioning areas. After that, the regular classroom teachers take a full responsibility of teaching the children. However, the results depicted that the teachers did not get enough training that enable them to teach the children in the regular classroom. Furthermore, they also did not receive assistance from the special educators as to how to provide instruction more effectively to these children.

Concerning the challenges the regular classroom teachers faced, the result revealed that teachers encountered problems related with children behaviors and on teaching different subjects to the children.

On top of this, the study also found out that there are no resource rooms in each of the sampled schools. To offset these deficiencies, the special educators and regular classroom teachers render educational support to the children as on need bases.

Regarding the support the schools provide to the special units and integrated classes, the study found out that the schools give assistance such as material support and tutorial services. The schools also arranged trainings for the teachers. The training for the special educators was given on self-contained instruction. Where as for the regular classroom teachers the school arranges training to be given by the special educators.

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Abbreviations and Acronyms

AAMR	American Association on Mental Retardation
APA	American Psychiatric Association
CSA	Central Statistical Agency
EECMY	Ethiopian Evangelical Church Makane Yesus
HI	Hearing Impairment
ICDR	Institute of Curriculum Development and Research
MOE	Ministry of Education
MR	Mental Retardation
SOOM	Support Organization of Mentally Handicapped Children
SU	Special Unit
TGE	Transitional Government of Ethiopia
UNESCO	United Nation Educational Scientific and Cultural organization
VI	Visual Impairment
WHO	World Health Organization

Chapter One

Introduction

1.1 Background of the Study

Children with mental retardation (MR) have various developmental needs like any other children, and special needs due to their impairment (Savolainen, 1997; Elkins, 1994). Among the various specific needs that children with MR exhibit such as, personal, social and physical needs, special educational need is the one that demands to be met (Gulliford & Upton, 1992).

However, being a child with MR alone does not necessitate the need for special needs education, the need is also created by the status of the given educational provision and placement (i.e., the capability of the given educational system to deal with the special learning needs of the children) (Winzer, 1990).

Thus, the provision of special needs education requires an educational support designed in accordance with the children's specific and diverse educational needs (Hallahan & Kauffman, 1991). Such educational delivery needs to be based on the child's specific learning needs, in addition to the child's level of MR. In other words, the limitations, current performance and improvements of the children with MR should be periodically assessed in order to provide an individually adjusted instruction in tune with their learning needs in the placement that best fit them (Bovair, 1992; Winzer, 1990).

Consequently, such educational provision presupposes the existence of an appropriate curriculum, special educators, general education teachers (with basic initial training in special needs education, and/or with continuous professional upgrading and with sufficient support from special educators in the school) (American Association on Mental Retardation, AAMR, 2000; Winzer, 1990). Moreover the educational delivery needs adequate teaching resources, proper support system from the school administration and conducive instructional setting (American (AAMR, 2000).

The educational setting, in particular could either be a regular classroom (in the sense of inclusive education and functional integration arrangement) or an educational environment that is as near to normal as possible to regular classroom such as special units (SUs) which have the advantage of locational and social integration (Gulliford & Upton, 1992).

For most part, the education of children with MR and those with other disabilities, in an inclusive classroom setting has globally gained a pronounced momentum in the agenda of special needs education (Smith & Luckasson, 1995). For instance, there seems to be a growing international agreement that inclusive education should be understood as a strategic approach for addressing and responding to the diverse needs of all learners with special needs (Smith & Luckasson, 1995; Gulliford & Upton, 1992).

Moreover, it has also been pointed out in various studies that among the different models of educational deliveries, an inclusive type of instructional provision has been found to be ethically acceptable, pedagogically sound, psychologically commendable, and cost effective compared with special school, special unit and integrated class educational delivery (UNESCO, 1994). And it is considered to be an effective means of combating societal discriminatory attitudes, modifying self-perception of children with disabilities, creating welcoming communities, building an inclusive society, and achieving education for all (UNESCO, 1994; Gearhear, Weishahn and Gearhear, 1992).

Nevertheless, the process of implementing inclusive education in developing countries, like Africa is difficult and will take long time due to lack technical and financial resources (Bovair, 1992; Kristensen, 2002). Practically, the factors that hinder the implementation of inclusive education include lack of adequate educational materials, accessible classrooms, flexible curriculum and knowledge about inclusive education from parents, teachers and school administrators (Kristensen, 2002).

Parallel to educational provision in an inclusive classroom setting, instructional intervention in an integrated classes and SUs is still the commonly practiced strategy of rendering special needs education to children with MR and those with other disabilities (Berine-Smith, Patton & Ittenback, 1994; Winzer, 1990).

The integrated educational provision refers to the selective placement of children with special needs in regular classroom and school setting in reaction to the stated need. In such placement it is assumed that children earn their opportunity to be placed in regular classes by demonstrating an ability to keep up with other children and with the work given by the regular classroom teacher (Lewis & Doorlag, 1995).

In addition to this, instruction in such arrangement is provided with specific program modification made or with children with special needs pulled out of the regular classroom for special instruction (Williams, 1991). This type of educational provision in the regular classroom setting refers to the functional form of integration. In this form of integration, children with MR and those with other disabilities attend and receive instruction in the regular classroom (either in full time or part time base) with the non-disabled children (Smith & Luckasson, 1995). In such cases, careful planning of educational contents, materials, methods and class requires due attention (Williams, 1991;Winzer, 1990).

Educational provision in SUs is the other form of integrating children with MR into the regular school setting (Winzer, 1990). These arrangements have the advantage of integrating children with MR and those with other disabilities locationally and socially with other non-disabled children (Kirk and Gallagher, 1986). In the locational aspect of integration, children with MR are educated on the same site with other non-disabled children, but in separate class from the ordinary classrooms. Where as in the social integration aspect, children with MR and those with other disabilities attending SUs will socialize in the playground, at lunch and assembly and in mealtimes in out of school activities (Winzer, 1990;Kirk, Gallaghar & Anastasow. 1993).

In Ethiopia, the provision of educational services for children with MR was started in 1986 by the Ethiopian Evangelical Church Makane Yesus Center [Ethiopian Evangelical Church Makane Yesus, (EECMY), 2000]. In terms of providing special needs education as a whole for children with disability, it was just a few years ago (in 1994) that the Educational and Training Policy stressed the need. Since then, even if the distribution is small compared to the number of children with MR and those with other disabilities, different governmental and non-governmental organizations continue the service (Transitional Government of Ethiopia, TGE, 1994; Tirussew, 1998).

However, the status of special need educational provision for children with MR and those with other disabilities is in its infancy. Particularly, the access of special needs education for children with MR is extremely limited. The majority of these children are raised in homes where there is no stimulation, parental care, or protection and, most often they are secluded in the family and kept away from school (Chernet, 1999;Tsige, 2004).

Furthermore, parents of children with MR lack an awareness regarding the causes, rehabilitation services, and educational possibilities for children with MR (Support Organization of Mentally Handicapped Children, (SOOM), 1999; Chernet, 1999;Tsige, 2004). In many areas of the country, these children do not have the opportunity to meet other children and to play with them since MR is considered as a contagious disease (Tariku, as cited in Chernet, 1999).

As a result of this, many parents hide their children at home without any effort to improve the situation of their children with MR. This practice of the parents could also be explained by the parents fear of societal isolation and their low economic status (Berhanu, 2004). According to Berhanu, the presence of MR child in the family was seen to affect the social relation of parents as the result of which they are deprived of attending social activities. In fear of this societal seclusion, parents hide their children with MR at home and don't send their children to school. Thus children with MR who have great need for educational provisions are least served. This causes the status of children with MR to be more tragic and severe (Tirussew, 1998). And in most cases professionals would face resistance by parents to introduce any intervention programs prepared to ameliorate the problem of their children (Winzer, 1990). In this regard awareness creating program on issues surrounding MR need to be given on a regular bases in order to change the attitude of the parents and the community, at large so as to enable them provide the necessary interventional provisions (Soder as cited in Miron, 1994; Winzer, 1990).

In relation to this, SOOM (1999) has indicated that the efforts made by parents and /or guardians; the contribution of governmental as well as non-governmental organizations to curb the existing situation of children with MR is minimal.

In particular, according to the Master Plan of Education, Ministry of Education, MOE, (1994) the rationale for introducing special needs education into educational system of Ethiopia is to give concrete meaning to the idea of equality in education. Specifically, this includes equal access to educational opportunities for all children with disability in general and for those with MR in particular.

However, in the context of the country, an educational opportunity for children with MR and those with other disabilities is not adequately and properly addressed. Only very limited number of children with MR have got the opportunity or access to school, or to appropriate education.

The participation rate of these children, both in special school and special classes is neglible when compared with the number of children with disabilities and MR respectively in school age bracket (Tirussew, 1999). On the whole, the program of educational provision for children with MR seems to lack ways and means of applying appropriate identification, diagnostic and assessment procedure, and most importantly the possibilities of various educational support components (e.g. resources room, appropriate materials, and trained special needs education teachers) (Adugna, 1991).

According to the Educational Statistical Annual Report (MOE, 1998) which is the last of its type as there are no other publications after that], there were few educational programs for children with MR. This report has mentioned that, there were 9 special boarding schools, 8 special day schools, and 52 special classes catering for a total number of 2555 students with MR. However, currently due to the lack of an accessible data presented by Ministry of Education about the special need educational programs, identifying the specific number of special boarding schools, special day schools, SUs, integrated and inclusive classes for children with MR becomes impossible. Nevertheless, as it is learned from various studies and reports (see: MOE, 1994; MOE, 1998) SUs are the commonly practiced means of special needs educational provision for children with MR in the country. Such educational provisions are rendered at regular school compound parallel with the regular education program.

In addition to this, since 1996 there have been new trends of integrating children with MR in to regular classroom setting (Nema, 1996; Taddess, 1996). These educational programs available to children with MR are described as containing a pre-primary education (in the SUs from 1-4 years) and a vocational education (with in the SU for children who failed to be integrated) and an integrated type of educational provision in the regular school program. The pre-primary educational provision in the SUs prepares the children and helps them to gain skills necessary to perform well and adjust easily in to the social and school setting. Furthermore, this program during the admission procedure and at the time integrating children with MR into regular classroom assesses the children's level and severity of MR (as mild, moderate, severe, profound and then as educable and trainable) and the specific educational needs that these children have.

Once, such 'assessment' procedure are conducted, children with MR will either be integrated into the regular classroom or remain in the SU and receive vocational education (Nema, 1996).

With regard to an integrated type educational provision, there are some reports of integrated educational practices for children with MR in different primary school in the country. However, shortage of adapted materials, lack of support to regular classroom teachers, and inconvenient physical and social environment hinder the course of educational provision to the children in regular classroom setting (Nema, 1996; Taddess, 1996).

And, currently, the exact number of children with MR receiving instruction in regular classroom setting, is not known because the data available regarding the status of special needs education (published by the Ministry of Education and Amhara National Regional State Education Bureau, as the research site for this study) is incomplete and non-informative as to how many children are integrated into the ordinary classrooms.

1.2. Statements of the Problem

This study assessed the status of special needs educational provisions in SUs and integrated classes at selected schools in the Amhara National Regional State, and the following were the major research question of the study:

1. What assessment procedures are used
   - -when children are enrolled into the SUs for children with MR?
   - -when children with MR are integrated into the regular classroom?
2. Are the teachers teaching children with MR at the SUs trained as special educators?
3. Do regular classroom teachers
   - -face problems in teaching children with MR integrated into the first-cycle regular classroom?
   - -get training for teaching children with MR integrated into the first-cycle regular classroom?
   - -get assistances from teachers teaching children with MR at the SUs?
4. Is there a resource room available for children with MR integrated into the first-cycle regular classroom?
5. What support does the school administration give to the educational programs in SUs and integrated classes?

1.3. Objectives of the Study

General objectives

The general objective of the study was to find out and describe the functioning of special units and integrated classes for children with mental retardation in the Amhara National Regional State. And, in an effort to explore the status of these educational provisions the study focused on the following as specific objectives.

Specific objectives

- to investigate the nature of assessment and supportive educational services available at the special units and integrated classes
- to find out the problems faced at the special units and integrated classes in relation to teaching children with mental retardation
- to find out the qualification levels, assistance and training needs of teachers at the special units and integrated classes

1.4. Significance of the Study

At present in Ethiopia, SUs and integrated classes are the common forms of educational provision for children with MR. And, assessing the status of educational provisions at these setting would be more useful to have a general overview on the nature and future trend of educational arrangement in such educational program. To this end, the followings were considered as the significance of the study:

- identify the functioning of special units and integrated classes and help the concerned bodies(teachers, parents, experts and governmental and non-governmental organizations) aware of the current conditions of the educational provision at these settings.
- help the government and other concerned bodies to take action that needs to be taken in order to improve the conditions of educational deliveries for children with mental retardation.
- helps to serve as a basis for further studies in a similar area.

1.5 Delimitations

This research was not intended to present a comprehensive analysis on the status of special units and integrated classes for children with mental retardation in Ethiopia. Basically speaking, that would be very wide in scope and attempting to deal with its various aspects will only make the study more complicated and unmanageable. As a result of this, the study was delimited to:

- the Amhara National Regional State.
- four schools with SUs and integrated classes for children with MR. Here only first-cycle regular classes were considered when studying integrated classes aspect.
- thirty participants which consists of teachers from SUs and from first-cycle regular classrooms, SUs heads and directors of the schools.
- the research data collecting instruments-interview guide, questionnaire and data collecting form.

1.6 Limitations

The study was limited by:

- lack of properly saved files/records on the children with MR-enrolled into the SUs and integration procedure.
- lack of records on assessment procedure applied when identifying children with MR.
- lack of academic records to assess the trend of children with MR enrollment, repetition, dropout, integration rate at each year.

1.7 Operational definitions

Special needs education: - is an instruction provided to children with MR due to the specific learning characteristic and educational needs they have (Vergason, 1990).

Special unit

- a full time instructional provision whereby children with mental retardation are educated in a separate classes within the regular school compound (Winzer,1990).

Mental retardation

- a substantial limitations in present functioning, characterized by significantly sub-average intellectual functioning (with an intellectual quotient of 70-75 or below), existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and work. And it is usually manifested before age 18 (AAMR, 2000).

Resource Room

-an educational arrangement where children with MR who attends a regular classroom for most of the daytime and receive instruction for part of each day for a certain period of time or for blocks of time each week (Smith & Lucasson,1995).

Integrated classroom

-educational deliveries where children with MR receive educational provision with in regular classroom together with non-retarded children by regular classroom teachers(Smith & Lucasson,1995).

Assessment

-procedure applied to determine whether a child is mentally retarded, the level of MR the child manifest, the level of support needed by the child, and the practice of assigning children to educational placement that best fit his/her need(Winzer,1990).

CHAPTER TWO

Review of Related Literature

2.1. General Overview of MR

The history of MR dates back to the beginning of man's time on earth, and has been known for centuries, since then (American Association on MR [AAMR], 2002; Gallagher, 1983). In these periods, human understanding and treatment of individuals with MR have been influenced considerably by the socio-economic conditions of the times, customs and beliefs of the era, and the culture of the society (AAMR, 2002; Drew et al., 1984). And, across various times, individuals with MR have been sometimes feared, sometimes considered fools and almost always misunderstood and were described by different terms, such as fools, moron, imbecile, idiot, feeble minded, mentally defective and etc. (Gearheart, Weishahn & Gearheart, 1992). During these eras, individuals with MR were viewed as a menace to civilization, incorrigible at home, burdens to the society, sexually promiscuous, breeders of feebleminded offspring, victims and spreaders of poverty, degeneracy, crime and disease (Cleland, 1978; Beirne-Smith et al., 1994). Consequently, there was a cry for the segregation of all mentally defective individuals, with the aim of purifying the society, of erecting a social wall between it and its contaminators (Beirne-Smith et al., 1994).

Although MR has always been part of the human history, it was only in the late 1700's that it became the focus of sustained study by professionals (Smith & Luckasson, 1994). Jean-Marc Gaspard Itard, the French Physician, began working in 1798 with feral boy named victor, who had lived all his life in the wild with animals. Itard's work and the progress reports he published provided tangible evidence that it was possible to improve mental disabilities through skilled teaching (Smith and Luckasson, 1994; Beirne-Smith et. al., 1994).

Around 1840, the first MR residential rehabilitation program was opened in Switzerland with an emphasis on education, and medical care. Although this institution had many problems, the idea of residential institutions had taken root by the mid-ninetieth century and many institutions appeared through out Europe, Great Britain and United States, after that (Smith & Luckasson, 1994). And, during the early part of the 20th century, residential schools proliferated and many individuals with MR were enrolled.

Over the years the provision of care and education for children with MR has moved from these large institutions to special classes. By 1900's, many special classes were dotted in different countries. However, these early patterns of educational provisions were segregated in type (Smith & Luckasson, 1994; Crissey, as cited in Kirk & Gallaghar, 1993).

After 1975, special education has been widely available, and many children with MR were allowed to attend regular schools, according to the philosophy of integration that dictates social, locational, and functional forms of integration (Smith & Luckasson, 1994; Guilford & Upton, 1992).

Today, educational provisions in an inclusive classroom setting is the most supported means of instructional delivery for children with MR. Particularly, the inclusive type of educational provision is found to be ethically acceptable, pedagogically sound, psychologically commendable and cost effective in contrast with other educational arrangements such as, special school and residential type of provision (UNESCO, 1994).

In Ethiopia, perceptions held around MR have been similar to what was and is evidenced globally. For instance, people used to view MR or giving birth to a child with MR as punishment from God for the wrong deeds of the child's parents or ancestors (Nema, 2001; Tirussew, 1995). During this period, superstitions and myths were developed; ridicules of mentally retarded individuals were common. Derogative terms like "Deddeb, Kewus, jil, Kil, Mogn, Nehulala, and etc" which literally mean idiot, imbecile, and fool were used. Moreover, a strong negative attitude was attached to giving birth to a child with MR (Nema, 2001; Chernet, 1999). And the existence of such child in the family has been considered as a source of painful feeling, which has been reflected in isolation of the parents and siblings of the retarded child from the community they live in. As a result of such perceptions, many parents hide their children at home with out any effort to improve the situation of their children with MR. In the majority of these homes, children with MR do not get stimulation, parental care or protection (Tirussew, 1998). However, even if, these circumstances are described as the typical features of the earliest forms of perceptions, such conceptions are still evident, today (Chernet, 1999).

Later on, the development of religions and modern education as well as the influence of various international relations enhanced attitudinal change among the society.

During this time different religious donors agents like, Mekane Yesus church, the Brothers' and sister's home and others made some attempt to increase the awareness and change the attitudes of the society towards individuals with MR. The society, after such sensitization, at least started to view the condition of MR and the problem attached to it, from the religious point of view and sympathized for the retarded individuals and their families. Following this, the society started to give alms and some other material supports to children with MR and their families (Nema, 2000; Adugua, 1991).

In 1986 the provisions of educational services for children with MR was started by the Ethiopian Evangelical Church Makane Yesus center as "Kassanchiz and Mekanissa schools for the forgotten" Ethiopia Evangelical Church Makane Yesus [EECMY], 2000).

In terms of providing special needs education, it is in 1994 that the Educational and Training Policy of the Federal Democratic Republic of Ethiopia stressed the need. Since then, even if the distribution is small compared to the number of children with MR, different governmental and non-governmental organizations have continued the provision of special needs educational service (Transitional Government of Ethiopia [TGE], 1994; Tirussew, 1998). However, the status special needs education and access of it to children with MR is very limited and the educational needs of these children are not adequately and properly addressed. The reason for the very limited availability of educational provision for children with MR is partly due to the lack of resources (including suitably trained staff, teaching aids/equipment and resource room availability) and partly for the lack of developed criteria for identification/assessment (Adugua, 1991). For instance, if the training of special educators is considered in the country, currently there is only one training center at Sebeta Special Needs Education Teachers Training Center. With this training center addressing the educational needs of children with MR is not possible as there would be a limited number of trained teachers compared to the number of children with MR. (Lemma, 2000). On the Educational and Training policy, nevertheless, it has been stated that special educators will be trained at the regular teacher training institutes parallel with the regular teachers training program (TGE, 1994).

In general, various alternative educational arrangements are available to children with MR, in Ethiopia, which includes special boarding schools, special days schools, SUs, integrated and inclusive classes (Educational Statistical Annual Report (MOE, 1998;MOE, 1999; Taddesse, 1996; Tirussew, 1999). Among these, special needs educational provision in SU is the most commonly practiced means of delivery. In addition to this, since 1996, there have also been new trends of integrating children with MR into regular classrooms setting (Nema, 1996; Taddesse, 1996; Gilnesh and Tibedu, as cited in Tirussew, 1999).

2.1.1 Definition of MR

MR is understood differently across various cultures, periods as well as among different scholars, all reflecting the various perspectives and perceptions held around it. As a result of this, the definition given to it has been revised a number of times during the past few decades, in response to advances in clinical practices or break-through in scientific researches, as well as to various professional, educational, political and social forces. And, even now, the controversy existing around the definition, diagnosis/ assessment, and classification of MR is far from over (Handen, 1998; AAMR, 2002). Yet, without one agreed upon definition, it is difficult, if not impossible to fully understand the nature of the impairment or for significant gains to be made in improving the lives of individuals with MR (Scott, 1994).

Currently, definitions given by the American Association on MR [AAMR], (1992 and 2002), American Psychiatric Association [APA], on Diagnostic and Statistical Manual of Mental Disorders [DSM-IV], (1994 and 2002), and World Health Organization [WHO], (1993), on the International Classification of Disease on tenth revision [ICD-10] are among the widely recognized one's in most scientific practices around the world (AAMR, 2002). In particular, the definition given by the American Association on MR is the most frequently cited definition of MR in many professional literatures (Beirne-Smith et al., 1994).

The ninth edition of the manual of the American Association on MRs (as cited in Smith & Luckasson, 1994) defined MR as a substantial limitations in present functioning characterized by significantly sub- average intellectual function existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work, and is manifested before age 18.

Specifically, the significantly sub average intellectual functioning is meant to imply the use of the standard error of measurement with an IQ score range of between 70-75. Such use of the standard error of measurement allows some flexibility in interpretation, and provides a reasonable structure of estimation at the same time (Beirne-Smith, et al., 1994).

For the application of this definition, the 9th manual of the AAMR (as cited in Beirne-Smith, et al., 1994) has stated the following four assumptions as essential conditions:

- valid assessment of cultural and linguistic diversity, as well as differences in communication and behavioral factors. In this assumption, according to Smith and Luckasson (1994), the assessment of MR is valid only when cultural and linguistic diversity and differences in communication and behavioral factors are considered.

- the existence of limitations in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the person's individualized needs for supports. According to Smith and Luckasson (1994), this assumption clarifies that the performance of adaptive skills must be measured with in the community environment and at homes, neighborhoods and schools that are typical for individuals of the same age and are coordinated with the person's need for supports.

- specific adaptive limitations often coexist with strengths in other adaptive skills or other personal capabilities. This according to Smith and Luckasson (1994), implies that each person with MR has a pattern of strengths and weakness which is unique only to him/her therefore each person will be able to do something better than others.

- with appropriate support(s) over sustained period, the life functioning of the person with MR will generally improve. In other words, according to Smith and Luckasson (1994), individuals with MR if provided with appropriate support over a sustained period (of time), their functioning will improve.

Following the 1992 definitions of MR the tenth manual of the American Association on Metal Retardation (AAMR, 2002) presents the latest thinking about MR and includes important tools and strategies to determine if an individual has MR along with detailed information about developing a personal plan of individualized support.

According to the AAMR (2002), MR refers to a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills, and originates before age of 18.

In this definition, it has been pointed out that, the significant sub-average intellectual functioning, need to exist concurrently with limitations in adaptive behavioral skills prior to age 18, in order to label an individual mentally retarded. Basically, this definition of the AAMR is the same with that of the 1992 AAMR definition, in terms of the intellectual functioning measure stated psychometrically an IQ score of 70-75 or below. In addition to this, the four assumptions required to apply the 1992 definition of MR, remain as an essential conditions on the 2002 definition too. Yet, the adaptive behavioral skills definition in the 2002 definition, differ from the 1992 definition.

According to the AAMR (2002), definition of MR, the adaptive behavior is expressed as the collection of conceptual, social and practical skills, and operationally defined as a performance (using standardized tests that are formed on the general population including people with and without disabilities), of at least 2 standard deviation below the mean of either:

- one of the following three types of adaptive behaviors, conceptual, social and practical skills, or
- an overall score on standardized measure of conceptual, social and practical skills.

The other definition of MR, which is widely used, is the one given by the APA (1994), on DSM-IV. According to the APA (1994), MR refers to significantly sub-average general intellectual functioning, accompanied by significant limitations in adaptive functioning at least in two of the following skill areas: communication, self-care, home living social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. In terms of the psychometric definition given to sub-average intellectual functioning the American Psychiatric Association adopts a similar definition to that of the AAMR (2002) (i.e., both defined the cognitive domain as IQ score of 70-75 or below). Yet the definition given to adaptive behavior skill limitation in the manual of the APA (1994) is different from that of the AAMR (2002)[as it can be seen above].

The other definition of MR, which is also currently in use in various educational, clinical, legal and other setting, like the APA'S and AAMR'S definition is the one given by the WHO (1993), on ICD-10. According to the ICD-10 definition, MR refers to a condition of arrested or incomplete development of the mind, which is characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence (i.e. cognitive, language, motor, social abilities). In this definition, unlike the DSM-IV (1994), and the classification manual of the AAMR (2002), the ICD-10 suggests that cognitive, language; motor, social and other adaptive behavioral skills should all be used to determine the level of intellectual impairment. In addition this, ICD-10 characterizes MR as a condition resulting from a failure of the mind to develop completely (AAMR, 2002). The, ICD-10 definition has retained an IQ cut off score of 70 for the definition of MR and consider this psychometric ratio is as an essential component in the measurement of MR. Furthermore, in this definition the measurement of adaptive behavioral skills are also stated as preconditions during the assessment of MR. In particular, the area of adaptive behavior is defined to include communication, self-care, home living, health and safety skills (WHO, 1993; AAMR, 2002).

2.1.2 Etiologies of MR

MR is caused by many factors. However, in most cases, only rarely can any one of the factors be singled out as the cause of MR (Smith & Luckasson, 1994). In particular, it is only about 15% to 20% of the conditions of this impairment that have known causes, and the remaining 80-85% of the cases have no clearly identified etiologies, except assuming to have connection with the environments in which the individuals are living (Taylor & Sternberg & Richards, 1995; Singh, Oswald & Ellis, 1998).

Generally, different scholars and disciplines (like educational, clinical, legal, and other practices) have stated the etiologies of MR in their own ways of classification. For instance, the AAMR (2002) divided the causes of MR into biomedical, social, behavioral, and educational risk factors.

The other way of identifying and classifying the causes of MR is the one given by the APA, 1994 on DSM-IV. According to the DSM-IV there are five general etiological factors of MR, which may be primarily biological or psychosocial, or some combination of both.

However, in approximately 30%-40% of individuals seen in clinical settings, no clear etiology for MR can be determined despite extensive evaluation efforts. The major causative components include: hereditary factors, early alternations of embryonic development, pregnancy and prenatal problems, general medical conditions acquired in infancy or childhood, environmental influences and other mental disorders.

Etiologies of MR are also grouped according to the time of onset. For instance, Luckasson et al., (as cited in Smith & Luckasson, 1994), organizes the causes of MR into three groups by the time of onset as prenatal, preinatal and postnatal causes.

The other major cause of MR is the cultural-familial etiological components. This causative factor is attributed in the 75% of the children with MR for whom there is no clear organic pathology and where the retardation is presumed to be due to a combination of hereditary and environmental factors. The specific etiological factors include poverty (like large family size, greater crowding, unskilled labor), psychosocial deprivation, sensory deprivation, severe neglect, malnutrition, severe punishment and others.

In Ethiopia, various factors such as inadequate medical care, poverty, malnutrition, infections and poor conditions during delivery, bounded with different traditional practices, are considered as the major causes of MR (Chernet, 1999; Tirussew, 2000).

2.1.3 Prevalence of MR

A number of studies have generally reported different prevalence rates of MR depending on the definition and classification system used, the method of assessment applied, and the cohort of age group studied (Singh et al., 1998; Heward & Orlansky, 1988). For instance, prevalence figures varies with age group studied, with peak prevalence being about age 10 to 14 years, and a decrease on prevalence after adolescent (Singh et al., 1998). Depending on the classification system used, estimates have varied from 0.05% of the population to 23% (Wallin as cited in Taylor, Sternberg, & Richards, 1995).

In addition to this, prevalence rate also varies with the severity of MR. With in the population of individuals with MR its prevalence decreases with increasing severity such that the majority of these individuals have mild MR.

The other factor of estimating the prevalence rate of MR is based on individual measure of IQ and adaptive behavioral skills. During the past, when MR was defined based on IQ scores alone, approximately 3% of the population theoretically scores in the retarded range. However, according to the currently held definition of MR, which takes IQ and adaptive behavioral skill measure into account, the prevalence rate dropped to about 1% (Baroff, as cited in Singh et al., 1998; Smith & Luckasson, 1994).

In Ethiopia, data pertaining to the prevalence rate of individuals with disabilities in general, and with MR, in particular are fragmentary and incomplete. Specifically, the statistic available on the prevalence rate of individuals with MR is quite a little reliable, in regard to presenting the actual number of individuals with the condition. According to the National Base-Line Survey, the prevalence rate of disability in general amounts to 2.9. From this, the prevalence rate of children with intellectual disability/MR amounts to 6.5% (Tirussew, Savolainen, Agedew & Daniel, 1995). When compared, with other types of disabilities (such as physical, visual, hearing, chronic illness, and impairments specified under the category "other"), MR represents a very low prevalence rate in Ethiopia. However, such low proportion rate can partly be explained by the fact that admitting the existence of mentally retarded member in the family is almost a taboo.

According to population and Housing census of Ethiopia (Central Statistical Agency [CSA], 1998), the prevalence rate of individuals with mental problem, amounts to 6.5% (with 5.4% below age 15, 9.4% between 15-49 age and 3% above age of 50). In the study site, Amhara National Regional State, in particular, the prevalence rate of individuals with mental problems amounts to 5.5% (CSA, 1998). These figures, nevertheless, represent data that are not reliable, as the specific type of mental problems, are not clearly stated/operationally defined. In such ways of presentation, it is impossible to know the exact prevalence rate of individuals with MR and/or mental disorder for that matter both in Ethiopia, in general and in the Amhara National Regional State, for that matter.

2.2. Classification of MR

A number of different ways to classify children with MR have been developed during the past decades (Singh et al., 1998). Such systems are clearly required because of the heterogeneous make up of this group of individuals, and for the variety of purposes these ways of classifications serve.

Most importantly classification systems serve as a means of understanding the diversity of individuals who are identified as having MR, for determining the level and intensity of services required as well as for examining long-term prognosis and interventions out comes (Taylor et al., 1995; AAMR, 2002).

Generally speaking, the base of classifications could be etiological considerations, level of severity of MR, functional ability of children with MR, type and level of assistance needed (Taylor et al., 1995; Hallahun & Kaffuman, 1978; Beirne-Smith et al., 1994).

2.2.1 Classification by severity or degree of MR

This system of classification, used by most professionals, is based on the severity level of MR that children manifest. The children are classified as to having the different levels of MR based on the measure of their cognitive functioning. Nevertheless, it is important to note that there will probably be as much variability with in the group's labeled retarded by the different systems of classifications (Winzer, 1990).

2.2.1.1 American Association on MR Classification

Classification schemes adopted by the 1973 and1983 AAMR definition of MR, divided severity of MR into four categories as:

- Mild MR (IQ 50-55 to 70-75)
- Moderate MR (IQ 35-40 to 50-55)
- Severe MR (IQ 20-25 to 35-40)
- Profound MR (below 20-25)

This way of classifying children with MR is still widely accepted and used, currently by many professionals (Gearheart et al., 1992; AAMR, 2002).

The most recent change in the classification system of the American Association on MR was adopted in 1992 (and the change made in this manual, is similar to the 2002 AAMR definition, classification and level of support manual) (AAMR, 2002). Unlike the former Manuals of the AAMR, the 1992 manual on classification system eliminated the severity level grouping scheme, and places individuals with MR along a continuum of intensity and level of support required (Winzer, 1990; Berine-smith et al., 1994; Smith & Luckasson, 1994).

However, Smith and Luckasson underscored that classifications made based on the intensities and levels of support required, are not substitutes for the old levels of grouping (as mild, moderate, severe and profound MR). Rather, such systems of classification refer to the services and supports individuals, whatever their IQ is, need in order to function in the environment. Furthermore, in such classification systems (as intermittent, limited, extensive and pervasive), one might assume that most children previously diagnosed with mild MR will require intermittent supports in most areas; nevertheless, this is not necessarily true (Scott, 1994; Winzer, 199). For instance, a child with an IQ of 65 may require assistance in self-care and intermittent support in social skills, but may require extensive supports in communication, because of a severe expressive language disorder (Taylor et al., 1995).

According to the 1992 AAMR definition and classification manual (AAMR as cited in Smith & Luckasson, 1994) the four levels of MR based on the level and intensity of support required are:

- Intermittent

This represents supports given on "as needed basis" which are characterized by episodic nature or short-term supports needed during life-span transitions. The type of support rendered may be with high or low intensity when provided.

- Limited

This is an intensity of support characterized by consistency over time or time limited but not of an intermittent nature and may require fewer staff members and less cost than more intense levels of support.

- Extensive

These are supports characterized by regular involvement (e.g. daily) in at least some environment (such as work or home) and not time limited type (e.g., long term support and long-term home living support).

- Pervasive

These types of supports are characterized by their constancy, high intensity by being provided across environment with potential life-sustaining nature. Pervasive supports typically involve more staff members and intrusiveness than do extensive or time-limited support.

However, before constructing such profiles of the types and intensities of supports an individual require, (Luckasson et al., as cited Taylor et al., 1994) provides some clarification on the use and role of classification, which reads as:

- the determination of as to whether the individual has MR or not (i.e., if the person demonstrates an intellectual functioning deficit, significant problems in adaptive behavior and verification that the problems were evident before the individual became 18 years of age).
- an assessment of (an individuals')
    - psychological/emotional strengths and weaknesses
    - health and physical strengths and weaknesses
    - the environment and type of supports that will help the individual grow, develop and become an integrated member of the community.

Generally, this type of differentiation by level of support is not an adopted practice currently, for there are limited availability of objective measures and research documenting support efficacy (Taylor et.al., 1995).

2.2.2 Classification by Educational Categories

While the medical and psychosocial communities were developing an acceptable definition and classification schema, the educational community adopted it's own system of categorization, based on IQ levels with associated deficits in adaptive functioning, like the former one's (Winzer, 1990). According to Hallahan and Kauffman (1978); Berine-Smith et al., (as cited in Tirussew, 2000) the educational classification systems are made in terms of:

- the learning characteristics of the children with MR and the available educational provision
- the predicted ability of the children with MR to learn
- the educational needs of children with MR.

Individuals with MR have a wide range of ability and require diverse educational services. In order to meet these varying needs more effectively MR has been classified into four educational levels (Yasseldyke & Algozinne, 1995). These four levels of MR are

- educable with IQ of 50-55 to 70 with approximate percent of 85-90%

- trainable- with IQ level of 35-40 to 50-55 approximate percent of 6-10%
- supportable with IQ level of 20-25 to 35-40 approximate percent of 3.5-4%
- life-support/dependent with IQ level of below 20-25 approximate percent of 1.5-2%.

2.3 Assessment of MR

In the field of special needs education, identification, diagnosis, and evaluation of the MR and identifying its level of severity remain difficult (Winzer, 1990; Cleland, 1978).
Even with the various tests, measures, inventories and scales available, special needs education experts, psychologists and diagnosticians still face difficulties in arriving at an accurate assessment of the given impairment, learning potential and adaptive behavior of many children with MR. As a means to tackle such difficulties, the assessment of MR is designed to incorporate a arrange of formal and informal measures using a variety of assessment instrument (Winzer, 1990; Berine-Smith et al., 1994; Hallahan & Kauffman, 1991).

In any disabling condition, assessment plays a critical role in identification, intervention, and evaluation of the given treatment strategy. In other words, the process addresses both diagnostic evaluations of the given impairment with its level of severity, and an ongoing monitoring of the intervention strategy designed to ameliorate the handicapping nature of the disability (Singh et al., 1998; Taylor et al., 1995). More specifically, according to Yasseldyke & Algozinne (1995); Taylor et al., (1995), assessment serves to:

- predict the child's with MR future level of functioning (the developmental consequences of MR)
- prescribe intervention strategies for children with MR
- evaluate the child's with MR success in relation to the type and intensity of program
- evaluate the success of the whole program and to revise it (if necessary).
- determine when children with MR will enter and leave programs
- determine placement alternatives and the specific nature of the instruction required.
- provide children with MR with appropriate educational services.

The normal developmental pattern constitutes the most logical ordering of behaviors; that many behaviors within normal development are prerequisite behaviors, and that behaviors acquired by a non-handicapped child are appropriate measures for handicapped children. Where as, the environmental approach compares the child's current adaptive skills at home and school environment with those likely to be needed in the future. This approach looks at the environmental demands to determine what skills to assess.

In addition to these two models, there exists a comprehensive developmental assessment/ diagnostic – perspective theoretical frameworks for the purpose of conducting a detailed assessment to identify the child's type of impairment, skills and deficits, and for designing intervention strategies (Scott, 1994; Singh et. al., 1998).

2.3.1.1 Screening

This phase of assessment model involves screening for general capabilities across multiple domains of functioning (such as, cognitive, motor, personal-social, sensory,) to determine whether a child is at risk or not, and if referral for further evaluations is necessary (Singh et. al., 1998).

For the case of MR, according to Drew et al., (1984), screening during early life is conducted for the propose of identifying children who are already delayed in their development and who have a high probability of being developmentally retarded at a later time. In particular, early screening has generally been discussed in terms of its positive value for the child who is suspected of having MR and for the child's parents (Winzer, 1990).

During this assessment phase, if children show behavioral patterns unexpected of their age level and/or developmental milestone, they are referred for assessment and for more specialized programming by parents, classroom teachers, physicians, psychologists, counselors, special needs educators, school nurses, principals and others (Gearheart et al., 1992; Taylor et al., 1995). Such type of referral is more easily made for children with severe and profound form of impairment, as they are usually identified long before they start schooling, due to the atypical physical features and serious delays in development evident soon after birth (Taylor et al., 1995).

However, for the majority of children with mild form of impairment, their problems do not become obvious until they start schooling (Beirne- Smith et al., 1994).

These children deviate only slightly from their 'typical' peers and frequently are not identified until they began to demonstrate a difference from the average student in some way (Taylor et al., 1995). In such cases, teachers hold a crucial position in identification/screening of these children. And they not only can observe students over a period of time, note an academic performance in the classroom, and social behavior in and out of the classroom, but they also have access to pertinent school records and to the observations and comments of other teacher who may have encountered the child in earlier grades (Winzer, 1990). Hence, classroom teacher may be the first to recognize that these children have problems, and be at the forefront in identifying their needs (Cleland, 1978).

Generally, teachers, parents, family members and/or any one who is intimate to the child with MR could use the following parameter of developmental profile for screening and referring a child for further evaluations and intervention (Yasseldyke & Algozinne, 1995; Smith & Luckasson, 1994; Winzer, 1990;Hallahan & Kauffman, 1991).

- difficulties during infancy and early childhood
- development of sensorimoter skills
- communication skills (including speech and language)
- self-help skills
- socialization skills (ability to interact with others)
- learning difficulties
- difficulties during childhood
- application of basic academic skills in daily life activities
- application of appropriate reasoning and judgment in mastery of the environment
- application of social skills to participate in group activities and interpersonal relationship.

2.3.1.2 Psycho-educational diagnosis

The second phase of this diagnostic-perspective assessment model involves a detailed developmental assessment /psycho-educational diagnosis across multiple domains, using norm-based scales.

Here after the children suspected of having certain developmental problems are referred to assessment centers, identification of the specific problem would be made using norm based instruments (Taylor et al., 1995; Singh et al., 1998). The norm-based instruments are used for diagnostic purposes, to determine if the child has the given disability (in this case MR). Here certified diagnosticians must conduct this evaluation/assessment (Winzer, 1990; Berine-Smith et al., 1994). In particular, the team consists of a speech and language pathologist, occupational or physical therapist, medical specialists, school psychologist and must include at least one teacher or specialist who is knowledgeable about the area of the child's suspected disability (Winzer, 1990; Gearheart et al, 1992). Traditionally these norm- referenced assessment measures have consisted of a measure of intellectual ability and of adaptive functioning (Taylor et al., 1995).

In recent years, however, one additional is have emerged and are considered as important components in the assessment of MR. This component added is the assessment of psychopathology (Singh et al., 1998).

- Assessment of Intelligence

A measure of intelligence (IQ test) has been around longer, and there is a range of measures used to assess aspects of mental functioning (Winzer, 1990). However, it should be noted that there is not a general consensus about the appropriateness of these procedures. In many ways, administering IQ tests to children with MR is quite challenging, both in terms of the testing situation itself and in the choice of an appropriate IQ test. For instance, Zucker & Polloway (as cited in Taylor et al., 1995) noted that intelligence testing should be replaced by direct measurement of the behaviors that IQ tests are supposed to predict. Parallel to this, even if a number of intelligence testing exists today, they still cannot be considered an exact science with definitive procedures for identifying instances of MR (Berine-Smith et al., 1994).

Be this as it may, the cognitive criterion for the diagnosis of MR, involves the manifestation of a significantly sub average general intellectual functioning, which is operationally defined as an IQ score of approximately 70 or below, (AAMR, 2002; APA, 1994). Here, an obtained IQ score must always be considered in light of its standard error of measurement, be appropriate and consistent with administration guidelines. Since the standard error of measurement for most IQ test is approximately 5, the ceiling may go up to 75.

This represents a score approximately 2 standard deviation below the mean, considering the standard error of measurement (AAMR, 2002; APA, 1994).

The AAMR definition of MR (Luckasson, 1992) stresses that one should measure general intellectual functioning or more individually administered and standardized tests of intelligence. Such individually administered tests are preferred over groups tests, because individual tests are particularly valuable when a child is diagnosed for placement in a special education program, in addition, to their accuracy and predictive capabilities (Hallahan & Kauffman, 1991). Such types of assessment instrumentals, which are most commonly used to determine intellectual functioning, include Stanford-Binet, the revised Wechsler Intelligence scale for children (WISC-R), and the Kaufman Assessment Battery for children (APA, 1994). Although, these assessment tools, are considered reliable and valid, it is underscored that an individual's test score can change, the tests, being heavily verbal in nature, are culturally biased to a certain extent and the younger the children are, the less reliable are the results.

For children with more severe types of MR where organic brain pathology and physical handicaps are present, intellectual functioning status are often untestable, and IQ levels are estimated, and developmental scales, measures of adaptive behavior, observations and other tools are employed to glean information and to design appropriate intervention strategy (Winzer, 1990; Singh et al., 1998). Generally such IQ based assessment, is only one concept in determining if a person has MR, and significant limitations, in adaptive behavioral skills and evidence that the disability is present before age 18 are two additional elements that are critical in determining if an individual has MR (Yasseldyke & Algozinne, 1995). In addition to this, these categories don't necessarily reflect the actual functional level of the tested children. For instance, in a school, a child with mild MR may, because of poor social/adaptive abilities, be better served in a class for children defined as "trainable" where as another child who tests in the moderate range of retardation but who has especially good language may be more stimulated in a class for children defined as "educable".

- Assessment of adaptive behavior

The use of adaptive behavior, in assessing MR, is only given due concern after the Grossman 1973 AAMD definition of MR, and serious efforts have been put forth to develop viable tests,

since then (Hallahan & Kauffman, 1991). Before the inclusion of such criteria, however, children who function adequately outside school were considered and/or classified mentally retarded on the sole basis of their performance on an intelligence test (Yasseldyke & Algozinne, 1995).

According to the definition of AAMR (Grossman, 1983) (as cited in Berine-Smith et al., 1994), adaptive behavior is defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected of a given age and culture group. It is operationally defined in terms of the ten specific skill areas as: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. In addition to this it is also defined as the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives.

And, significant limitations in adaptive behaviour impact a person's daily life and affect the ability to respond to a particular situation or the environment (AAMR, 2002).

According to AAMR (Luckasson et al., 1992), the assessment of adaptive behaviour requires to document limitations in two of the ten specified adaptive skill mentioned as communication, self-care, home-living, social skills, community use, self-direction, health and safety, functional academics, leisure and work. Furthermore, limitation in adaptive behaviour can also be determined by using standardized tests that are normed on the general population including people with disabilities and people without disabilities. According to AAMR (2002), significant limitations in adaptive behaviour are operationally defined as performance that is at least two standard deviations below the mean of either:

- one of the following three types of adaptive behaviour: conceptual, social or practical or
- an overall score on a standardized measures of conceptual, social and practical skills

Currently, there are several adaptive behaviour scales/tests available both to help determine adaptive skills and to evaluate teaching effectiveness (Berine-Smith et al., 1994). In such cases, for instance teachers can administer these adaptive behaviour scales before instruction (pretest), and then after instruction (posttest) in order to assess the efficacy of their teaching (i.e., more related to the aspect of continual assessment)(Hallahan & Kauffman, 1991).
Then the instruction will be directed at areas critical to successful adaptation in schools and home environment (Berine-Smith et al., 1994).

Primary such scales attempt to measure basic skills (such as, language development, independent functioning, self-direction, self-care, communication, academic, social, home living, community use and others) and instruction will be based on the assessment of these skill areas. These items and/or the adaptive behavioral scale in general require parents, teachers, or other familiar with the child's current functioning to rate the child's level of adaptive behavioral skills (Gearheart et al., 1992). These group of individuals are supposed to be familiar with a given child's daily activities of living in home, school, work and community environments and are considered best qualified to evaluate the adaptive behavioral skills of children with MR (Yasseldyke and Algozinne, 1995).

Parallel to this, an emphasis has been made on the use of many instruments and/or sources (such as, multiple raters, direct observation, interview, self-report and clinical judgment) to get a reliable and valid assessment result (Smith & Luckasson, 1994). In addition to this, identifying the type of environment, and understanding the behaviors that are socially acceptable and age-specific (developmental stage specific) in that environment, need to be considered in evaluating the extent to which a given behaviour is adaptive or maladaptive (Berine-Smith et al, 1999). In relation to the adaptive behavioral deficits at different age-levels, Scott (1994), draw criteria's related with various developmental stages. For instance, during infancy and early childhood, deficits in adaptive behaviour may appear in development of sensorimoter, communication, self-help, and socialization skills. And at the period of childhood and early adolescence, deficits may appear in all areas like application of basic academic skill in daily life activities, appropriate reasoning and judgment in mastery of the environment, social skills to participation in group activities and interpersonal relationships.

These days, there are dozens of adaptive behaviour scales, existing to assess the adaptive functioning of an individual, however, the most common scales available to measure such skills include, the AAMR Adaptive Behaviour scales-school edition, the Vineland Adaptive Behaviour scales, the Adaptive Behaviour Inventory for children (Yasseldyke and Algozinne, 1995; AAMR, 2002; Berine-Smith et al., 1994).

And, more recently, the Assessment of Adaptive Areas (AAA) (Bryant, Taylor and Riversa, as cited in Taylor et al., 1995) is the most commonly accepted assessment tool for measuring adaptive behavioral skills.

- Assessment of Psychopathology

Research findings have shown that there exist a significant correlation between the levels of MR and different psychiatric problems. It has been found out that, more than 25 percent of individuals with MR suffer a co-existing mental disorder (Menolsico and Stark, as cited in Winzer, 1990).

In this regard, assessing psychopathological disorders/behavioural problems in children with MR has received an increasing attention, with an aim of discriminating behavioural problems that are expressions of MR and those which indicate psychopathological illness (Singh et al., 1998).

In terms of proportion, the rate of psychiatric/behavioral problems in children with MR is four to five times that of typically developing peers, and theses children experience the entire range of psychiatric/ behavioral disorders, like the general population (Handen, 1998; Scott, 1994). However, it is difficult, if not impossible, to determine if these psychiatric/behavioral disturbances caused the MR or vice versa (Winzer, 1990). For instance, a low IQ (especially if below 50) increase the probability that an infant will have problems in perceiving, understanding, and responding to the environment and is therefore found associated with the pathology of psychoses (Bhatara; Fish and Ritvo, as cited in Winzer, 1990). Different research reports have indicated that a substantial number of children with MR also suffer from psychological disorders. Such behavioural problems, includes anxiety, conduct disorder, antisocial behaviour, self injurious, depression, hyperactivity, aggression oppiotional defiant, eating disorder, mood disorders, non-responsiveness and others. For the provision of an effective and adequate intervention package, a psychiatric diagnosis that is based on a comprehensive and recognizable pattern of symptomatology should be conducted, in assessing children with MR who manifest additional psychopathological problems, rather than conducting a single behavioural problem diagnosis (Winzer, 1990; Singh et al., 1998;Gearhear et al., 1996).

Such exhaustive assessment procedure decreases the problem of diagnostic overshadowing (which refers to situations in which the presence of MR decreased the diagnostic significance of psychiatric disorder). In other words, behaviors that are usually manifested as problem-behaviour/ psychopathological problems in typically developing peers are attributed to intellectual defect in children with MR (Scott, 1994; Handen, 1998).

Hence, during assessment process, diagnosticians should be aware of symptom clusters that may show the presence of a specific behavioural problem, and which indicates the existence of a specific disorder often associated with MR (Singh et al., 1998). Parallel, to this, a differential diagnosis might be needed to be conducted when children with MR also manifest various symptom clusters, which are expression of other mental disorders. The differential diagnosis could be made for impairments /disorders like learning disorder, communication disorder, and pervasive developmental disorder (APA, 1994).

As diagnostics tools, different problem behaviour checklists and screening instruments exists, for assessing maladaptive behaviors which are the expression of MR, it self and other behavioural disorders. And, the widely used instruments to assess psychopathological problems include Reiss screen for maladaptive behaviour and Aberrant Behaviour checklists (Singh et al., 1998).

2.3.1.3 Identification of special needs assessment

In the third phase, more practical aspects of assessment, which are used for teachers to identify special educational needs in the classrooms, are included. In such cases, teachers must be encouraged to make regular use of tests like observations, interviews, and other appropriate methods to have reliable information about the students' present level of functioning. More specifically, according to Yasseldyke and Algozinne (1990); Taylor, et al., (1995); Drew et al., (1992); Brennan (1985) teachers need to be familiar and encouraged to use

- Curriculum-based assessment, which is used to develop sequential objectives for the child with MR. The curriculum-based instrument, provides description to the child's range of functioning. The teacher evaluates and monitors a child's progress compared to the school's curriculum goals. For the purpose of assessment, items for a test are drawn from an entire school year's curriculum, and a given child with MR takes a test on a weekly basis. After this, the teacher graphs the results to ensure that the child is making instructional progress based on the data and the make other placement decisions.
- Instructional diagnosis is a procedure used to identify the extent to which a student's poor performance is caused by poor instruction and indicate possible remedies for the problem. Instructional diagnosis consists of systematic analysis of the requirement of instruction, including the kinds of demands put on the learners. It enables teachers to look at the skills

required to complete instructional tasks and compare them to the skill the children do and do not have, to make task analysis.

- Academic time analysis consists of systematic analysis of how students spend their time in schools, academic work and inappropriate behaviors they demonstrate. Academic time analysis also enables teachers to know the events that trigger appropriate and inappropriate behaviors.

- Out-come assessment includes formal assessments of the extent to which students are meeting or achieving designated or expected out comes.

- Performance assessment consist of procedure involving the gathering of data on students performance directly by having them perform tasks in-group or individually. This may enables teachers to know the quality of the task completed and how well the students worked together to perform tasks.

Based on these assessment practices in the classroom, teachers need to plan or decide the appropriate educational intervention on individual basis. In their planning and intervention practices they have to try to match the level of instruction to the level of skill development of the different learners in their classes (Nema, 1996;Adugna, 1991). Here parents' involvement in the assessment and placement procedure of their children can greatly help to ensure the success the intervention activities (Blanco & Duk, 1995).

Their involvement is particularly important in early childhood because they are the first educators of their children at a young age. And, it is essential that they should collaborate in school activities, contribute to the assessment process and co-operate in monitoring the progress of their children (Evans, 1995; Blanco & Duk, 1995). During their involvement, parents will get the opportunity to discuss about their children's behaviors and instructed by experts in the field as to how to help their children.

- The final phase in the assessment process encompasses elements of the previous phases, including documentation of the child progress and evaluating the educational program effectiveness (Winzer, 1990; Scott, 1994).

In Ethiopia, the non-existence/lack of proper diagnostic/assessment system of MR has been one of the major problems in the provision of educational services for children with MR (Savolainen, 1997).

Even currently, the problem of adequate assessment of children with MR is still unresolved. For instance, Nema (2000), in his survey research report on the enrollment of children with MR stated that there is a lack of well-formulated identification technique and appropriate instrument for assessing children with MR. In addition to this, Adugna (1991), has also reported that there is a lack of adequately formulated techniques or procedures of identification. As a result of this, children are roughly classified into educable, trainable, and non- trainable, on the basis of some observable developmental milestones and physical features, without considering the individual variation existing within the group labeled, as such (Savolainen, 1997; Adugna, 1991). Furthermore, the admission procedures and criteria used for enrolling children with MR into special classes and SUs is unclear (Savolainen, 1997).

2.4 Educational Intervention for Children with MR

Educational intervention for children with MR is directed to meet their diverse learning needs. The type of this instructional intervention, depends on the level of severity of MR that these children manifests, their educational needs, skills and abilities which are all the result of proper diagnosis and assessment procedure (Heward & Orlansky, 1988; Yasseldyke & Algozinne, 1995). Accordingly, a continuum of educational services or possible educational placement alternatives, ranging from the integrated setting of the regular classroom to the highly segregated setting of the residential deliveries exists to provide educational interventions for children with MR (Heward & Orlansky, 1988; Winzer, 1990). Here, only those considered pertaint to the research question of the study are treated below.

- Regular classroom setting with few or no supportive services

This form of educational provision provides children with MR the maximum integration possibility with the non-handicapped peers (Winzer, 1990). Here, the regular classroom teacher has the primary responsibility for designing and delivering of instructional programs adapted to instructional needs of children with MR. This teacher needs to ensure the availability of adequate teaching materials and that pertinent curricular modifications are made (Hallahan & Kauffman, 1991). In such cases, the direct assistance of special needs education experts may not be required as the expertise of the regular education classroom teacher may be able to meet the children's needs.

However, this does not mean that, any form of indirect services such as in-service training, and/or working with other professional in the field, is not necessary (Heward & Orlansky, 1988; Yasseldyke & Algozinne, 1995). Instructing children with MR in the regular classroom demands ordinary classroom teachers to be skilled and sensitive to the needs of the learners. In the first place, ordinary teachers must be provided with the training and resources they need to meet children's specific learning and behavioural needs (Hodapp, 1998). In particular, elements of special needs education (with sufficient course coverage) should be parts of the teachers training education programs, both at the initial level and as a part of their in-service training (Gearheart et al., 1992; Hodapp, 1998). Secondly, ordinary classroom teachers must be able to maintain a reasonable balance between the educational needs of children with MR and other students in the classroom. Moreover, the teachers have to assess the capacity of the children to learn, adapt instructions accordingly, and evaluate the progress that these children made (Gearheart et al., 1992). Ordinary classroom teachers have to also predict and intervene when problems arise among age mates, and know how to handle the insecurities of students who are disabled and who cannot compete with their peers in all areas (Kirk & Gallagher, 1986).

- Regular classroom placement with consulting expert assistance

This alternative is similar to the regular classroom placement with few or no supportive services, in that the student is placed in the regular classroom for the whole day and does not receive any direct educational assistance from the consulting expert. However, the regular classroom teacher receives assistance from the consulting personnel on issues of curriculum modification, preparing teaching materials, adapting instructional strategies and developing test/assessment instruments (Hallahan & Kauffman, 1991). The special educator may also instruct the regular classroom teacher; refer the teacher to other resources; or demonstrate the use of materials, equipment, or methods (Hallahan & Kauffman, 1991). Furthermore, these consulting personnel, on his/her part, may serve as a diagnosticians, a material specialist, an administrator of various services and as an advocate of the existing educational provision program (Winzer, 1990). The success of the above two mentioned educational arrangements depend on a reasonable student-teacher ratio, in addition to many other factors. In particular, if the given classroom setting is over crowded, it could frustrate teachers, and force them not to attempt to accommodate/address the educational needs of children with MR and the other students.

Hence, classrooms should have a reasonable class-size so as the educational needs of children are appropriately addressed (Berine-Smith et al., 1994).

- Regular classroom placement with itinerant specialist assistance

The third option is the provision of special needs education in the regular classroom placement with itinerant specialist assistance. This teacher is a specially trained educator who gives individual assistance to a child for specific periods during the normal school schedule (Winzer, 1990; Hodapp, 1998). The type and intensity of this itinerant intervention depend on the needs of the child. For instance, some children with MR may simply need tutoring to keep up in regular subjects where as other, may require intensive program in one specific area.

In addition to this, this expert gives teaching suggestions for the regular education teachers, like on program preparation, consults them on special problems, and offer in-service training to them (Smith & Luckasson, 1994; Heward & Orlansky, 1988). In such cases even if the itinternet teacher directly instruct children with MR, the main responsibility for the children's education still rests on the regular education teacher (Berine-Smith et al., 1994).

- Regular classroom with resource room assistance

The fourth option is placing children with MR in regular classrooms with resource room assistance. Such provision reflects an effort to integrate children with MR as much as possible into regular classroom education and give them with special education support services (Kirk &Gallagher, 1986). Basically, the resource room is not a study room or a place to do homework, but rather it is a facility run by a teacher who deals directly with specific learning problem or subject area difficulty of children with MR. In this approach, children integrated into the regular classroom receive part of their instruction in the regular classroom with non-retarded ages mates for the majority of the school day and part in the resource room (Heward & Orlansky, 1988). This provision allows the children with MR to remain with in the regular classroom with other children for the majority of the school day and participate in as many regularly scheduled activities as possible. Assignments, possibly with modifications, approximate the non-retarded ones. In addition to this, instructional provision in the resource room allows learning to take place in a less distracting, less intensive, and less competitive environment than the regular classroom (Winzer, 1990).

In this setting, a resource room teacher provides individualized remedial instruction to children with MR, on specific skills based on their educational needs (Hallahan & Kauffman, 1991). Furthermore, the resource room teacher provides supplemental instruction that support and parallels the instruction children with MR are receiving in the regular classroom. The resource room teacher also helps the regular classroom teachers plan and implement instructional adaptations for integrated students. Typically, the resource room teacher serves as a consultant to a regular classroom teacher, advising on the instruction and management of the child with MR in the classroom and perhaps demonstrating instructional technique, if necessary to the regular classroom teacher (Hallahan & Kauffman, 1991;Salend, 1994). Even if, the regular classroom teacher works in close co-ordination with the resource room expert, he/she still carries the primary responsibility for instructional program design (Kirk & Gallagher, 1986).

- Diagnostic-prescriptive teaching setting

In this arrangement, children with MR are taken for short period of time in-school center staffed by a team of special educators and diagnosticians. The centers staff members assess the students' performance and develop an individualized educational strategy. After, the assessment, the child with MR returns to the regular education classroom, and instruction will be given based on assessment result (Berine-Smith et al., 1994; Winzer, 1990).

- Special class placement with part-time in regular classroom

The amount of time spent in the regular classroom may vary, and children with MR may be placed in the regular setting only for subjects in which they can function successfully (Kirk & Gallagher, 1986). In such cases, some of these students may enter the regular classroom for academic instruction, but most often the students in this option are integrated with their peers who aren't disabled for art, music, and physical education (Winzer, 1990).

- Special class/unit placement

This placement option is similar to the special class placement with part time in the regular classroom. However, in this type of arrangement, children with MR make contact with peers who are not disabled exclusively in a social (such as, on school buses, at lunch or recess, assemblies, sporting events and others) rather than at instructional setting (Gearheart et al., 1992).

The notion of educational provision in a special class was critically examined (Dunn, as cited in Winzer, 1990) and the resulting debates and conclusions added impetus to the movement towards integration. Nevertheless, special classes remain an important setting of educational provision for children with MR. At such settings, a teacher for children with MR trained as a special educator provides instruction to the children in a given-class within the regular classroom setting. In relation to this Porter, (1995) emphasized that teachers who work with children with disabilities need to undergo special training in specific areas of disabilities so that they can properly mange the learning teaching processes in the classroom. The teachers should not only be well versed with the general theoretical bases of special needs education but also require disability specific training depending upon the nature of the problem. And during the course of their teaching, they need to get a regularly based and continuous in-service/ on the job training in order to enhance their knowledge & competency of teaching children with disabilities (Porter, 1995; Berine-Smith et al., 1994). In addition to this, an ICDR document cited in Lemma (2000) has stated that special educators once they have been trained in special needs education have to get an upgrading training in the field. Concerning the assistances the special educators could give to regular classroom teachers Hallahan & Kauffman (1988) stated that special educators could advice on curriculum material, and teaching approaches. Moreover, the special educators could at times join the regular classroom teachers classes to provide support in the course of a lesson and promoting professional development by arranging in-service activities such as workshops and seminars. And, basically, the special educators could serve as an advocate and program planner for children with MR in the regular classes.

Those children with MR assigned to such classes will usually be between ten to fifteen or fewer in number, and spend the whole school day segregated from the non-retarded peers. At times when this educational arrangement is considered as a viable service delivery model, the following criteria, according to Mercer (as cited in Berine-Smith et al., 1994) need to be fulfilled:

- the special class teacher should be trained to teach chidden with MR
- the students should be selected on the basis on proper assessment instruments and procedures.

- each child with MR should receive instruction based on his/her educational needs.
- a wide variety of teaching styles, materials and resources should be available to special educator/teacher
- the class size should be considerably smaller than a regular class, usually with 10 to 15 students.
- each pupils progress should be constantly monitored. Reintegration into the mainstream should be considered when it appears feasible.
- the class and/or the whole program should have administrative support.

In addition to this, SUs could also be used as an early educational program, to bridge the transition for integration from SU to regular classroom settings. Such early educational programs in the SUs for children with MR prepares and helps the children to gain various skills necessary to perform well in school and social life. Basically, the program emphasis on adaptive behavioral skills development, language development, social skills, motor development and on other of such types.

In Ethiopia, special needs education programs provided in SUs (as in the form of pre-primary education) are planned to enable children with MR to better function in the primary school program The program in such educational provision arrangement extends up to four years and children who show improvements during the four years will be integrated to regular classroom education program. (MOE, 1994).

2.4.1 Children's levels of mental retardation and possible educational placement

In particular, the following links could be made between the level of severity that children with MR manifest and the possible educational placement alternatives. With the provision of teaching assistances for regular classroom teachers and with the availability of adequate instructional materials, children with mild MR could be provided instruction full time in the regular classroom (Winzer, 1990). In some cases, where the regular classroom is insufficient to address the educational needs of children with mild MR, they could either be placed at resource room for part their daily instruction or in special classes in the regular school for either part time or full-time educational provision (Kirk & Gallaghar, 1986).

Most children with moderate MR could be placed in regular class with a resources room alternative for part of the instruction or in full time special classroom; in latter case, they would still be able to integrate with their peers for such non-academic subjects as music, physical education and art.

A few years ago, children with severe and profound MR were considered unable to learn, so educational and training efforts were though to be hopeless. Thus, the children were provided custodial care, alienated from other members of the society. These days, however, children with severe and profound MR are educated in special classes in regular schools, special schools, or in-group homes. Even at times especially at the elementary school period, children with severe and profound MR are also instructed for part of each day in the regular classes.

2.5 Integrated educational provision

The educational needs of children with MR, the characteristics of the school, the parents, and the community influence the individual's assignments to a given educational program (Berine-Smith et al., 1994). Although these factors influence placement decisions, educational interventions in the least restrictive learning environment, in an integrated regular classroom setting, should be the attempt to educate children with MR as much as possible next to inclusive educational alternative (Yasseldyke & Algozinne, 1995). Currently, this type of educational delivery in regular classroom setting is still a practiced way of instructional provision for children with MR. Such arrangement is considered when children with MR in the SUs demonstrate abilities to "keep up" and assumed to function well in the regular classrooms (Bernie-Smith et al., 1994).

On the whole, integration refers to a process with a considerable change within and outside schools, in altitude towards people with MR in society; revisions of school regulation and financing systems, teachers training and curriculum development (Meijer & Pijl, 1994). In this sense, children with MR should be integrated as much as possible within the school, the home, and the local community. This implies that programs, which segregate children with MR from the normal environments, are the least desirable placement alternatives (Beirne-Smith et al., 1994).

However, integration is considered to the extent appropriate address the educational needs of children with MR, and there are times when removing these children from regular classrooms will be more rational (Berine-Smith et al., 1994).

Generally, studies distinguished three degrees of integration, locational, social and functional in the provision of special needs education in the regular classroom and in the regular school compound (Warnock committee, as cited in Gulliford & Upton, 1992; Miron, 1994, Meijer & Pijl, 1994). Locational integration refers to the placement of classes for children with MR within ordinary schools or in close proximity that could facilitate interaction between handicapped and non-handicapped children. However, how far proximity leads to social integration and to participation in shared activities and experience depends on the attitude and understanding of staffs in the given settings. The social integration aspect refers to the reduction of the social distance between children with MR, and their age mates. In particular, the social distance component implies both absence of interaction and a psychological feeling of being cut off. As a means to reduce such gap, regular social interaction occurring during times such as meal times, sporting/playing events, in out of school activities might to decrease the distance components. Basically, this form of integration refers to every integrated situation in which children with MR receive major parts of their education outside the regular classroom but are still able to have substantial contact with their peers. The functional integration alternative refers to the closest form of integration where children with MR join on part-time or full-time basis the regular classroom.

In an integrated regular classroom instructional provision, the regular classroom teacher is responsible for any adaptation that may be necessary for the children's success in this educational setting. In addition to this, regular classroom teachers being together with special educators have to teach the non- disabled children about children with MR on issues like respecting individual difference, and the benefits that can be derived from interacting with children of different abilities & backgrounds in order to shun attitudinal problems (Winzer, 1990). Consequently, teachers must have the skills to develop and adapt the curricular and some initial training to meet individual needs (Bovair, 1992). Here, the regular classroom teachers have to get direct assistance from special education expert and special educators from the SU to provide instructions that address the needs of such children.

In addition to this, training to the regular teachers should be given on either on short-term or long term bases to enable them to instruct children in an integrated classes (Ullastres, 1995; Hegarty et al., 1981).

Moreover, Blanco & Duk (1995) has stated that ordinary teachers need to get on the job training, as they have not usually prepared to assist children with MR at integrated classes. Parallel to this, serving the educational needs of children with MR in an integrated settings, require schools to take the responsibly for updating the preparation of teachers, administrators, and support personnel to provide appropriate educational services (Gallagher, 1983). Additionally, the school management has to co-ordinate with special educators, and general education teachers, teaching children with MR, by developing the most appropriate and least restrictive educational alternative (Meijer & Pijl, 1994). Generally, in preparing a given school for integration, the following points, according to Hegarty et al., (1981), should be taken into account:

-an appropriate school must be selected in relation to such factors as internal organization, attitudes of head and staffs, physical suitability and location for transport.

-the regular classroom teacher needs to have a good understanding of what is entailed, be positively disposed toward it, and be in a position to give time and effort to planning and early implementation

-staff of the school must be consulted for their views on accepting such pupils and also given information and guidance. They will need information on the special needs that the proposed pupils have, the implication for lesson content and teaching practice and the existence of outside agencies which may be able to offer assistance. Such preparation of staff should be done in advance of pupils' entry into the school and should involve all staff.

-the parents of the children with MR should be called a meeting at which the new development is explained and they have an opportunity of raising matters which worry them.

Another issue that need to be raised parallel with the educational provision at the SUs and integrated classes is the issue of vocational training. In order for children with MR to become independent, functioning members of the society it is critical that they get training in vocational skills that will enable them to obtain and maintain a job (Hallahan & Kauffman, 1991). According to Winzer (1990), training in vocational areas helps children to develop stronger self-concepts and to engage in self-supporting productive work.

In addition to this, Blanco & Duk (1995) have stated that vocational training should be given to children once they have completed their education at the SUs. Such trainings will facilitate their transition to adulthood, integration in the labour market, participation in the community and independency.

In Ethiopia, there are some integrated type educational provision for children with MR in regular classroom setting, however, these types of deliveries are not with out problems for there are lack of adapted materials, trained teachers and back-up support from the school administration (Tirussew, 1999; Teferi as cited in Tirussew, 1999).

Chapter Three

Method of the study

3.1 Research design

The study was a qualitative research, which employed a descriptive survey method as a particular approach. This research aimed at obtaining data concerning the status of SUs and first-cycle integrated classes for children with MR. It was conducted at schools in the Amhara National Regional State with the above two-mentioned educational programs and it made description and analysis of the functioning of these educational programs in the region. As data-collecting instruments, interview guide and questionnaire (with closed and open ended items) were used in the study. Furthermore, documents such as bio- data/files of children with MR, assessment manuals used for identifying these children, annual reports, official records, and reports of the teachers teaching children with MR were also consulted.

3.2 Research site

The study was conducted at the Amhara National Regional State. This region has 11 zones with 105 Woreda administrative. In these 105 Woreda administrative, there are 26 regular schools with SUs and integrated classes programs for children with MR, hearing impairment and visual impairment. Form the 26 regular schools; schools rendering educational delivery for children with MR in SUs and integrated classes programs are 7 in numbers. Specifically, the Zones, Woredas and the corresponding regular schools with SUs and integrated classes program are stated below in the table.

Table 1: Zones, Woredas and the corresponding schools with SU and integrated class program.

	Zones	Woredas	Schools
1	North shewa	Debre Berhan	Aste Zerayacob
		Efeson	Efeson
2	North Gondar	Gondar	Tsadiku Yohannes
3	East Gojjam	Debre Markos	Niguse Tekel Himont
4	South Wello	Dessie	Tigil Fire
5	Bahr Dar	Bahr Dar	Felege Abay
6	East Gojjam	Denbecha	Denbecha

3.3 The population and sample of the study

In the Amhara National Regional State, educational delivery for children with visual impairment, hearing impairment and MR is rendered in three major instructional arrangements. These are special schools, SUs and integrated classes. And instructional arrangement at the SUs and integrated classes is the commonly practiced mode of educational delivery.

Bearing this in mind, the population from which the samples were drawn are schools with SUs and integrated classes found in the Amhara National Regional State. In the region, there are 26 schools with SUs and integrated classes rendering educational provisions for children with MR, visual impairment and hearing impairment. Under these schools, the following segments of the population were considered as the sources of the samples for the study:

- schools with SUs and integrated classes for children with MR
- teachers teaching at the special needs education units
- heads of the special needs education units.
- regular teachers teaching children with disabilities integrated into the first-cycle regular classrooms.
- directors of the schools with special needs education unit and integrated class-program

From the 26 schools, 7 schools rendering education delivery for children with MR based on SUs and integrated classes program were selected using purposive sampling method. And form the 7 schools, 5 schools were selected using simple random sampling. In the 5 schools, the total number of teachers at the SUs, and the sampled number of teachers are presented below in the table.

Table 2: Children with disability enrolled by the total number and sample size of_teachers at the given SU.

Names of the SUs	Teachers at the	Children at the SUs	Sampled teachers
Aste Zerayacob	6	VI, HI and MR	2
Efeson	2	VI, HI and MR	2
Tsadiku Yohannes	7	VI, HI and MR	2
Tigil Fire	7	VI, HI and MR	2
Felege Abay	1	MR	1
Total	23		9

As indicated in the table above, there were 22 teachers teaching children with MR, visual impairment, and hearing impairment at the 4 SUs (Aste Zerayacob, Efeson, Tsadiku Yohannes and Tigil Fire). And from the 22 teachers, 8 teachers teaching children with MR were selected. In addition to this, 1 teacher teaching children with MR at Felege Abay SU was included. In both cases, the sampling technique employed to select the 9 teachers teaching children with MR was purposive sampling technique.

In addition to this, the 5 SUs heads working at the 5 SUs were sampled using purposive sampling technique. From the 9 teachers teaching children with MR and 5 SUs heads, 2 teachers and 1 SU head from Aste Zerayacob primary school SU were involved in the pilot study. And the remaining 7 teachers and 4 SUs heads were participated in the main study.

At the regular school program, there are 21 teachers teaching children with MR integrated into the regular classroom at the 5 selected schools. From the 19 teachers 16 were selected using simple random sampling. And, out of the 16 teachers, 3 from Aste Zerayacob primary school were participated in the pilot study. And the remaining, 13 teachers participated in the main study. Moreover, the 5 school principals working at the 5 schools were selected using purposive sampling. Here, the principal of Aste Zerayacob primary school was participated in the pilot study. And, the remaining 4 principals were participated in the main study.

3.4 Date collecting Instrument

Two types of instruments, namely, interview guide and questionnaire were employed for collecting data for the study. In addition to the two instruments, analysis of secondary data sources was also applied in the study.

1. Interview-guide

An interview guide prepared based on the research questions of the study was administered to the sampled participants. The type of interview guide used was unstructured one and provided greater flexibility during the interviewing process. This interview guide was used with the 9 sampled teachers teaching children with MR at the SUs and the 5 sampled directors of the selected schools during both the pilot and main study. And, the interview was recorded using a tape recorder, in addition to the use of logbook.

2. Questionnaires

Questions that were based on the research problems of the study were prepared and administered personally to the selected participants during the pilot and main study. And it was used for the 16 teachers teaching children with MR integrated into the regular classroom, and 5 SUs heads. This questionnaire consisted of both closed and open-ended forms of questions.

3. Secondary data analysis

Documents such as official records, annual reports and files, bio data of children with MR and assessment manual used for identifying the children were used as sources of data for the study. The sources were used in order to find out:

- the nature of educational provision in SUs and integrated classes
- the assessment criteria used in admitting children with MR into the SUs and integrated classes
- about the educational level of the teachers teaching at the SUs

3.5 Data collection procedure

Before developing the instrument for the study, the related literature was thoroughly reviewed. Following that, question items were prepared in English and then translated into Amharic. And, the data collection was carried out in two stages, at the pilot and main study.

I. Pre-testing of instruments

Pre-testing of the instruments was conducted before the actual fieldwork to determine the effectiveness of the instruments and to find out the problems they have. After the three tentative instruments, which consist of interview guide, questionnaire, and data collection form were prepared; they were submitted to three special needs education experts. This was done to get the three instruments reviewed in terms of their content appropriateness; accuracy and relevancy in operationally defining the research questions of the study. More specifically, the experts were required to comment on:

- question items wording, order and flow
- question items that need to be added, rewritten (modified), and deleted

- question items clarity, and meaning fullness and on
- instructional clarity.

Based on the reaction of the experts, the three instruments were revised and administered for the pilot study. For the pilot study, one school with a SU and integrated class, which was in the cohort of the samples for the study, was selected using random sampling.

The selected school was named Aste Zerayacob primary school. This school is located in the Northern Shewa zone of the Amhara National Regional State, as the town of Debre Berhan. In this school, there were 18 children with MR at the SUs and 15 children with MR integrated in to the first cycle (1-4) regular classroom setting. At the SU, there were a total of 6 teachers, where 1 teacher was assigned to teach the class of children with MR. In addition to this teacher, another teacher acted temporarily as assistant to the teacher teaching children with MR. Here, both of these two teachers were selected to be the participants of the pilot study using purposive sampling method.

At the first cycle regular classes, there were 5 teachers teaching children with MR integrated into the ordinary classroom settings. And 3 teachers were selected purposively to be the participants of the study. Moreover, both the SU head and the director of the school were selected purposively to be the participants of the pilot study.

On the bases of the pilot study modifications were made on the instruments of the study. In particular, some new question items were incorporated and certain items that had deficiencies were deleted.

II. Data collection for the main study

The actual data collection was made using the instruments mentioned with the changes made as the result of the pilot study. The procedure followed to collect the data for the main study was similar to that of the pilot study. Before administering the instruments, the participants were informed about the purpose of the research and the objective of each instrument. The interview guide was conducted with the sampled 7 teachers teaching children with MR at the SU, and with the 4 selected directors of the schools. The interview was recorded using a tape recorder and a logbook was used to jot down points.

Where as, the questionnaire was administered to the 13 sampled teachers teaching children with MR integrated into the first cycle regular classroom and 4 sampled SU heads.

3.6 Data analysis procedure

As indicated above, the data for the study was collected using the instruments mentioned above. Then the data collected were organized and processed qualitatively in a way appropriate to answer the questions presented in the research problem. In particular, the findings were logically organized according the following frameworks:

- assessment procedure followed at the SUs and during integration
- training levels of teachers teaching children with MR at the SUs
- challenges regular teachers teaching children with MR integrated into the first cycle regular classroom encountered.
- training levels of the regular teachers and assistance they received from the SUs
- availability of resource rooms for children with MR integrated into the first cycle regular classroom
- support the school made to the SUs and integrated class education program.

Based on these categories, the findings concerning each research problem mentioned above were presented in description form. Then, data were analyzed and discussed in relation to the literature review organized. Finally, conclusion and recommendations based on the discussion were made.

Chapter Four
Presentation of the Findings

This chapter deals with the findings obtained from the interview guide, questionnaire and data collecting form in regard to the functioning of SUs and first-cycle integrated classes for children with MR.

4.1 Background information

Table 3: Opening years of the SUs and integrated classes at the given schools.

Name of the school	Opening year of the SU	Opening year of the integrated class
Tsadiku Yohannes	1986 E.C	1991 E.C
Tigil Fire	1986 E.C	1990 E.C
Felege Abay	1986 E.C	1987 E.C
Efeson	1986 E.C	1993 E.C

As indicated in table 3 above, all of the schools started the provision of special needs education for children with MR in 1986 E.C. And, the mode of the educational delivery has been based on SU since the opening year-1986 E.C. In the three schools, namely at Tsadiku Yohannes, Tigil Fire, and Efeson primary schools, special needs education is provided for children with visual and hearing impairment, in addition to those with MR. At Felege Abay SU on the other hand, special needs education serves only children with MR. With regard to the integrated class based education program, the schools started such provisions at different years. In particular, Felege Abay has started at 1987 E.C; Tsadiku Yohannes at 1991 E.C; Tigil Fire at 1990 E.C; and Efeson at 1993 E.C has started integrating children with MR into the regular classroom setting.

Table 4: Demographic characteristics of children with MR in the SUs and first-cycle integrated classes

Name of the school	Age range	No of children at the SUs			No of children at the integrated classes			Total No of children at the SUs and integrated classes
		Sex			Sex			
		M	F	Total	M	F	Total	
Tsadiku Yohannes	6-11	6(67%)	3(33%)	9(60%)	3(50%)	3(50%)	6(40%)	15(42%)
	12-17	5(71%)	2(29%)	7(33%)	9(64%)	5(36%)	14(67%)	21(58%)
Felege Abay	6-11	2(50%)	2(50%)	4(67%)	1(50%)	1(50%)	2(33%)	6(40%)
	12-17	2(40%)	3(60%)	5(56%)	3(75%)	1(25%)	4(44%)	9(60%)
Tigil Fire	6-11	2(50%)	2(50%)	4(50%)	2(100%)	-	2(50%)	6(50%)
	12-17	3(75%)	1(25%)	4(50%)	2(100%)	-	2(50%)	6(50%)
Efeson	6-11	-	1(100%)	1(100%)	-	-	-	1(50%)
	12-17	-	-	-	1(150%)	-	1(100%)	1(50%)

According to the data in table 4 above, there were a total of 36 children with MR at Tsadiku Yohannes primary school. From these children 16(44%) were at the SU and 20(56%)were at the first-cycle integrated classes. This school has the largest number of children with MR compared with the other three schools. In terms of their age distribution 21(58%) of the children were between the age ranges of 12 to 17 years. Out of these children, 7(33%) were in the SUs and 14(67%) were integrated into the first -cycle regular classes. With respect to their sex, as it can be observed in the table, 5(71%) were male and 2(29%) were female children in the SU. At the integrated classes, 9(64%) were male and 5(36%) were female.

Those children in the age range of 6 to 11 constitute 15 (42%) of such children enrolled in this school. From these children 9(60%) were in the SU and 6(40%) were in the integrated classes. Within this age bracket 6(67%) were male and 3(33%) were female children at the SUs. At the integrated classes, the proportion of the male and female children was the same 3(50%) each.

At Felege Abay primary school, there were a total of 15 children with MR, out of which 9(60%) were at the SU and the remaining 6(40%) were in the integrated classes. In terms of their age cohort, 5 (56%) of those in the SU and 4(44%) of those children in the integrated classes were between the ages of 12 to 17. Within this age bracket, there were 2(40%) male and 3(60%) female children at the SU and 3(75%) male children and 1(25%) female child at the integrated classes. In the age range of 6 to 11, 4(67%) and 2(33%) of the children were in the SU and integrated classes, respectively. With respect to their sex distribution 2(50%) and 1(50%) of each group of male and female children are in the SU and integrated classes, respectively.

As shown in table 4 above, there were a total of 12 children with MR at Tigil Fire primary school with equal proportion 6(50%) in each, at the SU and integrated classes. In regard to the age distribution of the children 6(50%) of the children were in each age bracket of 6 to 11 and 12 to 17. In the age range of 6 to 11, there were 3(75%) male children and 1(25%) female child at the SU and 2(100%) male children at the integrated classes. And, between the age ranges of 12 to 17, there were 3(75%) male children and 1(25%) female child at the SU, and 2(100%) male children at the integrated classes. Here, there are no female children between the age ranges of 12 to 17 enrolled at the first cycle-integrated classes.

At Efeson primary school, there were 2 children with MR at the SU and integrated class. This school has the smallest number of children with MR compared to the other 3 sampled schools. At the school, there was 1 child at the SU within the age range of 6 to 11[specifically, 10] and 1 child at the first-cycle integrated class aged in range of 12 to17 [specifically, 15].

Table 5: Number of children by the number of years in the SU.

	Name of the school	No of years in the SU	No of children	(%)
1	Tsadiku Yohannes	1-2	7	44
		3-4	9	56
2	Tigil Fire	1-2	5	63
		3-4	3	37
3	Felege Abay	1-2	4	44
		3-4	5	56
4	Efeson	1-2	1	100
		3-4	-	-

According to table 5 above, 7(44%) children with MR at Tsadiku Yohannes, 5(63%) children at Tigil Fire, 4(44%) children at Felege Abay, and 1(100%) child at Efeson stayed for 1 to 2 years at the SUs. And, 9(56%) children with MR at Tsadiku Yohannes, 3(37%) children at Tigil Fire and 5(56) children at Felege Abay stayed at the SUs from 3 to 4 years. At the SUs, there are no children with MR who stayed for more than 4 years. As it was learnt from the response of the SU heads, directors of the schools, and teachers teaching children with MR at the SUs and analysis of letters written from the 4 schools' corresponding woreda educational bureaus, children with MR who stayed for more than 4 years at the SUs have been expelled from the SUs since 1996. Before this academic year, however, children used to be allowed to stay for more than 4 years in the SUs.

The attempt made to assess the number of children integrated into the first-cycle regular classroom by their class repeation rate per year and number of children who repeated a given class at that academic year, was not possible due to incomplete and fragmentary nature of the data available.

4.2 Assessment procedures followed at the SUs

4.2.1 Referral of children to the SUs for children with MR

Responses of teachers teaching children with MR at SUs

A question was posed to the participants regarding the group(s) who refer children to the SUs for children with MR. And, the responses of the participants are presented in the table below:

Table: 6 Groups reported as referring agents

Name of the school	NO of participants	Referring group(s)
Felege Abay	1	- Parents - Special educators
Tsadiku Yohannes	2	- Parents - Regular classroom teachers - Medical professionals
Tigil Fire	2	- Parents - Regular classroom teachers - Medical Professionals
Efeson	2	- Parents

As it can be seen in table 6 above, one participant from Felege Abay SU responded that children were referred to the SU by their parents and special educators (who teach children with visual and hearing impairment) at other SUs in another schools. At Tsadiku Yohannes and Tigil Fire SUs two participants each from the two schools reported children's parents, regular classroom teachers and medical professionals as referring groups. At Efeson SU as shown in table 6, two participants mentioned children's parents as the only group of referring agents sending children to the SU.

As to how and why these groups made the referrals, the participants (teachers teaching children with MR at the SUs) offered elaboration regarding the process carried out by each of the groups.

4.2.2.1 How do parents made the referrals?

According to the participants' responses, parents referred their children as the result of the following attempts made by the SUs:

- Notices made by the SU

In this case, according to the two participants from Tsadiku Yohannes SU, the school will first put a notice about its special needs education program (for children with MR, visual impairment and hearing impairment). Then some of the notices made will be posted at different places so as the public can have a look at them. Besides, the school also sends a written notice about its program to each kebele in the town of Gondar. At times, the teachers teaching at the SU make

announcements about the educational program for children with disabilities by making a house-to-house move. Even if, such attempts were made, the parents did not send their children to the SU. And, as it was learnt from the participants' responses, the very low socio economic status and fear of societal isolation made the parents not to send their children to the SU. In particular, the participants reported the parents' fear of societal attitude towards them and their children with MR as the main cause that make parents not to be willing to send their children to SU.

- Awareness creation attempts

As indicated above, awareness creation programs were reported as being the other attempts made to make parents refer their children to SUs. And the different attempts made by the schools are presented below:

i) Efeson primary school

At this school, teachers teaching at the SUs and integrated classes gave an awareness creation programs. The programs were given at the beginning of each year to villages surrounding Efeson woreda. And, the programs were about:

- what visual impairment ,hearing impairment, and MR are, the etiologies and the intervention strategies used
- special needs educational provision for children with disabilities at the Efeson SU and
- the existence of a SU at the school and its merit to these groups of children.

Despite such awareness creation programs each year, the number of children with MR enrolled at the SU, showed a gradual decrease year after year- from 1991 to 1997,
where the numbers of children with MR enrolled were 5 [in 1991], 4 [in 1992], 3 [in 1993], 2 [in 1994], 1 [in 1995], 1 [in 1996] and 1 [in 1997]. In regard to such small enrollment rate of the children with MR at the SU, the participants mentioned the non-existence of children with MR in the Efeson woreda, as a possible reason.

ii) Tigil Fire Primary school

At this school, teachers teaching at the SU gave awareness creation programs during the start of the program on similar issues raised by Efeson primary school. The programs were given to the society at community-based organizations such as churches, mosques, kebeles, and "Eder" meetings.

After that time, however, the participants indicated that, these types of awareness creation programs were no longer rendered with the assumption that the society had already been made aware of the condition. Instead of it, awareness-creation programs are given each year at the school's opening and closing days. Here, the participants were asked why the SU bunged the awareness creation programs at the community-based organizations such as churches, mosques, kebele, and "Eder" meetings. As an explanation for this, two of the participants responded that the SU believed such programs created good awareness. And they indicated that the one given at the school opening and closing days to the society each year is enough and could be used as possible alternatives for awareness creation programs bunged.

iii) Felege Abay primary school

In a similar way, like the above two schools, this school also gave awareness creation programs. The program is given at the beginning of each academic year. As the school has a special needs educational provision only for children with MR, the program only focuses on what MR, it's etiologies and intervention strategies are. Nowadays, this school is working in close collaboration with Cheshire Foundation Ethiopia on its's awareness creation programs and the number of children referred to the SU by parents showed a gradual increase.

4.2.1.2 Why do parents made the referrals?

Here, the participants were presented with a question concerning why parents refer their children to the SU. According to the participants, parents refer their children to the SU for their children/child manifested the behavioral patterns presented in the table below.

Table: 7 Behavioral patterns manifested by children during referrals

Name of the special unit	No of participants	Behavioral patterns manifested by children reported during referrals
Felege Abay	1	Restlessness Disobedience Poor academic performance Repeating grade levels Communication difficulties Self-care and social skill problems Cognitive delays
Tsadiku Yohannes	2	Inability to identify objects Communication problem Not following directions Not interacting and performing tasks like other age mate Eating many times
Tigil Fray	2	Communication problem Shyness Not eating properly Not dressing properly Cognitive delays
Efeson 2(28)	2	Forgetfulness Impulsiveness Regression Poor academic performance Cognitive delays

As portrayed in table 7 above, the participant from Felege Abay SU listed the children behavioral patterns that the parents reported when they refer their children to the SU. As it was learnt from the participant's responses, the children were described by their parents as being developmentally delayed. Their behaviors when compared with most of their age mates were slowed down.

In particular, the children had serious limitations in their communication, self-care and social skills that made them not to do activities, which other children within their age range can do. They were also described as having very short attention span, low memorizing capacity and problems in body co-ordination. In addition to these, as table 2 revealed, it was indicated by the participants that parents reported their children as restless and disobedient. According to the participant's responses, the children were reported as being always in move, running from here to there, and never seen in rest. Most of the time, when these children were told to quit activities (like the one described in the preceding statements, and/or other of such types) they just simply did not accept. They were completely disobedient, and did things in their own ways. Such behaviors made these children to get in constant quarrel with their parents, siblings and others. Academically, the children were described as being very poor. They failed to identify alphabets (both Amharic and English), to read words, and to make sentences. Moreover, they had very limited arithmetic, reading and hand writing skills. As a result of these limited academic skills and others described above, the children repeated a given grade level for more than two times.

As shown in table 7, two participants listed what parents enumerated as behavioral patterns that cause them to refer their children to the SU. To begin with, the children were described as not capable of identifying objects. For instance, they were reported to fail to identify clothing items (like shirts, trousers, jackets, and socks), eating utensils (plates, spoons, and cups) and their different body parts. Here, the children were described as being disastrous to perform various tasks like their age mates. The children were also described as having poor communication skills (both receptive and expressive) aspects.

In addition to these, they did not interact with their age mates, and even with their family members. Mostly, they alienate themselves from others, stayed playing by themselves and doing some sort of repetitive behavior. Moreover, as it was learnt from the participants' responses, the children did not follow directions, and didn't seem to listen to what they are being told to carry out. Another behavioral pattern of a child reported by one parent, according to the participants' response, is the child's eating behavior. This child eats many times a day and excessively, and even at times puts inedible objects into his month.

At Tigil Fire SU, two participants listed what the parents reported as behavioral patterns that cause them to refer their children to the SU. To start with, the children were described manifesting cognitive deficiencies. They had limited attention span, concentration, memorizing, and problem solving skills. The children were also depicted as being shy. Most of the time, they were non-interactive, had fear of talking with others, and if they did, they often failed to sustain an eye contract. In addition to these, the children were also reported to have communication problems both in expressive and receptive aspects. Moreover, it was mentioned by the participants that parents had described their children as having limitations in self-care skills such as eating and dressing, independently.

As it could be observed from table 7 above, two participants from Efeson SU listed the children's behavioral pattern that the parents reported when they referred their children to the SU. According to the participants' responses, the children were described as having cognitive delays. The behaviors included limitations in attention span, concentration, memorizing and problem solving skills. In terms of their academic skills, the children were described as being very poor. As to the participants responses, parents reported that their children had limited ability in identifying alphabets (both Amharic and English), reading, writing and arithmetic skills (such as additions and subtractions). In addition to these behaviors, it was reported that the children had difficulty in waiting for their turns, and often interrupted others or intruded on others.

4.2.1.3 Why do regular classroom teachers and special educators refer children to the SU for children with MR?

As shown in table 6, regular classroom teachers and special educators were reported, as referring children to the SU by four participants from Tigil Fire and Tsadiku Yohannes (two from each of the schools) and one participant from Felege Abay, respectively. According to the participants' responses from Tsadiku Yohannes and Tigil Firer SUs, regular classroom teachers in their school often referred children whom they suspected of having certain "developmental problems" to the SU.

At Felege Abay SU, as it was learnt from the participant's responses, special educators teaching children with visual and hearing impairment (at two different schools) made the referrals to this SU. The two referring groups (regular classroom teachers and special educators) made the referrals for the children:

- repeated a given class for more than 2years
- showed problem behaviors such as refusing to comply with the teachers requests, initiating fights, intimidating others, restlessness, saying something and giggling all of a sudden
- repeated absenteeism and repeatedly arriving late to the schools
- failed to identify alphabets, words and construct sentences, even after regular assistance
- manifested cognitive delays such as short attention span, limited concentrations and memorizing capacity
- evidenced poor arithmetic skills (such as addition and subtraction) and academic capabilities (identifying alphabets, constructing sentences).

Here, regular classroom teachers made the referral when the children failed to cope up and perform like their classmates, whereas the special educators- as it was learnt from the participants' response- referred those children who don't have hearing and visual impairments, but suspected of being some how "developmentally delayed".

4.2.1.4 How /why do the medical professionals refer the children to the SU for children with MR?

As portrayed in table 6, four of the participants from Tsadiku Yohannes and Tigil Fire SUs mentioned that medical professionals referred children with MR to the SUs. In the case of Tsadiku Yohannes SU, a clinical nurse and health officers were the ones who referred children to the SU, whereas in Tigil Fire SU a medical doctor [general practitioner] was the one who referred the children to this SU.

As it was learnt from the referral papers analysis, the children were labeled as "mentally retarded" by stating their level of retardation ranging from "mild-moderate" in each of the three cases referred to the Tsadiku Yohannes. At Tigil Fire SU, the referral papers were not available to see how the medical professional (i.e. the medical doctor) referred the children to the SU. According to the participants, however, this professional referred the two children as having symptoms of MR, with a level of retardation in the range of mild to moderate.

4.2.2 Identification of children with MR

Once the children were referred to the SU, identifying them as children with MR was the task followed. In the table below, the participants' responses of the group(s) who identify children- as children with MR is presented.

Table 8: Groups reported as identifying children with MR.

Name of the school	Number of respondents	Identifying groups
Tsadiku Yohannes	2	Committee
Tigil Firer	2	SU
Felege Abay	1	SU
Efeson	2	SU

As indicated in table 8 above, at Tsadiku Yohannes SU a committee carried out the task of identifying the referred children-as children with MR. The participants mentioned that this committee was formed from different governmental organizations based on the document distributed from the woreda educational bureau, which ordered as such. And, the committee consists of individuals from Northern Gondar:

- Branch office of National Association of people with visual impairment
- Branch bureau of Ministry of Labour and Social Affairs.
- Woreda Municipality office
- Woreda Health center
- Woreda Education Bureau
- Branch office of the Ethiopian Red Cross society. And from the Tsadiku Yohannes school SU and Regular teachers, and Parents of children referred to the SU.

During the identification procedure according to the participants' responses the committee will be briefed on the criterias used to identify children as -children with MR. Specifically, the following behavioral symptoms are briefed to the committee members as criterias used for the identification:

- Physical development and body-coordination
- Social development, and
- Language development

Furthermore, these behavioral patterns are also applied for the same identification procedures during observing the referred children and interviewing their parents/caregivers (see the full-version of the identification instrument at appendix F). In addition to these components, the participants reported that they used symptoms of physical structure such as:

- head/skull (like too small or to large)
- too small eyes
- short fingers, and
- no lines on the palm during the identification procedures.

Here, the participants were asked the contribution and relevance of including such individuals from the North Gondar different branch offices/bureaus /institutions as committee members in the identification procedure.

And, the participants have disclosed that including such individuals in the committee might have no use, as some of them do not really know what MR is. But, the participants emphasized that this situation will create a good opportunity for the individuals to know about MR and to develop their sense of responsibility and support in the intervention activity.

At Tigil Fire SU, as shown in table 8 the process of identifying children with MR is done by the SU itself. At the opening year, however, the SU followed the same identification procedure based on screening used by committee members like the Tsadiku Yohannes SU. Such procedure was not practiced for more than one academic year, because the committee members were not willing to participate. In regard to the identification procedure the SU has been using since that academic year, the participants reported that they used interviews and observations to identify children with MR on the following behavioral patterns:

- physical development and body co-ordination
- social development, and
- language development

The participants mentioned that during the identification procedure, parents/caregivers were asked about the children's behavioral patterns. In addition to this, they indicated that the children were also interviewed and observation would be conducted on their behaviors.

At the Felege Abay school, the SU carries out the task of identifying children with MR. According to the participant's response, the SU uses the following criteria during the identification procedure:

- communication pattern
- mobility pattern, and
- physical structure/features

In the identification procedure, the participant (the teacher teaching at the SU) reported that he conduct interviews with the children's parents/care-giver about the children's condition and made observations on the children behaviors.

At Efeson SU, identification of children with MR is conducted by the SU. According to the participants' responses, the SU used the following behavioral characteristic in the identification procedure:

- social skills,
- academic skills, and
- recalling skills (such as recalling sequences and events, naming of different subjects)

Following this, a question was presented to the participants (teachers teaching at the SUs) at the sampled schools if the SUs have a prepared detection instrument consisting of all the behaviors mentioned in the identification procedure. And all the seven participants from the four schools reported that their SUs don't have any well-prepared instruments used during the identification process. The participants reported that they made observation on the children behavior and made interviews with both the children and their parents to determine whether the children had MR or not. In the two SUs, at Tsadiku Yohannes and Tigil Fire, in particular the participants reported that there was a sort of manual, which the SUs used as an identifying instrument.

The content of the instruments used in the two SUs consists of the following same components (see the full version of the manuals at appendix "E" and " F"]:

- *Assessment of physical development*. This component assesses the children's capacity of sitting without support, standing without support, walking independently and body-coordination.

- *Social development*. Under this section, items that assess the children's skills on self-feeding (using spoon and drinking using glasses), toileting, grooming (face washing, tooth brushing and hair combing) and dressing independently are presented.

- *Co-ordination of body movement with eyes*- development. In this subsection, items, which assess the children's capacity of approaching a given object and picking it up, and holding and finding the where about of objects hidden some where are presented.

- *Play-development*. This subsection consists of items measuring children's capacity to draw pictures (such as of a human being with it's complete features - eye, mouth, leg and hand), social play like playing with friends (hide and seek, for instance) and acting in the way a postman, a nurse, policeman etc acts.

- *Language development*. This subsection consists of items measuring children capacity:

  -to comprehend and express information through spoken words, written words and sentences with correct grammatical arrangement

  - of language usage such as children's capacity to ask questions with "why" and "how", and asking the objects they want by naming.

Another section on the manual is related with items assessing whether the children have epilepsy and multiple disability. But how such cases are identified is not clearly described.

On these identification manual (see the appendix "E" and " F"), there is no section indicating how the children are labeled as mentally retarded i.e., the rate, duration and magnitude of behaviors manifested by the children in order to label them as mentally retarded aren't specifically presented. And, as it was learnt from the participants, the items on the children's behaviors are presented to the parents and the children are observed during the identification procedure based on these guidelines in order to label them as children with MR.

The other two SUs of the Efeson and Felege Abay primary schools reported that they do not have any prepared guidelines/manual used during the identification practice. The participants simply mentioned that they inquired the children and their parents questions that they thought were related in identifying children with MR. The questions presented by the two SUs were on the children's communication, social, academic, mobility pattern, physical structure and recalling skills (such as remembering sequences and events, naming of different subjects).

4.2.2.1 Involvement of parents in the identification procedure of children with MR.

A question was presented to the participants (teachers teaching at the SUs) whether parents were asked about the children's behavior before the actual identification is made. According to the participants, parents were inquired about the children behaviors when they first bring their children to the SU and during the identification process. According to the participants' responses, the questions presented to the parents include inquiries on the children behavior of:

- self-care activities (eating, dressing, grooming)
- communication pattern (expressing themselves, clearly locating their home places, naming certain simple items, understanding what they are demanded)
- interpersonal skills (playing with others), and
- academic skills (reading, identifying alphabets, arithmetic skills (addition and subtraction) when compared with other children of the same age cohort.

In addition to their involvement in the identification procedure, parents were given training as to how to help their children. For instance, two participants from Tsadiku Yohannes SU responded that parents come to the SU once in a month to receive 30 Birr (which was given by the woreda education bureau to teach the children some self-help skills). Using this situation, a program was arranged by the SU every month to discuss with parents about their children's progress. According to the participants, this circumstance created opportunities for parents to:

- share and discuss with other parents about their children's behavior (progress and weakness)

- get instructed as to how to assist their children with MR on basic skills such as dressing, feeding, toileting, grooming, simple arithmetic (addition and substation), reading and writing.

At Tigil Fire SU, according to the participants, parents are called every month to the SU. At the SU, the parents receive training as to how to help their children help themselves, and how to evaluate the children's progress. Particularly, the training focuses on how to instruct the children on:

- self-care and independent functioning (dressing, feeding, grooming, toileting)
- basic reading, writing and simple arithmetic skills
- running errand skills

At Felege Abay and Efeson SU, according to the three participants, parents are called to the SU every 3-4 months. During these times, parents discuss their children's behaviors with the teachers and other parents. In addition to this, parents get instructed as to what to train and how to help their children in:

- self-care skills (such as dressing, feeding, grooming, toileting)
- basic reading, writing, and simple arithmetic skills
- running errand skills

4.2.3 Children's level of MR and enrollment in the SU

A question was presented to the participants in regard to children with which levels of MR are enrolled into the SU. And, according to the responses of all the seven participants, the SUs enrolled "children with mild and moderate" MR. Here, the participants reported that the SUs did not accept children with severe forms of MR and those with multiple disabilities.

Following this, the participants were presented with a question inquiring if they further classify the children with "mild" and "moderate" MR into the educational system of classification (as educable, trainable, and non-trainable).

And, the participants pointed out that those classified as "mild mentally retarded" are simply labeled as 'educable", and those with "moderate mental retarded " as "trainable". Here, the participants were asked if those children enrolled at the SUs through hospital referrals came with their level of MR identified. The four participants from Tigil Fire and Tsadiku Yohannes SUs responded that these children came with their level of MR specified. The participants, however, reported that the children came labeled solely mentally retarded as being within a range of "mild to moderate". After that according to the participants, the SUs will label the children as "educable" and "trainable" based on their performance and progress they showed in the SUs.

4.2.4 Challenges the SUs encountered during the identification procedure

A question was presented to the seven participants in regard to the problems the SUs faced during the identification procedure. And, the responses of the five participants in regard to the hassles faced by the SUs are presented below in the table.

Table 9: Problems encountered during the identification procedure.

No of respondents	Problems mentioned
4	lack of well-prepared identification instruments
4	teachers lack of proper competency and skill to conduct the identification procedure
2	limited period for conducting the identification procedure
2	lack of competency, skill and knowledge on the part the committee members to carry out the identification procedure
3	bringing children (with out MR) by some parents only to get a financial assistance

As table 9 reveals, four of the participants reported that the SUs faced problems due to the lack of well-prepared identification instrument. Specifically, the participants mentioned that the SUs didn't receive any standard instrument from any source to make proper identification.

Because of this, the participants pointed out that the SUs could possibly mislabel children as mentally retarded.

Another problem mentioned by four participants was the teachers' lack of proper competency and skill to conduct the identification procedure. It was reported by the participants that trained professionals in the field should have made the identification procedure. However, due to the non-availability of such trained personnel, the participants reported that they conducted the identification procedure by themselves.

Parallel to this, two of the participants, specifically from Tsadiku Yohannes SU indicated that lack of competency, skill and knowledge on the part of the committee members to carry out the identification procedure as another challenge. These individuals, according to the response of the participants do not know what MR is, let alone identifying children with MR.

In addition to the above-mentioned problems, one participant reported that the limited time allocated for making the identification procedure as a challenge in the identification practice. According to the participant from Felege Abay, the SU is expected by the school administration to make and finish the identification process within half a day. But if enough time was allocated the participant indicated that the SU could at least get time to observe the behavioural pattern of the children referred.

Last, but not least the final problem mentioned by two of the participant was related with parent's brining of children without MR to the SU to get a financial assistance of 30 Birr monthly. According to the participants from Tsadiku Yohannes SU, the parents bring their children to get financial assistance, when in reality the children do not have MR.

For the challenges mentioned above five of the participants suggested the following as possible solutions:

- distribution of well-prepared identification instrument
- identification made through well trained professionals
- increasing the period of the identification procedure. For instance, at Efeson and Tsadiku Yohannes SUs, teachers let children suspected of having certain developmental delays to stay in SU for some weeks before the actual identification procedure is carried out.

4.2.5 Integrating children with MR into regular classroom settings

A question was presented to the participants as to how children with MR are integrated into the regular classroom setting. And the participants mentioned the following measures that were considered when integrating children with MR into the regular classroom setting. According to the participants' responses and integrating document analysis (see appendix " G" the following points are considered when integrating children with MR:

Academic skills

- alphabet recognition and identification
- word recognition and identification
- simple sentence construction
- number recognition and identification, and
- writing skills

Communication skills

- object description capacity
- re-telling recent experiences
- clarity and meaning fullness of their communication

Social skills

- making friends
- keeping one's turn while playing
- traveling and locating one's school and home, and
- working co-operatively

Self care and independent functioning skills

- dressing, toileting and grooming
- writing one's name, understanding simple time and money concepts

4.2.5.1 Procedure of evaluation and follow up for integration

As it was learnt from the participants' responses the teachers teaching children with MR at the SUs made observations on the children behavioral progress in the classroom. Moreover, they also conduct observation and classroom test every week, to determine the children's level of progress. And the children's level of progress is evaluated every week, and the progress they made is recorded. Those children who progress well will then be integrated into the regular classroom.

In addition to this, parents were also interviewed concerning children's skills on the above-mentioned components. The interviews for the parents were only presented at Tsadiku Yohannes and Tigil Fire SUs on every month on regular bases to discuss the children's conditions. At the Felege Abay and Efeson SUs, such parental involvements were not made on regular bases.

In the four SUs, according the participants, children with MR are allowed to get educated for four years. Those who show improvement/progress and get ready to be mainstreamed within the four years are integrated into the regular classroom setting. Formerly, however, there were children with MR who stayed at the SUs for 11 to 12 years. Since 1995, nevertheless, children who stayed for 11 to 12 years were expelled from the SUs. Here, the participants stressed the need for a vocational training center to train children to be expelled from the SU in different skill areas such sewing, embroidery and carpet making.

4.3 Training and qualification levels of teachers teaching children with MR at the SUs.

Responses of SUs heads

Table: 10 Teachers teaching at the SUs by the number classes for children with MR.

Name of the school	Number of teachers at the SU	Number of teachers assigned for children with MR	Number of teachers teaching children with MR	Number of classes for children with MR
Tigil Fire	7	2	2	1
Felege Abay	1	1	1	1
Tsadiku Yohannes	7	5	5	1
Efeson	2	2	2	1
Total	17	10	10	4

According to table 10, there were seven teachers at each of the SUs in Tigil Fire and Tsadiku Yohannes, and two teachers at Efeson SUs. In the three SUs, the teachers teach children with visual impairment, hearing impairment and MR. At Felege Abay SU, there is one teacher teaching children with MR and the SU is only for children with MR. From the 17 teachers teaching at the four SUs, those teaching children with MR, as indicated in table 10 is one teacher at each of the Tigil Fire, Felege Abay and Efeson SUs, and five teachers at Tsadiku Yohannes SU. Furthermore, the table also reveals that there is one class for children with MR in each of the four schools.

In the classes, one teacher is assigned at Tigil Fire, Felege Abay and Efeson SUs to teach children with MR. At Tsadiku Yohannes SU, five teachers are assigned to teach children with MR. Here, the teachers teach five different subjects to the children, by making the eight contents, merged into five subjects.

Following this, a question was presented to the heads of the SUs, as to whether the teachers teaching children with MR at the SUs were trained as special educators. And, according to the participants responses 9 out of the 10 teachers teaching children with MR at the SUs were trained as a special educators. The remaining one teacher (who teaches at Tsadiku Yohannes SU) is not trained as a special educator. According to this teacher's response, she teaches children with MR based on the knowledge and skill she gained through her work experience as a teacher teaching children with MR and from the pedagogical support she gets from other teachers. Here she made a remark that she didn't face problems in teaching the children with MR as she has many years of experience in teaching children with MR at the SU.

Table: 11 Teachers at the SUs by duration of their training

No of teachers at SU	Duration of the trainings received
3	6-Month trainings
6	10-Month trainings
1	TTI Certificate only

As portrayed in table 11 above, there were three teachers trained in the 6-month program and four teachers trained in the10-month special needs education training program. As indicated in the table 11 one teacher did not receive the special needs education training, but is only trained as a general education teacher at TTI. From the participant responses, it was learnt that those teachers who received their training in the 6-month program got trained to teach only children with MR. Where as, those who received the training for the 10-month got trained to teach children with hearing impairment, visual impairment and MR. The number of special educators who teach children with MR at each of the four sampled SUs in the 6 and 10-month programs are presented below:

Table 12: Teachers trained in the 6 and10-month special needs education-training program.

Name of the SUs	Teachers trained in the 6 month program	Teachers trained in the 10 month program
Tigil Fire	1	1
Felege Abay		1
Tsadiku Yohannes	2	2
Efeson		2

As indicated in table 12 above, one special educator from Tigil Fire and two from Tsadiku Yohannes SUs, are trained in the 6-month special needs education training programs. And one special educator from Felege Abay, two from Tsadiku Yohannes, and one from Efeson SUs are trained in the 10-month special needs education-training programs.

Responses of teachers teaching with MR at the SUs and SUs heads

Following an inquiry on teachers training levels, a question asking if these teachers got additional training in teaching children with MR was presented. And the participants reported that short-term trainings were given to the teachers.

For instance, at Felege Abay SU, the teacher teaching at the SU received training given by the zonal educational bureau and Cheshire Foundation Ethiopia-Bhar Dar project.

At Efeson SU, it was reported by the SU head, that the teachers teaching children with MR participated in a training given by the zonal educational bureau once. Here, the participants indicate that others, who are not directly concerned, went to the seminar prepared, twice by Ministry of Education when in fact the special educators were the one called to participate. And, those who participated in the seminar gave the training back to the special educators in turn.

At Tsadiku Yohannes SU, the SU head reported that teachers teaching at the SU did not received training [short-term and/or seminars as such]. The head, however, reported that there were short-term training and seminars given to the teachers at the SU during its opening years (1986 E.C). Since then, nonetheless, such training was not given.

At Tigil Fire, it was indicated by the participants that teachers teaching children with MR received seminars prepared by two NGO'S –Save the Children and Pact. This training was also given to the regular classroom teachers teaching children with MR in the regular classroom. The participants, however, emphasized the need for continuous training on a regular bases. At this juncture, all the participants [teachers from the sampled SUs and SUs heads] underlined the need for refreshing training on special needs education in the form of short-term and/or seminars on regular bases like every 3-4 months.

In addition to this absence of regular training in the SUs, supplementary materials on MR are not available at the SUs. In particular the participants from the Felege Abay SU indicated that the SU didn't have a teachers guide for the lesson being taught there. Where as participants from Tigil Fire, Tsadiku Yohannes and Efeson SUs reported that they have sort of teachers guide manual, but indicated that, it was not enough by itself to provide an adequate instruction to children with MR at the SU.

Parallel to this, the participants reported that the number of teachers teaching children with MR at each of the SUs was very limited and emphasized the need for extra number of teachers. In regard to this, the participants [the SUs heads] from Tigil Fire and Felege Abay SUs mentioned that they presented a constant request to the school administration, even if response has not been given back yet. Moreover the participants also reported that the lack of special needs education expert at the woreda and zonal educational bureaus and absence of technical and financial assistance by the MOE, woreda and zonal educational bureaus, school administration further exacerbate the entire provision of special needs education at the SUs.

4.4 Training and qualification level of teachers teaching children with MR integrated into the regular classrooms

Response of regular classroom teachers

In the table below, the training and qualification levels of the sampled teachers teaching children with MR integrated into the first-cycle regular classroom setting is presented.

Table 13: Training and qualification level of teachers teaching children with MR in the first-cycle regular classrooms

Name of the school	Number of teachers	Training and qualification level
Efeson	1	TTI Certificate
Tigil Fire	3	TTI Certificate
Felege Abay	4	TTI Certificate
Tsadiku Yohannes	3	TTI Certificate
	1	TTI and college diploma

As indicated in the table 13 above, there is one teacher at Efeson, three teachers at Tigil Fire, four teachers at Felege Abay and five teachers at Tsadiku Yohannes teaching children with MR integrated into the first-cycle regular classrooms. In regard to the teachers' training and qualification level twelve teachers out of the thirteen in the four schools have TTI certificate as a general teachers. And the remaining one teacher has a college diploma in addition to the TII certificate.

4.4.1 Training received by the teachers teaching children with MR integrated into the regular classroom setting

The sampled teachers were asked if they received training in teaching children with MR in regular classroom settings. And, they responded that they did not get any formal training that would help them to teach children with MR in regular classroom setting. However, they indicated that they received short-term training as to how to teach children with MR in regular classroom. These trainings were given by:

- Special educators
- Ministry of education
- Cheshire foundation Ethiopia- International NGO (in the case of Felege Abay SU)
- Pact Ethiopia- an International NGO (in case of Tigil Fire).

Here, the participants underscored that the trainings were given twice in 3 or 4 years and didn't give a detail skill as to how to teach children with MR in an integrated classroom. As a result of this, the participants emphasized the need for a continuous training in teaching children with MR. In regard to the question presented to the participants as to whether they took any course related to teaching children with MR during their pre-service training in TTI, they responded that they had not taken any course during their training program on and/or related with special needs education.

4.4.2 Assistances the regular classroom teachers received from the special educators

A question was posed to the participants (regular classroom teachers) in regard to the forms of assistances they received from the special educators. And, the twelve participants out of the thirteen mentioned that they did not receive assistance from the special educators, and the remaining one teacher mentioned that he did receive.

Following these, the twelve participants were asked to list the possible reasons for their lack of assistances from the special educators. And, eight of the participants enumerated what they thought as the possible reasons, while the remaining four did not list any reason. The explanation given by the eight of the participants are presented below in the table.

Table 14: Reasons given for lack of assistance from the special educators

No of Participant	Reasons Given
3	limitation of time
4	assumption that teaching children with MR is the sole responsibility of the regular teachers
2	special educators have other non-teaching tasks to carryout
4	special educators do not seem to care for the problems faced by the regular teachers

As indicated in table 14, three participants reported that they did not receive assistance from the special educators, for the special educators have limited time.

According to the participants, the special educators have a task of teaching children with MR at the SU, due to this they have a limited time to make the needed assistance to the regular teachers.

Another reason given by four participants for not getting assistance from the special educators is the assumption held by the special educators over whom responsibility is to teach children with MR. According to the participants responses once the children are integrated into the regular classrooms, the special educators assume that the instructional delivery is the sole responsibility of the regular teachers and keep themselves from making any assistances.

Furthermore, the table also reveals that two participants from Felege Abay SU mentioned that the special educators additional task of working as record officer at the school as a reason for not getting assistances. At this SU, in particular, the special educator has other responsibilities (such as working as a storekeeper), in addition to teaching at the SU. As a result of this, he did not make the necessary support the regular classroom teachers require.

Due to the various reasons mentioned above, four of the participants reported that the special educators do not seem to care to give any assistance. In most cases, the special educators did not come and ask how the regular classroom teachers are doing, what problems they faced, and what to do about it.

Pertaining to the question presented to the regular classroom teachers as to whom they go to when they need assistance and faced problems in teaching children with MR, they mentioned the following groups:

- two of the participants mentioned that they went to the director of the school.
- six of the participants mentioned that they went the special educators, even if five of them reported that they did not get any assistance, except the one who reported that he received.
- two of the participants mentioned that they went to other regular classroom teachers. Here, the participants reported that they went to these teachers, to ask them how they went about the teaching learning process and the different problems they encountered in teaching children with MR.

4.5 Challenges regular teachers faced during teaching children with MR integrated into the first-cycle regular classroom setting.

4.5.1 Challenges related with teaching subjects

A question was presented to the participants in regard to subjects, which are difficult to teach to children with MR integrated into the first-cycle regular classroom. And, the responses of the participants are presented below in the table.

Table15: Subjects difficult to teach to children with MR integrated regular classroom.

No. of participants	Subjects difficult to teach
7	Maths
4	English
2	Amharic
2	Environmental science

As indicated in table 15 above, seven of the participants reported maths, four of the participants English, two of the participants Amharic, and two of the participants environmental science to be the difficult subjects to teach to the children with MR in regular classroom. And, the participants listed reasons as to why they reported such subjects as difficult to teach for the children. Accordingly,

- 6 participants out of 7 (the remaining one did not give any reason) who mentioned maths as a difficult subjects to teach suggested the children's:
  - limited ability/skill to do simple arithmetic[like addition and subtraction]
  - developmental delays
  - limited attention span, concentration and memorizing capacity as possible reasons.

- four participants who mentioned English as a difficult subject to teach suggested the children's:
  - -delayed development,
  - -inability to identify alphabets, and serious difficulty in their writing skills and

-the subjects' nature of being a second language to the children by itself as possible reasons for the subject to be difficult to teach for these children .

- two participants who mentioned Amharic as difficult subject to teach suggested the children's in ability to properly identify alphabets, to read these alphabets, and words as a possible reasons.
- two participants who mentioned environmental science as difficult subject to teach mentioned:

- children's limited attention span, concentration, and memorizing capacity and
- teaching method (lecture type) as possible reasons.

4.5.2 Challenges related with children behaviors

A question was presented to the participants in regard to the behavioral problems that children with MR integrated into regular classroom manifested. And, the participants responses were listed below in the table.

Table: 16 Challenges faced in relation to children behaviors and solutions applied

Types of problems mentioned	Number of teachers responded	Solutions taken to lessen the problems
Maladaptive behaviors	6	advice- from the regular teachers and special educators
Learning problem	7	repeating the content difficult to them (at times)
Communication problem	2	repetitions (drilling exercises)

As shown in the table 16 above, six of teachers mentioned that they faced problems due to the maladaptive behavior that the children with MR manifested. The participants listed the following maladaptive behavior as manifested by the children with MR: disruptiveness, aggressiveness, restlessness, quarrelsome and disobedience behavior.

As an example, one teacher from Efeson SU revealed a case of a child with MR in his class. This child bites other children when they laugh at her for she shows some silly behaviors. According to the teacher, the child has been showing this behavior for a long time, and at times she has even harmed children in the classroom. In addition to this individual child's case, another child with MR at the Tsadiku Yohannes School throw stones at other children in the middle of instruction while others are writing. According to this child's teacher response, the child had been showing this disruptive behavior for a long time, until he finally stopped after repeated advice and punishment. Other than these two forms of maladaptive behaviors reported in this paragraph as particular cases, the other behaviors mentioned above [as disruptiveness, aggressiveness, restlessness, quarrelsomeness and disobedience] are shown by most children with MR. For instance, most of the time the children are restless and never seen sitting at one place even in a given period. Moreover, they do not obey to an instruction they are requested to, and are in constant argument with their teachers and peer mates.
As a result of this, they fight with others, particularly with their peers. Their teachers mentioned that these behaviors have been evident for more than a year. And, reported that the children's behaviors have been a real challenge to the teaching-learning process. As a possible intervention strategy the teachers reported that they have been giving advises to the children (by being together with the special educators) and at times punishing the children when the behavior got serious.

Pertaining to the learning problems, seven of the participants listed forgetfulness, inability to identify alphabets and numbers, lack of attention, poor hand-writing, repeated absentisem and not doing homework, and not answering questions when asked as being manifested by the children with MR. According to the participants responses, the children still manifest most of these behaviors, even if there are gradual changes. To help these children, the teachers reported that they attempted to get advice from the special educators as to how to teach such children with learning problems. In addition to this, the children with MR were made to sit with other non-mentally retarded children, so as to get help from these students.

In regard to the communication problems manifested by the children with MR, two of participants disclosed that the children have limited ability in expressive and receptive language skills.

According to the participants' response, these children fail to clearly articulate what they want to say. In addition to this, the children also fail to grasp what they are told, unless repeatedly presented.

Following this the participants were presented with a question on measures they took to curb such problems of the children. And, five of the participants reported that they did not take any measure for they have a limited time to take care of such things. As reported in the preceding paragraphs, the children with MR have learning problems, maladaptive problems, and communication problems. And due to these problems in the classroom, making extra assistance to these children both in the classroom and outside, according to the participants, in the form of instruction, was not possible.

4.6 Availability of resource rooms for children with MR integrated into the regular classroom settings

Responses of the SUs' heads and regular classroom teachers

A question on the existence of resource room in the school was presented to each of the heads of the four SUs. Specifically, the question inquires about the availability of resource rooms for children with MR integrated into the first cycle regular classrooms. And, each of the four participants responded that there is no resource room in their schools.

Pertaining to the alternative type of assistance(s) available for the children, the participants pointed out that the special educators are the only source of instructional assistance to the children. Here, the participants reported the two types of assistances that the special educators rendered to the children with MR in regular classroom. The instructional assistances are given:

- on subjects which are difficult to children with MR on an individual bases and
- tutorial to the children with MR together with non-disabled children.

Parallel to the response of the SUs' heads, the regular classroom teachers also indicated the non-existence of resource rooms in the school for children with MR and reported that children only get instructional assistance from the regular classroom teachers.

4.7 Support the school make to the educational provision at the SUs and integrated classes

4.7.1 Support the schools make to the educational provision at the SUs

Response of the schools directors

A question was presented to the directors of the schools in regard to the support the schools gave to the SUs. And, the responses of the participants as to the types of supports rendered to the children with MR and special educators teaching them are presented below in the table.

Table 17: Support given to the children with MR and special educators at the SUs.

Schools	Support given
Efeson	- material support to the children - making a request of financial support for the children - training for the special educators
Felege Abay	- tutorial instruction for the children - material support for the children
Tsadiku Yohannes	- moral support to special educators
Tigil Fire	

At Efeson primary school, as indicated in table 17 above, the school gave some material support to the children with MR. According to the participant response, the children with MR who are enrolled in the SU came from families with very low socio-economic status. And, the school even if it is in a serious financial shortage, tried to provide the children with certain materials like exercise books and pencils twice a year.

Another assistance the school tried to give to the SU is by means of making a request of financial support from other sources. As it was learnt from the participant's response, formerly, each child with MR in the SU used to receive 30 Birr monthly. This was budgeted for the zonal educational bureau.

And, it was given for the purpose of teaching children adaptive behavioral skills. Since 1996, however, this budget has been stopped from being given to the children. Consequently, the school made a request of financial assistance to the World Vision Ethiopia-Efeson Woreda project. Based on the request, this organization has started to cover the budget for the next three years.

With respect to the training support the school made to the special educators, the participant mentioned that the school gave training on self-contained class instruction to the special educators teaching children with MR at the SU. Other than this, the participant mentioned that the school did not give training to the special educators; however, the participant reported that the special educators received training prepared by the zonal educational Bureau and Ministry of education. Another point related with this is the training request the school made to woreda education bureau. As indicated by the teachers teaching children with MR, there are only two special educators at the SU. The two special educators teach children with visual and hearing impairment, in addition to children with MR. In regard to this, the participant was asked about the measures the school took to increase the number of the special educators at the SU. And, the participant responded that the school made a training request to the woreda education bureau. And, through the zonal educational bureau, a request was made to Sebeta Special Educators Training Institute. However, the training institute did not make the final call to enroll teachers for the training.

At Felege Abay primary school, according to the participant's response, the school arranges a tutorial for children with MR in the SU. The tutorial was given to the children on subjects that are difficult to them. Beside this, as most of the children with MR in the SU are from families with very low socio-economic status, the school asked other sources such as Cheshire Foundation Ethiopia to cover the children expenses for exercise books, pencils, and school uniforms. And the organization covered these expenses as requested by the school.

At Tigil Fire and Tsadiku Yohannes schools, the participants mentioned that the school even if it did not make any particular support to the SUs, different from the one it made to the regular school program it did however, gave moral support as the only form of assistance to the special educators.

According to the participants, the school, in particular give advice the special educators to help the children as much as they can by giving individualized instructional assistance and to treat the children in the same way like the other non-disabled children. Other than this form of advice, the schools do not render any specific assistance.

4.7.2 Supports the schools make to the integrated based educational Programs

An inquiry was presented to the four directors of the sampled schools in regard to the supports the schools gave to the integrated based educational programs. And, the responses of the participants' as to the supports the schools rendered to the children with MR and to the regular classroom teachers teaching them are presented below.

Table 18: Support the schools provide to the integrated classes educational programs.

School	Support made
Efeson	making special educators to give assistance to and work in co-operation with regular teachers arranging ways during integration
Tsadiku Yohannes	giving a second/third chance for children with MR who have failed in a given class
Felege Abay	give training to regular teachers
Tigil Fire	assigning special educators to give tutorial to children with MR making special educators to give assistance to and work in co-operation with regular teachers

As indicated in table 18, the participant from Efeson primary school indicated that the school made some arrangements when integrating children with MR into the regular classroom.

During the integration procedure, the school administration together with the special educators, assigns the children to a class with a teacher who is:

-more aware of what MR is, and informed about the possible intervention tasks and

-motivated and interested to work with children with MR.

In addition to this, another support the school gives is related to making the special educators render assistance to the regular classroom teachers and working in co-operation. According to the participant's response, the school arranges a way through which the regular classroom teachers and special educators work together. In such ways, the special educators give assistance to the regular classroom teachers on ways of teaching children in the regular classroom.

At Tsadiku Yohannes primary school, as indicated in table 18 above, the school gave a second and third chance for children with MR who repeat a given class for more than two times. According to the participant, children with MR, considering their development delays, are permitted to repeat a given class if they fail to perform as expected in the given class.

At the Felege Abay primary school, as portrayed in the table 18 above, the participant reported that the school helped the special educator prepare and give awareness raising training to the regular classroom teachers. In the training programs, the special educator gave training on what MRs is, and how to educate children with MR in regular classroom. In addition to this, the participant reported that the Bahr Dar woreda educational Bureau gave training to regular classroom teachers on how to educate children with MR. Parallel with this, Cheshire Foundation Ethiopia gave a training similar to the one given by the woreda education bureau. Such training, according to the participant responses, however, was given mostly in 2 or 3 years time and some times once in a year.

In regard to this, the participant reported that the regular classroom teachers presented a demand for special needs educational training on a regular bases. This request of the regular classroom teachers was forwarded to the woreda educational bureau even if the woreda education bureau did not give a reply.

At Tigil Fire primary school, as shown in table 18, the participant reported that the school made two types of supports to the integrated classes.

In the first place, the school assigns the special educators to give tutorial to children with MR in regular classrooms. In the second place, this school makes the special educators render assistances to the regular classroom teachers and work in co-operation. According to the participant's response, the school arranges a way through which the regular classroom teachers and special educators work together. In such ways, the special educators give assistance to the regular classroom teachers teaching children with MR integrated into the regular classroom.

4.7.3. Challenges faced by the school in relation to the educational provision at the SU and integrated classes

A question was posed to the participants in regard to the challenges the schools encountered in the relation to the teaching –learning process at the SUs and integrated classes. And the responses of the participants were presented below.

Table 19: Challenges faced by the schools at SUs and integrated classes program.

School	Challenges faced
Efeson	- lack of enough classrooms - absence of vocational training - lack of financial support
Tigil Fire	- lack of trained expert at the woreda education bureau - complaints presented by regular classroom teachers in teaching children with MR - special educators demand to get transferred to teach at second cycle classes - absence of vocational training center
Tsadiku Yohannes	- constant request of training by the regular classroom teacher on teaching children with MR. - lack of knowledge on the part of the directors to make a follow up on the activities of the SU educational program - lack of syllabus
Felege Abay	- financial limitation - existence of one teacher at the SU - lack of vocational training center

As shown in table 19, the participant from Efeson primary school mentioned that there is lack of adequate classrooms in the SU for children with MR. Here the participant reported that the classrooms at the SU are made by dividing a single class into three separate classrooms, which make the classes very small in size. In order to solve this problem of classroom, the participant indicated that the director of the school wrote a letter to the woreda education bureau asking for budget to build at least a single class for each group of children with disabilities. The woreda, however, as the participant indicated, responded that it didn't have the budget to construct classes.

Furthermore, as indicated in the table 19, the participant also reported that school faced problems due to the absence of vocational training center. Here, the participant disclosed that children with MR who were in the SU for more than four years (and who failed to meet the criterias for integration) were expelled from the SU. The participant suggested that vocational training was the appropriate alternative to make them independent. However, due to its absence, many children became dependent members of the society. Concerning this, the school asked the woreda education bureau to construct a vocational training center, but the woreda education bureau has not given any responses.

Another challenge reported by the participant, as shown in the table 19 is the cessation of financial support from the woreda educational bureau. The monthly budget given to children to get trained in different adaptive behavioral skills from the woreda education bureau has been stopped from being given since 1996. After that the World Vision-Efeson woreda project started giving the financial support that could be used to cover the bunged budget. But, the participants emphasized that this will be stopped after three years and a solution for this budget problem need to made in time.

At Tigil Fire School, as presented in the table 19, the lack of trained expert at the woreda education bureau is reported among the challenges the school encountered. According to the participant response, the non-availability of such expert creates lack of co-ordination between the various tasks carried out around the special needs education program. Due to this, trainings (like seminars, preparing awareness creating programs for the society) and provision of necessary material supports are absent.

Another challenge the participant reported is related to the complaints presented by regular classroom teachers in teaching children with MR in the regular classroom. According to the participant, the regular classroom teachers reported that the children's maladaptive behaviors caused serious problems making the teaching-learning process difficult to carry out.

In addition to this, the participant also reported the special educators' constant request of getting transferred to teach at the second-cycle classes as another challenge.

The school, however, did not transfer the special educators [even if they secure their diplomas which enable them to teach at the second-cycle grade levels], as there are limited numbers of special educators at the SUs. As a result of this, the participant mentioned that the special educators showed a gradual lack of interest to teach at the SU.

The participant also reported the absence of a vocational training center in the school as another challenge. According to the participant response, children who failed to get integrated into the regular classroom were expelled from the SU. The participant further suggested that if there was a vocational training center at the SU, many who were expelled could be trained in skills like sewing, embroidery, carpet making and became independent and self sufficient.

At Tsadiku Yohannes primary school, as indicated in the table 19, teachers teaching children with MR integrated into regular classroom presented training requests to the school on how to teach the children. In regard to this request, as the participant reported the school took two measures, the first one is making the special educators to give some sort of training to teachers teaching children at the integrated classes. And, the second measure taken was to write a letter asking for the woreda education bureau for training regular classroom teachers teaching children with MR integrated into regular classroom. Here, like what was mentioned in the other cases, the woreda education bureau did not give responses on training request. In addition to this, the participant also reported the special educators' frequent complaints about the absence of syllabus for teaching children in the SU as a real challenge. Finally, the participant (the directors) from the Tsadiku Yohannes SU commented that it would be better for the SU to have a direct relation with the woreda education Bureau. As a reason for this, the participant mentioned the lack of adequate knowledge to provide assistance and to make the necessary follow up on the instructional provision for these children at the SU.

According to the participant from Felege Abay primary school, each child got 30 Birr monthly before 1995 from the woreda educational Bureau. Since 1995, however, the woreda education bureau has stopped giving this budget to the school. This accounts for the gradual decline in the number of children coming to the SU. To curb this financial limitation, the zonal educational bureau presented a request for financial support to Cheshire Foundation-Ethiopia.

And, the Cheshire foundation started giving the financial assistance that was bunged at the school. This has covered the 30 Birr that was given monthly to the children with MR to get trained in some self-help skills such as washing food utilities, preparing teas and shopping certain items.

Another problem the Felege Abay school faced, as shown in the table 19 was, the existence of one special educator in the SU for children with MR. According to the participant response, formerly, there were three special educators at the SU. Currently, however, there is one special educator at the SU and this makes the activity of the teacher to be bounded around the SU. Had the teachers been three or more, they would have done many awareness creating and training programs to the school community and to the society, in addition to providing better instruction to the children.

Another problem reported by the participant was related with the lack vocational training center at the school. Due to the absence of vocational training center, children with MR who had been in the SU for more than four years were expelled from the school and returned home. If there had been a vocational training center at the school, the children would have been trained in different skills, and become independent members of the society. Very recently, however, the Cheshire foundation has opened a vocational training center in the town. This center has been located at the one end of the town, which is far from the center of the town. As a result of this, the participant indicated that, most children failed to the beneficiary of the training. Here, the participant suggested that the training center should have been opened around/in the center of the town, so as then children around the town and its environs come to get the training.

Chapter Five
Discussion of the Findings

This chapter presents the discussion section of the findings, which were analyzed in relation to the literature review organized.

5.1 Assessment procedure followed at the SUs

Responses of teachers teaching children with MR at the SUs

5.1.1 Referral of children to the SUs for children with MR

In the study, the teachers teaching children with MR at the SUs reported that children suspected of having certain developmental problems were referred to the SUs by parents, regular classroom teachers, special educators and medical professionals. These referring agents involved with a child's condition, either developmentally or academically are among the groups enumerated in different literatures. For instance, Taylor et al., (1995) & Gearheart et al., (1998) listed teachers, parents, physicians, principals, counselors, school nurses and psychologists as the possible referring agents sending children to special needs education program. In their study, Taylor et al., & Gearheart et al., indicated that any one involved with a child's condition could be the possible referring agent.

As to why and how these groups made the referrals, the teachers of children with MR at the SUs enumerated different reasons. In regard to the parents, they reported that, parents refer their children to the SUs, as the result of the notices (posted and written ones distributed to kebeles), sort of house-to-house campaign and awareness creation programs made.

However, the teachers indicated that most of the parents showed resistance, and did not send their children to the SUs. As an explanation for this, the participants reported the parent's fear of societal isolation and low economic status as a cause. In relation to the societal isolation aspect, Birhanu (2004) has reported that the presence of MR child was seen to affect the social relation of parents as a result of which they were deprived of attending social activities. And in fear of this societal seclusion, parents hide their children with MR at home and don't send them to school. In addition to this, the participants reported that the parent's lack of awareness about the usefulness of educational provision for their children as another ground for showing resistance. Concerning this, Cherent (1999) and Tsige (2004) have reported that parents lack the awareness

about the possibilities of improving the condition of their children with MR and would not be willing to send their children to intervention programs. Due to this, professionals in most cases would face resistance from parents to introduce any intervention programs prepared for these children.

Basically, awareness creation programs on issues surrounding MR are helpful in changing the attitude of the community and enabling them provides the necessary protection for children with MR (SOOM, 1999). Such programs help parents of children with MR to develop the right perception about the capacity of their children and make them send their children to a special needs education program. To this end, if a permanent change of attitude on the part of parents is expected the awareness creating programs must be given on regular pattern (Winzer, 1990). In addition to this SOOM, (1999) has stated that organizing community awareness raising campaign on issues surrounding MR and other disability is helpful in bringing an attitude change on part of the community and enabling them provide the necessary respect and/or protection for children with MR and other disability.

Unlike this, the awareness creation programs at the SUs were given only once a year at Felege Abay, Tsadiku Yohannes and Efeson [at the beginning of each academic year] and twice a year at Tigil Fire primary school SU [both at the beginning and end of the given academic year]. But, bringing an attitude change on the part of parents, and/or in the community at large demands a regularly scheduled awareness creation programs (Winzer, 1990; SOOM, 1999).

At the SUs such kinds of programs used to be given at large scale and on regular basis in the beginnings of the special needs education programs [around 1986 E.C] though they have gone into decline. During the opening of the programs, for example at Tigil Fire SU, awareness creation programs used to be given at different community based organizations such as churches, mosques, kebeles and "Eder" meetings on a regular basis. Since then, nevertheless, the programs have not been carried out on regular basis- by assuming that the society has already been made aware of it. At Felege Abay, Efeson and Tsadiku Yohannes SUs also, the teachers from the SUs had been making house-to-house awareness creation attempts, which stopped after two years.

After that, the SUs have started giving the awareness-creation programs at the beginning of each academic year.

Furthermore, as the teachers teaching children with MR at the SUs mentioned, the notices (posted and written ones distributed to kebeles), made by Tsadiku Yohannes SU, in order to make it's educational program public, has not been that much helpful for it has not been supported by a regularly planned awareness creation programs.

Those parents who referred their children to the SUs listed different behavioral patterns that made them send their children to the SUs. According to the teachers teaching children with MR at the SUs responses, parents reported different behavioral patterns that consist of various "maladaptive behaviors", poor academic performances, communications problems, cognitive delays, and inabilities to make identification between objects as a reason for referring children to the SUs.

Regular classroom teachers & special educators are the other groups of referring agents who send children whom they suspected of having certain "developmental problems" to the SUs. Here, the regular classroom teachers, according to the teachers teaching children with MR at the SUs response, made the referral when the children's performances are below the expectations for their grade or age level and when the children's behaviors disrupt learning. Specifically, the regular classroom teachers refer the children when they repeatedly show behavioral problem, which disturb other students in the class and become a problem to them. The behavioral problems manifested by the children include restlessness, not following directions (requested by teachers), not completing assignments on time, initiating fights, intimidating others and giggling all of a sudden. Another problem mentioned by the participants as being reported by the regular classroom teachers was the children's poor academic performance. The troubles with academic subjects include inability to identify alphabets, words and construct sentences and poor arithmetic skills (such as addition and subtractions). Beside these, cognitive difficulties such as short-attention span, limited concentration & memorizing capabilities were also reported by the sampled teachers teaching at SUs as causing the regular classroom teachers refer children to the SUs.

On the other hand, the special educators teaching children with visual and hearing impairment (at two different schools) according to the participant's from Felege Abay SU responses refer children with out HI and VI, but whom they suspected of having certain "developmental problems" to the SU.

The behavioral patterns described above by the three groups of referring agents are similar to what Winzer, (1990); Hallahan and Kauffman (1991); Yasseldyke & Algozzine (1995); Smith & Luckasson (1994) have mentioned as behaviors which are considered when referring children suspected of having certain "developmental problems" to assessment centers/special needs education programs.

In particular, these scholars listed behavioral patterns, which can make children to be referred to assessment centers/special needs education programs. The behavioral patterns listed consisted of limitations in fine and gross motor skills, perceptual and sensory motor skills, academic performance, classroom and home behaviors, social interaction, communication and language skills, self-help and independent functioning skills. Most children execute different developmental behaviors at different development periods, but if they fail to do so, they will be suspected of having certain development problems and will be referred for further psycho-educational diagnosis to assessment centers /special needs education programs.

The last groups of referring agents reported by the teachers teaching children with MR at the SUs were medical professionals. According to the participants' responses, the medical professionals included a clinical nurse, a health officer and a medical doctor [a general practitioner]. At Tsadiku Yohannes SU, as it was learnt from the referral paper analysis of the children who were referred to the SU, the children were labeled as "mentally retarded" by stating their level of retardation from mild to moderate". Where as at Tigil Fire, the participants reported that the children were referred as manifesting symptoms of MR, with in the level of retardation ranging between mild to moderate. Out of the four sampled SUs, such cases of referrals by medical professionals are carried out only at Tsadiku Yohannes and Tigil Fire SUs.

5.1.2 Identification of children with MR

Once children suspected of having certain developmental problems are referred to assessment centers, the next step is identifying the specific developmental problem that they manifest (Singh et al., 1997; Taylor et al., 1995). Such identification process is conducted to determine the specific developmental problem, the strengths and weaknesses of the child, in addition to developing an effective educational and/or intervention program (Yasseldyke & Algozzine, 1995).

This identification processes need to be conducted/carried out, by certified diagnosticians trained to conduct the diagnosis process using a multidisciplinary team approach. In particular, the team should consists of a speech and language pathologist, occupational or physical therapist, medical specialists, school psychologist, special needs educators and must include at least one teacher or specialist who is knowledgeable about the area of the child's suspected disability (Winzer, 1990; Gearheart et al, 1992).

At the SUs, however, identifying children with MR is conducted by teachers teaching at the SUs (at Tigil Fire, Efeson & Felege Abay SUs) and by a committee (at Tsadiku Yohannes SU). These groups are not the appropriate personnel to conduct the assessment process, as they are not trained for that. If we take the teachers teaching at the SUs, they are trained to teach the children with MR, & can't assess the children as such only by themselves. In fact, they could be part of the team which make the assessment during the identification procedure and to evaluate the children progress, providing information and opinions about the child, which can then be synthesized to plan appropriate educational program (Winzer, 1990).

As to the case of identifying children with MR through the committee (at Tsadiku Yohannes SU), teachers of children with MR at the SUs underscored that forming such committee did not help much. This is so, because the committee members do not know what MR is, let alone conducting the diagnosis. Such process of diagnosis (at Tsadiku Yohannes SU) is contrary to what Winzer, (1990); Berine-Smith et al., (1994); Hallahan & Kauffman, (1991) has stated that trained professionals should conduct the assessment of MR.

On top of this, as it was learnt from the teachers responses, each of the SUs does not have a well-prepared assessment instrument for identifying children with MR.. For instance, the identification procedure used at Felege Abay & Efeson primary school SUs is purely oral based. According to the participants' responses, during the identification process the teachers simply used observation (observing the child behaviors) and present interviews to the parents of the child. Whereas, at two of the SUs, namely at Tsadiku Yohannes and Tigil Fire, an identification guideline prepared by the SUs themselves is being used. This guideline consists of components related to physical, social and language development.

In addition to this, the participants from Tsadiku Yohannes SU responded that they used such features of the children's size related with their head/skull (too small or too large), eyes (too small in size), fingers (too short in size) and absence of lines on the palm as additional criteria for the identification.

But, such ways of assessment do not result in the appropriate identification of the given problem. And the instruments do not thoroughly investigate all areas related to the children's developmental pattern. According to the AAMR (1992), assessment of MR should be done based on the measure of IQ and adaptive behavioral skills. Furthermore, the assessment process should make a detail diagnosis of intelligence, language, perceptual abilities, academic achievement, behavior, and emotional/social development. At the SUs, however, a test prepared by the SUs was merely picked up and administered to the children referred to the SUs. The point is, let alone with such types of identification procedure, even with the presence of various test, measures, inventories and scales available the assessment of MR is still difficult (Winzer, 1990; Cleland, 1978). Basically the lack of assessment instrument is not specific to these SUs. As a research conducted by Nema (1996) & Adugna (1991) indicated there is a lack of adequately formulated identification techniques and appropriate instruments for assessing children with MR in Ethiopia. And it is reported that children are roughly identified and classified as children with MR on the basis of some observable developmental milestones and physical features (Savolainen, 1997; Adugua, 1991).

5.1.3 Challenges the SUs encountered during the identification procedure

In regard to the challenges faced during identifying children with MR, five teachers teaching children with MR at the SUs reported that they encountered problems while two mentioned that they didn't face any. The problems encountered were:

- lack of well prepared identification instrument,
- teachers lack of proper competency & skill to conduct the identification procedure,
- lack of competency, skill & knowledge on the part of the committee members, and
- bringing children (without MR) only to get a finical assistance of 30 Birr monthly on the part of the parents.

The challenges enumerated from 1-3 above by the teachers teaching at the SUs, are the possible problems that could be faced, if there is a lack of proper identification instrument and expert for making the assessment. The challenge mentioned under number 4, according to the participants' responses, implies family's need for financial support. As a possible remedy for the challenges listed, five of the participants suggested the following as a possible solution:

- distribution of a well prepared identification instrument
- identification made through a well-trained professional
- increasing the period of the identification procedure

Unless assistance is given and assessment instrument prepared concerning what techniques to use, how procedures are to be undertaken, and how data are to be interpreted, due to the above mentioned challenges the procedure of identification of children with MR will be under question. As the teachers teaching at the SUs indicated, the possibility of mislabeling the children as such, when in reality, they don't have MR, could happen.

5.1.4 Involvement of parents in the identification procedure of children with MR

Parents involvement in the assessment and placement procedure of their children can greatly help to ensure the success of the intervention activities. At the SUs, as the teachers indicated parents were asked about their children's behavior when they first bring their children to the SUs during the identification procedure. Once the identification procedure was over and the referred children were labeled as children with MR, parents are given training as to how to help their children. In relation to this Blanco & Duk, (1995) mentioned that parents' involvement is important for they are the first educators of their children at a young age and for they collaborate in school activities, contribute to the assessment process and co-operate in monitoring the progress of their children. Moreover, the SUs arrange a program where parents discuss about their children's progress and problems faced with other parents and teachers. This program creates opportunities for parents to discuss about their children's behavior, and share how they could try to cope up with the problem faced.

During the programs, parents are also instructed as to how to help their children learn skills related with self-care, basic reading & writing, simple arithmetic and running errands skills.

In particular, the program is given every month at Tsadiku Yohannes and Tigil Fire SU and on every 3-4-month at Efeson and Felege Abay SU.

5.2 Training and qualification levels of teachers teaching children with MR at the SUs

Responses of SUs heads

Educational provisions for children with MR require trained teachers in instructional delivery for such children. The training become more specific when teachers are teaching such children at SUs, and are expected to be trained in special needs education (Mercer as cited in Bernie-Smith et al., 1994).

At the SUs, as it was learnt from the participants responses, 9 out of the 10 teachers are trained as special educators (i.e. have an educational level of grade twelve and a one year teacher training certificate plus a 6 and 10 month training in special needs education). From the 9 special educators, 3 and 6 are trained in the 6 and 10-month training programs in special needs education, respectively. Here, those three teachers are trained to teach only children with MR, and the other four are trained to teach the three groups of children with visual, hearing impairment and MR.

In relation to training for special educators, Porter (1995) emphasized that teachers who work with children with disabilities need to undergo special training in specific areas of disabilities so that they can properly mange the learning teaching processes in the classroom. The teachers should not only be well versed with the general theoretical bases of special needs education but also require disability specific training depending upon the nature of the problem.

At the SUs, only one teacher teaching children with MR is not trained as special educator out of the 10 teachers. This teacher from Tsadiku Yohannes SU is only trained as a general regular classroom teacher. The teacher pointed out that the experiences she gained in teaching children with MR and from her colleagues' special educators at the SU, helped her much in teaching children with MR.

In regard to additional training the teachers teaching children with MR at the SUs received, the heads of the SUs reported that at Felege Abay, Tigil Fire and Efeson SUs received short-term training and seminars.

However, the heads of the SUs indicated that the training was not enough, as it was given for a limited time since the opening year of the SUs. Concerning such training need, Porter (1995) pointed out that teachers teaching children with disabilities need a regularly and continuous in-service/on the job training in order to enhance their knowledge and competency of teaching children with disabilities. In addition to this, an ICDR document cited in Lemma (2000) has stated that special educators, once they have been trained in special needs education have to get an upgrading training in the field.

Another issue reported by the SUs heads is related with the number of teachers teaching children with MR at the SUs. According to the participants' responses at all of the four SUs, there are a small number of special educators. And, the constant request on the part of the SUs to the Woreda and Zonal Educational Bureaus, to have additional number of special educators have not got due response. On the subject of this, Lemma (2000) reported that there are a limited number of special educators in Ethiopia, and addressing the educational needs of children with MR is not possible with existing number of special educators. For instance, according to Lemma, if the training of special educators is considered in the country, currently there is only one training center at Sebeta Special Needs Education Teacher's Training Center and it would be difficult to meet the educational need of children with disabilities with the existing number of special educators.

5.3 Integrating children with MR into the regular classroom setting

When children with MR enrolled in the SUs demonstrate abilities to "keep up" and assumed to function well in the regular classrooms, integration will be considered (Bernie-Smith et al., 1994).

At the SUs, as it was learnt from the participants' responses and document analysis on integration, when integration is considered the children's skills in the following areas will be evaluated: academic, communication social, and self-care and independent functioning skills.
During the evaluation process, the teacher made a regular measure on the children's skills mentioned above by giving a test on skills taught weekly. Furthermore, parents are also involved in the evaluation process, to describe the progresses (if any) their children manifest as a part of the integration attempt.

On the contrary those children who failed to get integrated into the regular classroom setting are allowed to stay at the SU for four years. Formerly, the children were allowed to stay for more than four years. But, currently, children who stayed for more than four years were expelled from the SU. The SUs heads pointed out that when the SUs were first established, it was designed to give vocational training for children who failed to be integrated into the regular classroom setting. This, however, was not materialized at the SUs and children who are expelled become once more dependent on others for survival. According to Winzer (1990), training in vocational areas helps children to develop stronger self-concepts and to engage in self-supporting productive work. In addition to this, Blanco & Duk (1995) have stated that vocational training should be given to children once they have completed their education at the SUs. Such trainings will facilitate their transition to adulthood, integration in the labour market, participation in the community and independency.

5.4 Training levels of teachers teaching children with MR integrated into the regular classrooms.

Out of the thirteen sampled teachers teaching children with MR integrated into the regular classroom, twelve are trained in TTI and have TTI certificate as a general educator. And, the remaining one teacher has a college diploma in addition to the IIT certificate.

5.4.1 Trainings received by teachers to teach children with MR integrated into the regular classroom setting

Integrating children with MR requires that teachers teaching children with MR to have basic initial training in teaching children with disability at the regular classes (Ullastres, 1995). At the regular classroom, where children with MR are integrated eight teachers indicated that they did not get any formal training as an initial training that helps them to teach children with MR integrated into the regular classroom setting. However, teachers' form Tigil Fire, Felege Abay and Efeson SUs indicated that they participated in seminars on as to how to teach children with MR integrated into the regular classrooms. Where as, those from Tsadiku Yohannes, did not participate any form of seminars/short-term training at all. The teachers from Tigil Fire, Felege Abay and Efeson SUs mentioned that the trainings they received do not give a detailed skill in teaching the children, and emphasized the need for a continuous training in addition to some formal training in teaching at integrated settings.

In relation to this, Ullastres (1995) & Hegarty et al., (1981) in their study has underlined the need for teacher training which is either based on short-term or long term one's to enable regular classroom teachers to instruct children in an integrated classes. In addition to this, Blanco & Duk (1995) has stated that ordinary classroom teachers need to get on the job training, as they have not usually prepared to assist children with MR at integrated classes.

In terms of assistance the regular classroom teachers received from the special educators, most of the participants (12 out 13 teachers) indicated that they did not receive assistance from the special educators. According to Hallahan & Kauffman (1988) however, the special educators should advice regular classroom teachers on curriculum material and teaching approaches. Moreover, the special educators should at times join the regular teachers classes to provide support in the course of a lesson and promoting professional development by arranging in-service activities such as workshops and seminars. Basically, the special educators could serve as an advocate and program planner for children with MR in the regular classes.

5.5 Challenges regular classroom teachers faced during teaching children with MR integrated into the regular classroom setting

5.5.1 Challenges related to subjects

Regular classroom teachers teaching children with MR at regular classrooms, enumerated subject such as Maths, English, Amharic and Environmental sciences as difficult subjects to teach for the children. As a reason for this, the children's short attention span, limited concentration & memorizing capacities were reported. Moreover, the children's delayed development and academic performance (which includes the children's limited ability of arithmetic skills, and in ability to identify and read alphabets, in addition to their difficulty in their writing skills) were reported. Parallel to these the other reason given was related to the time given to teach the given content to the children with MR. The children are expected to finish the given content in a specified period like non-disabled children.

5.5.2 Challenges related to children with MR behavior

Here, six regular classroom teachers reported that children with mental retardation integrated into regular classroom manifested maladaptive behavior. The maladaptive behaviors reported as being manifested by the children include disruptiveness, aggressiveness, restlessness, disobedience, and quarrelsome behavior.

In relation to such forms of behavioral problem, (Winzer, 1990; Singh et al., 1998) in their research reports have indicated that a substantial number of children with MR also suffer from maladaptive behavioral problems. Some of the behavioral problems include anxiety, self-injurious behavior, depression, aggressiveness and hyperactivity. In addition to this, the behaviors manifested by the children are among the component of what Gearhear et al., (1990) has mentioned as inappropriate and unacceptable social behaviors. According to Gearhear et al.,, children with MR manifest behavioral patterns of aggression, withdrawal, non-responsiveness, and lack of environmental awareness.

The other problems reported by seven of the teacher teaching children with MR at the regular classroom as being faced is related to the learning problems that the children have. According to the regular classroom teachers, the behaviors include forgetfulness, limited attention span, inability to identify alphabets and numbers and poor handwriting skills. In addition to this, the regular classroom teachers mentioned that the children are repeatedly absent from schools, and if they come, they come too late. The regular classroom teachers also reported that the children do not did homework, class works, and did not answer questions when asked.

Another real challenge reported by the regular classroom teachers was related to the attitude of non-disabled children towards children with MR. The non-disabled children see children with MR as being different & as sources of ridicule (like some thing to play with and as crazy). In order to change such tendencies of the non-disabled children towards children with MR, regular classroom teachers and special educators have to teach the non- disabled children about children with MR on issues like respecting individual difference, and the benefits that can be derived from interacting with children of different abilities and backgrounds (Winzer, 1990).

At one of the schools, in particular, at Tigil Fire SU, the regular classroom teachers reported that to change the perception of the non-disabled children awareness creating programs were given and regular teachers and special educators formed disability club.

Communication is another problem mentioned by three regular classroom teachers as being manifested by the children with MR. According to the response of three participants, the children have difficulties in expressive & receptive language aspects, as a result of this, they mostly fail to clearly articulate, and grasp what they are being told.

These learning and communication problems of the children reported are similar to what (Yasseldyke & Algozinne, 1995; Smith & Luckasson, 1994; Winzer, 1990;Hallahan & Kauffman, 1991) listed. According to these scholars children with MR manifest problems related to speech/language and learning difficulties in addition to other developmental limitations.

5.6 Availability of resource rooms for children with MR integrated into the regular classroom settings

Responses of the SUs heads and regular classroom teachers

Instructional provision in the resource room reflects efforts to integrate children with MR as much as possible into the regular classroom settings (Gallagher, 1986). In such educational delivery, children with MR receive part of their instruction in the regular classroom with their non-retarded age mates for the majority of the school day and part in the resource room (Heward & Orlansky, 1988). At the resource room instruction will take place in a less distracting, less intensive and less competitive way (Winzer, 1990).

At the SUs, however, as the SUs heads and regular classroom teachers reported there is no resource room in the schools. As alternative to this lack of resource room the participants mentioned that the special educators and regular classroom teachers render instructional assistance when the children show the need. In particular, the assistance given by the special educators, according to the participants (4 SUs heads and 2 regular classroom teachers) is an instructional assistance related to subjects difficult for the children and tutorials. Whereas 11 of the participants (regular classroom teachers) reported that children with MR get instructional assistance only from regular classroom teachers.

5.7 Supports the schools make to the educational provision at the SUs.

Responses of the principals of the schools

Schools should make every possible support to the educational provisions at the SUs. For instance schools need to make assistance for the children at the SU and to the teachers.

At the SUs it was reported that the schools gave some supports to the children with MR at the SUs and to the teachers. In relation to the assistance given to the children, the principal from the Felege Abay and Efeson primary schools mentioned material support (such as exercise books and pencil) and request of financial assistance as the forms support-attempts made.

In addition to this, at the Efeson primary school tutorial assistance for the children on difficult subjects was arranged.

Concerning the training support the schools made to teachers of children with MR at the SUs, only Efeson primary school tried to render such assistance. According to the principal response, the schools only give training on self-contained class instruction. Other than these, the schools do not arrange any training. However, the principal indicated that the school made requests for training of teachers in special education, even if teachers are not called for training.

At Tigil Fire and Tsadiku Yohannes primary schools, the principals mentioned that the schools even if it did not make a particular support to the SUs, it did however gave moral support to the teachers teaching children with MR at the SUs. According to the principals, the schools gave advice to the teachers, to help the children as much as they could by giving individualized instructional assistance and to treat these children in the same way like other children.

5.8 Support the schools gave to the integrated educational program

An integrated educational provision is believed to facilitate the mainstreaming of children with MR and those with other disabilities into the regular classroom. Hence, school administration, regional educational bureaus and NGO's should support integrated classes with the necessary resources such as instructional materials, facilities and adequate orientation and short term training for teachers teaching children with MR at the regular class (SOOM, 1999).

The principals from the four sampled schools reported that the schools gave different support to the integrated educational programs. For instance, the Efeson, Feleg Abay and Tigil Fire primary schools make coordination between the special educators and regular classroom teachers. This includes arranging of training for the regular classroom teachers and tutorial instruction to the children at the regular classrooms. In addition to this, the Efeson primary school arranges ways during integrating children into regular classrooms. During this procedure, the school administration, together with the special educators, assigns the children to a classroom with a teacher who is more aware of MR, the possible intervention tasks, and motivated and interested to work with children with MR.

At Tsadiku Yohannes primary school the school have given a second and third chance for children with MR who repeat a given class twice or more. At this school according to the principal, children are permitted to repeat a given class considering their "development problems".

5.9 Challenges faced by the school in relation to the educational provision at the SUs and integrated classes

The principals reported different challenges related to the instructional provisions at the SUs and integrated classes. In regard to the challenges encountered at the SUs, the participants reported lack of enough classrooms, absence of vocational training, limited number of special educators, lack of syllabus, demand of the special educators to get transferred to the second cycle classes and financial limitation. In relation to the technical training aspect, SOOM (1999) has stated that vocational training need be provided for children with mental retardation. To this effect, the government in collaboration with NGO's must take the initiative in the opening of shelter workshops for children with MR. However, vocational training services are not available so far, even if it was planned to open such centers at the beginning of the programs. In order to increase the limited number of the special educators at the SUs, Lemma (2000), states that teachers need to be trained in large number in regular teachers training institutes.

With regard to the educational provisions at the integrated classes, the principals reported the continuous request of training by the regular teachers [at Tsadiku Yohannes primary school], and complaints presented by teachers in relation to children's maladaptive behaviors [at Tigil Fire primary school] as a form of challenges. Regarding the request of training by the regular teachers, the Tsadiku Yohannes primary school took two measures. The first one was making the special educators to give some sort of training to regular teachers teaching children with MR in the regular classes. And, the second measure taken was to write a letter asking the woreda education bureau to train regular teachers teaching children with MR even though no response was given back.

Moreover, the lack of trained expert at the woreda education bureau and lack of knowledge on the part of the directors to make a follow up on activities carried out by the special educators were other challenges encountered.

The lack of expert creates a problem in that there would be no one to make a co-ordination between the various tasks carried out around the special needs education program. Due to this, training (like seminars, preparing awareness raising programs for the society) and provision of the necessary material support for SU and integration class based education programs are not available. On the subject of this, Porter (1995), has stated that support to instructional arrangement at SUs and integrated classes need to be available at provincial/state level, regional/district level and at the school level and be provided as needed by children with MR, classroom teachers and special educators.

Conclusions

This study tried to assess the status of special units and integrated classes for children with MR.

In the special units there was a lack of well-formulated identification technique, appropriate instrument and trained professionals for assessing children with MR. The identification was merely made by special educators and committee members (formed from different organizations). In reality these groups should not conduct the assessment, for they are not the appropriate experts to make the evaluation. The groups made the identification by using guidelines and oral based measures containing only a limited component of the developmental milestones, which hardly assess the presence of certain developmental delay let alone MR. Such limited measure of the children behaviour at a single shot, with inappropriate instrument and by groups not trained to make the assessment, put the whole process of assessment under question. This in turn might lead to the possibility of mislabeling the children as mentally retarded when they are not. As a result of this, the special educators indicated that the SUs are facing serious challenges due to the whole process of assessment.

Providing instruction to children with MR at the SUs requires trained teachers. At the SUs, both special educators and a general educator provided instruction for children with MR. In terms of the pre-service training, 9 out of 10 teachers were trained as special educators. Here three special educators were trained to teach only children with MR and the remaining six are trained to teach children with visual, hearing impairment and MR. From the 10 teachers of the children with mental retardation one is a general educator (i.e., has a TTI certificate).

In order to provide effective instruction for the children, teachers have to get on the job training in the form of short-term training and seminars. However, such provisions were given for limited periods since the beginning of the program. And the study revealed that teachers at the SUs require a continuous in-service training in order to enhance their competency of teaching. Parallel to this, there are the limited number of teachers at the SUs and the study found out that there is a need for additional number of teachers at the SUs.

Once children with MR are enrolled into the SUs, integrating them into the regular classroom is done based on the regular measure of the their skills on areas such as academics, communication, social interaction, self-care and independent functioning skills.

At the ordinary classroom setting, the regular classroom teachers provide instruction for children with MR. The regular classroom teachers indicated that they encountered problems related to lack of training, assistance from special educator's children behavior and the subjects they teach to the children with MR.

In particular, the teachers did not get any formal training during their pre-service training to teach children with MR and/or on special needs education in general. The only forms of training some of them received are of seminars and short-term trainings, which were given merely for a limited period since the beginning of the integrated class education programs. Moreover most of the regular classroom teachers also indicated that there is an absence support from the special educators. Unless continuous trainings in addition to some formal training and assistance are provided to the regular classroom teachers the whole instructional delivery might not be successful as expected.

Concerning the challenges related to teaching subjects, the result revealed that teachers had encountered problems of teaching subjects such as Maths, English, Environmental science and Amharic to the children. Moreover there were problems related to the children's behaviors, which include disruptiveness, aggressiveness, restlessness, disobedience and being quarrelsome.

Another issue related to the integrated educational provision is the absence of resource room for children with MR at the regular classrooms. To compensate the lack of resource room, the children at the regular classroom received instructional assistance from both the special educators and regular classroom teachers as on the needed bases.

In terms of the support made to the children with MR, the schools gave material assistances and tutorial services. Moreover, the school also made a financial assistance requests to different sources to help the children. On the top of these, the school also arranges a second or third chance for those children with MR at the regular classes who repeat a given class twice or more.

On the whole, the program of educational provision for children with MR seems to lack appropriate identification, diagnostic and assessment procedure.

Moreover there is also a scarcity of educational support such as resources room, adequate number of teachers at the SUs, trained teachers for teaching children with MR at the regular classrooms and different training. As a result of this, the educational provision might not progress as it is targeted.

Recommendations

Based on the findings and conclusions drawn, the following recommendations were made:

- At the SUs, there is lack of well-formulated identification technique, appropriate instrument and trained professionals for assessing children with MR. To curb such problems, the Ministry of education and the different regional educational bureaus need to prepare appropriate instrument for assessing children. In line with this, these governmental bodies should also train professional to conduct the assessment.

- There are limited numbers of special educators teaching children with MR at the SUs and the Ministry of education and different regional educational bureaus need to train additional number of special educators. Here, the Ministry of Education together with the different regional educational bureaus need to implement what it is stated in the educational and training policy concerning the training of special educators, which read as ' special educators will be trained in teachers training institute parallel with regular training programs."

- Continuous upgrading trainings in the form of short-term training and seminars are not given to the special educators on regular basis. And if an effective instructional out come is expected, such trainings should be provided.

- Regular classroom teachers did not get basic training in teaching children with MR or in special needs education in general during their pre-service training and in the form continuous up grading training. Thus teachers should get constant up grading training in the form of short-term training and seminars.

- There were no resource rooms available for children with MR integrated into the regular classroom. Therefore, resource rooms need to be available at the schools and a special educator has to be installed at this class to provide the instructional support.

- The schools give backing to the SUs and integrated based educational arrangements. However, the forms of assistance made by the school are very limited in scope.

To this end, the ministry of education, the different zonal and woreda educational need to make every possible attempts to equip the regular classroom teachers through the provision of continuous professional up grading, adequate teaching resource, installment of special education expert at the woreda and zonal educational bureaus. Moreover, the school ought to exploit the knowledge of teachers who has special training on special needs education in the school so as they share their experiences among themselves.

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Appendix-1

በአዲስ አበባ ዩኒቨርስቲ
የድህረ ምረቃ ትምህርት ፕሮግራም
በሥነ ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል
የልዩ ፍላጎት ትምህርት

በልዩ ፍላጎት ትምህርት ዮኒቶች ውስጥ የአእምሮ ዕድገት ዝግመት ያለባቸውን ልጆች ለሚያስተምሩ መምህራን የሚቀርብ ቃለ መጠይቅ

የቃለ መጠይቁ ዓላማ

ጥናቱ የሚያተኩረው በአማራ ብሔራዊ ክልላዊ መንግስት ውስጥ በሚገኙ የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በሚማሩባቸው የልዩ ፍላጎት ትምህርት ዩኒቶች ውስጥና የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በቅንጅት በሚማሩባቸው የመደበኛ ትምህርት ቤት ክፍሎች ውስጥ ነው። በዚህ መልኩ ይህ ቃለ መጠይቅ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ወደ ልዩ ፍላጎት ትምህርት ዩኒቱ ሲገቡ ያለባቸው የአእምሮ እድገት ዝግመት አይነትና ደረጃ ሲለይ እንዲሁም ወደ መደበኛው ትምህርት ክፍል በቅንጅት እንዲማሩ ሲወሰን ምን አይነት የመመዘኛ (assessment) መሣሪያዎችና ዘዴዎች ግልጋሎት ላይ እንዲሚውሉ ለማወቅ እንዲቻል ዝርዝር መረጃዎችን ለመሰብሰብ የተዘጋጀ ነው።

1. ልጆችን ለአእምሮ እድገት ዝግመት ያለባቸው ተማሪዎች ወደተዘጋጀው የልዩ ፍላጎት ትምህርት ዩኒት
   ሀ. የላካቸው ማነው? ለ. ስለምንስ ተላኩ
2. ወደ ልዩ ፍላጎት ትምህርት ዩኒት የሚመጡ ልጆች የአእምሮ እድገት ዝግመት ያለባቸው ተብለው የተለዩ ናቸውን?

2.1 የአእምሮ እድገት ዝግመት ያለባቸው ተብለው የተለዩ ናቸው ካሉ

ሀ. እነዚህን ልጆች የአእምሮ እድገት ዝግመት አለባቸው ብለ የለያቸው አካል ማነው?

ለ. ይህ አካል የእነዚህን ልጆች የአእምሮ እድገት ሁኔታ ወደ ተለያዩ የአእምሮ እድገት ዝግመት ደረጃና ዓይነት ለይቶ ነው ወደ ልዩ ትምህርት ክፍሉ የሚልካቸው?

አዎ ካሉ፡- የሚልካቸው አካል የእነዚህን ልጆች የአእምሮ እድገት ዝግመት ደረጃና አይነት ምን በማለት ከፋፍሎ ነው የሚልካቸው?

ሐ. ይህ አካል የልጆቹን የአእምሮ ዕድገት ዝግመት ሁኔታ ወደ ተለያዩ የአእምሮ እድገት ደረጃና ዓይነቶች ካልከፋፈለ ሌላ የሚጠቀመው መንገድ አለ?

አለ ካሉ ይግለፁ

2.2 አእምሮ እድገት ዝግመት ያለባቸው ተብለው ያልተለዩ ናቸው ካሉ

1. እነዚህ ልጆች ወደ ልዩ ፍላጐት ትምህርት ክፍሉ የሚላኩት ሥለ ምንድነው?

እነዚህን ልጆች የአእምሮ እድገት ዝግመት አለባቸው ብሎ የለያቸው የልዩ ፍላጐት ትምህርት ዩኒት ነውን?

የልዩ ፍላጐት ትምህርት ዩኒቱ ነው ካሉ፡-

ሀ. እነዚህ ልጆች የአእምሮ እድገት ዝግመት አለባቸው ለማለት የተጠቀመበት የመመዘኛ መሣሪያ ምንድን ነው?

ለ. የመመዘኛ መሳሪያው በውስጡ ምን ምን ነጥቦችን አካቶል?

ሐ. የልዩ ፍላጐት ትምህርት ክፍሉ ልጆቹን የአእምሮ ዕድገት ዝግመት አለባቸው ብሎ ሲለይ

i) የህክምና/የጤና ባለሙያዎችን፤ የልዩ ፍላገት ትምህርት ኤክስፕርቶችን ሳይኮሎጂስቶችን ሥለ ልጆቹ የአእምሮ እድገት ሁኔታ ያማክራል?

ii) የልጆቹን ቤተሰብ/አሳዳጊ ስለልጆቹ ጠቅላላ ችሎታና ብቃት ይጠይቃል

iii) በምዘናው (Assessment) ሂደት ውስጥ የቤተሰብ ተሳትፎ ምን ያህል ነው?

መ. የልዩ ፍላጐት ትምህርት ዩኒቱ የአእምሮ ዕድገት ዝግመት ያለባቸውን ልጆች ለማወቅ/ለመለየት የሚጠቀምበትን የመመዘኛ መሣሪያ ያዘጋጀው ማነው?

3. የአእምሮ እድገት ዝግመት ያላባቸውን ልጆች ወደ ልዩ ፍላጐት ትምህርት ክፍሉ ለመቀበል ዩኒቱ ያስቀመጣቸው መስፈርቶች ምን ምን ናቸው?

4. ወደ ልዩ ፍላጐት ትምህርት ክፍሉ የሚመመጡ ልጆች እንደያለባቸው የአእምሮ እድገት ዝግመት ደረጀና አይነት ተከፋፋለው የሚወጡ ከሆነ ዩኒቱ እንዳለ ይቀበላቸዋል ወይስ የራሱን መመዘኛ በመጠቀም ልጆቹን እንደገና ወደ አለበቸው ይአእምሮ እድገት ዝግመት ደረጃና አይነት ይከፋፋላቸዋል?

➢ ይከፋፍላቸዋል ካሉ ሀ. የሚመድባቸው /የሚከፍላቸውስ ምን በማለት ነው?

5. የልዩ ፍላጐት ትምህርት ክፍሉ የሚቀበላቸው የትኛው የአእምሮ እድገት ዝግመተ ደረጃና ዓይነት ያላቸውን ልጆች ነው?
6. የልዩ ፍላጐት ትምህርት ዩኒቱ ወደ ክፍሉ የሚመጡትን ልጆች የአእምሮ እድገት ዝግመት እንዳለባቸውና እንደሌለባቸው በሚያደርገው ምዘና ላይ ችግር አጋጥሞት ያውቃል?

አዋ ካሉ፡- 1. የችግሮቹ አይነት 2. የተወሰዱትንና ቢወሰዱ ይጠቅማሉ የሚላቸውን የመፍትሔ እርምጃዎች ቢገልፁ? 3 ትምህርት ዩኒቱ ችግሮች በሚያጋጥሙት ወቅት ለእርዳታ ወደ ማን ነው የሚሔደው?

7. የልዩ ፍላጐት ትምህርት ዩኒቱ ልጆቹ የአእምሮ እድገት ዝግመት እንዳለባቸው ለማወቅ የሚጠቀምበት የምዘና/ASSESSEMT/ ዘዴ በቂ ነው ብለው ያምናሉ?

➢ <u>በቂ ነው ብለው ካላመኑ</u> 1. ለምን እንዳሉና 2. ቢደረግ ይበጃል የሚሉትን ነጠብ/ቦች ቢጠቅሱ

8. የልዩ ፍላጐት ትምህርት ክፍሉ በክፍሉ ውስጥ የሚገኙ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች የሚያሳዩትን መሻሻል ለማወቅ የሚከተለው ተከታታይነት ያለው የግምገማ መስፈርት አለ?

አለ ካሉ ሀ. ይህ የግምገማ መስፈርት ምንድን ነው ለ. ይህ የግምገማ መስፈርት ምን ምን ክፍሎች ይዟል? ሐ. ይህ የግምገማ መስፈርት በቂ ነው ብለው ይምናሉ?

በቂ ነው ብለው ካላመኑ

1 ምክንያቶቹንና

2 ሊወሰዱ የሚገባቸውን የመፍትሔ ሃሳቦች ቢተነትኑ

9. የልዩ ፍላጐት ትምህርት ዩኒት በዩኒቱ ውስጥ የሚገኙ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች በመደበኛ ትምህርት ክፍል ውስጥ በቅንጅት እንዲማሩ ሲያደርግ የትምህርት ክፍሉ የሚጠቀምበት የግምገማ መስፈርት አለ?

አለ ካሉ

ሀ. ይህ የግምገማ መስፈርት ምንድ ነው

ለ. ይህ የግምገማ መስፈርት ምን ምን ክፍሎች ይዟል?

ሐ. ይህ የግምገማ መስፈርት በቂ ነው ብለው ያምናሉ ?

በቂ ነው ብለው ካላመኑ

1. ምክንያቶችን

2. ሊደረጉ የሚገባቸውን የመፍትሔ ሃሳቦች ቢተነትኑ

የለም ካሉ ለምን እንደሌለ ቢገልፁ?

10. የልዩ ፍላጎት ትምህርት ዩኒቱ በክፍሉ ውስጥ የሚገኙ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች የሚያስፈልጋቸውን የትምህርት እገዛ መጠንና አይነት ለማወቅ/ለመለየት የሚከተለው መንገድ/ስልት ምንድነው?

Appendix-2

በአዲስ አበባ ዩኒቨርስቲ
በድህረ ምረቃ ትምህርት ፕሮግራም
የሥነ ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል
የልዩ ፍላጐት ትምህርት

የአእምሮ እድገት ዝግመት ያለባቸው ልጆች በሚገኙባቸው የልዩ ፍላጐት ትምህርት ዩኒቶችና በመደበኛ ትምህርት ክፍል ውስጥ በቅንጅት ከሚማሩባቸው ትምህርት ቤቶች ርዕስ መምህራን ጋር ቃለ መጠይቅ ለማድረግ የተዘጋጁ ቅጽ

<u>የቃለ መጠይዩ ዓላማ</u>

←ጥናቱ የሚያተኩረው በአማራ ብሔራዊ ክልላዊ መንግስት ውስጥ በሚገኙ የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በሚማሩባቸው የልዩ ፍላጐት ትምህርት ዩኒቶች ውስጥና የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በቅንጅት በሚማሩባቸው የመደበኛ ትምህርት ቤት ክፍሎች ውስጥ ነው። በዚህ መልኩ ይህ መጠይቅ ትምህርት ቤቱ የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች ለሚገኙባቸው የልዩ ፍላጐት ትምህርት ዩኒቱና በቅንጅት ለሚማሩባቸው የመበደኛ ትምህርት ክፍሎች የሚያደርገውን ድጋፍ ለማወቅ የተዘጋጀ ነው።

1. በዚህ ትምህርት ቤት ውስጥ ለምን ያህል አመት ሰርተዋል?----------------------------
2. የትምህርት ደረጃዎትን ቢገልፁልኝ? በምን በምን ቦታ እንደሰሩ ቢገልጹልኝ? ----------
3. ትምህርት ቤቱ ለልዩ ፍላጐት ትምህርት ዩኒትና የአእምሮ እድገት ዝግመት ያለባቸው ልጆች በመደበኛ ትምህርት ክፍል ውስጥ በቅንጅት በሚማሩባቸው የትምህርት ፕሮግራም እገዛ ያደርጋል?

   * <u>እገዛ ያደርጋል ካለ</u>

   ሀ) ትምህርት ቤቱ ለነዚህ ሁለት የትምህርት ፕሮግራሞች የሚያደርጋቸውን እገዛዎች ቢገልጹልኝ?

   ለ) ትምህርት ቤቱ ለነዚህ ሁለት የትምህርት ፕሮግራሞች የሚደረጋቸው እገዛዎች /ድጋፎች በቂ ናቸው ብለው ያምናሉ?

4. ትምህርት ቤቱ በቂና ተገቢ የሆነ በጀት ለልዩ ፍላጐት ትምህርት ክፍሉ መድቧል?

1. በቂና ተገቢ የሆነ በጀት መድቧል ካለ የአመት በጀቱ ምን ያህል እንደሆነ ይግለጹ::

2. በቂና ተገቢ ያልሆነ በጀት ነው የመደበው ካለ በጀቱን ያልመደበበት ምክንያት ምን እንደሆነ ይግለጹ::

5. ትምህርት ቤቱ ከመንግስታዊም ሆነ መንግስታዊ ካልሆኑ ድርጅቶች ጋር በት/ቤቱ ውስጥ ስለሚገኙ የአእምሮ እድገት ዝግመት ስላለባቸው ልጆች የትምህርት ክንውን ዙሪያ ውይይት ያደርጋል?

ሀ) ውይይት ያደርጋል ካለ

i) የእነዚህን ድርጅቶች ስም ይግለፁ

ii) በተደረጉት ውይይቶች ውስጥ ምን ምን ነጥቦች ተነስተው ነበር?

6. ትምህርት ቤት ከወረዳው ትምህርት ቢሮ ወይም ከሌሎች የሚመለከታቸው አካላት ጋር በመተባበር በልዩ ፍላጎት ትምህርት ክፍሉና በመደበኛ ክፍሎች ውስጥ በቅንጅት ለሚማሩ የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች ለሚያስተምሩ መምህራን ስልጠና ወይም ሰሚናር ያዘጋጃል?

7. ትምህርት ቤቱ ከወረዳው ትምህርት ቢሮ ወይንም ከሌሎች ከሚመለከታቸው አካላት ምን አይነት እገዛ ያገኛል (ምን ተደረገለት)?

8. ትምህርት ቤቱ በልዩ ፍላጎት ትምህርት ክፍሉና በመደበኛ ክፍሎች ውስጥ በቅንጅት ለሚማሩ የአእምሮ እድገት ዝግመት ያለባቸው ልጆችን ከሚያስተምሩ መምህራን ጋር እነዚህ ልጆች በሚያስተምርበት ወቅት ሥለሚያጋጥማቸው ችግሮች ውይይቶችን ያካሂዳል?

* ውይይቶችን የሚያካሔድ ከሆነ

ሀ. ምን ችግሮች በውይይቱ ወቅት ተነስተዋል?

ለ. ለተነሱት ችግሮችስ የተጠቆሙት መፍትሔዎች ምን ምን ነበሩ?

* ውይይቶች ካልተነሱ ለምን?

7. በእርሶ አመለካከት

ሀ) በልዩ ፍላጐት ትምህርት ክፍል ውስጥ የሚሰጠው ትምህርት

1. ጠንካራ ጐን ምንድን ነው?

2. ደካማ ጎኖቹስ?

ለ) በመደበኛ ትምህርት ክፍል ውስጥ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች በቅንጅት የማስተማር ሂደት ያለው

1. ጠንካራ ጐን ምንድን ነው?

2. ደካማ ጎኖቹስ?

8 ሀ) በልዩ ፍላጐት ትምህርት ክፍሉ ውስጥ የሚሰጠውን ትምህርት ሊጐዱ ይችላሉ የሚሏቸው ችግሮች ምን ምን ናቸው?

ለ) በመደበኛ ትምህርት ክፍሉ ውስጥ የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች በቅንጅት የማስተማሩን ሒደት ሊጐዱ ይችላሉ የሚሏቸው ችግሮች ምን ምን ናቸው?

ሐ) ችግሮች ከተገለጹ እነዚህን ችግሮች ለመፍታት ምን ምን የመፍትሔ መንገዶች መተግበር አለባቸው ብለው ያምናሉ?

Appendix-3

በአዲስ አበባ ዩኒቨርስቲ
የድህረ ምረቃ ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል
የልዩ ፍላጐት ትምህርት

የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በሚማሩባቸው የልዩ ፍላጐት ትምህርት ዩኒቶች ውስጥ በሚገኙ የዩኒቱ ሀላፊ የሚሞላ የጽሑፍ መጠይቅ

የጽሑፍ መጠይቅ አላማ

ጥናቱ የሚያተኩረው በአማራ ብሔራዊ ክልላዊ መንግስት ውስጥ በሚገኙ የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በሚማሩባቸው የልዩ ፍላጐት ትምህርት ዩኒቶች ውስጥና የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በቅንጅት በሚማሩባቸው· የመደበኛ ትምህርት ቤት ክፍሎች ውስጥ ነው፡፡ በዚህ መልኩ ይህ መጠይቅ፡-

ሀ. በልዩ ፍላጐት ትምህርት ዩኒት ውስጥ የአእምሮ እድገት ዝግመት ያለባቸው ልጆችን ስለሚያስተምሩት መምህራን ብዛት፤ የትምህርት ሥልጠናና ደረጃ

ለ. ዩኒቱ ከትምህርት ቤቱ ስለሚያገኘው ድጋፍ/እገዛ

ሐ. ዩኒቱ ስላጋጠሙት ችግሮችና ስለተወሰዱ የመፍትሔ እርምጃ

መ. በመደበኛ ትምህርት ክፍሎች ውስጥ በቅንጅት ለሚማሩት የአእምሮ ዕድገት ዝግመት ላለባቸው ልጆች ድጋፍ ሰጪ ክፍል (resource rooms) በት/ቤት ውስጥ ስለመኖሩና ካለም የሚሰጠውን ግልጋሎት ይጠይቃል

<u>የፅሑፍ መጠይቁን በሚሞሉበት ጊዜ ሊከተሏቸው የሚገቡ መመሪያዎች</u>

በፅሁፍ መጠይቁ ላይ ያሉትን ጥያቄዎች መልስ በሚሰጡበት ጊዜ የሚከተሉትን ነጥቦች ልብ ይበሉ፡-

ሀ. ስምን በመጠይቁ ላይ መፃፍ አስፈላጊ አይደለም ፡፡

ለ. አስተያየት ወይም ሀሳብ መስጠት ለሚሹ ጥያቄዎች ከጥያቄዎቹ በታች ያሉትን ክፍት ቦታዎች ይጠቀሙ፡፡ ያሉት ክፍት ቦታወች ለሚሰጦቸው አስትያየትቶች ወይም ጥቆማዎች በቂ መስለወ ካልታየዎት በመጠይቁ መጨረሻ ላይ በሚገኙ ባዶ ገፃች ላይ የጥያቄዎችን ቁጥር በመግለፅ ምላሾን ያስቀምጡ፡፡

ሐ. የሠስጡትን ምላሽ ለመቀየር ከፈለጉ ምላሹን በመሰረዝ በመጠይቁ መጨረሻ ላይ በሚገኙ ቦዶ ገጾች ላይ የጥቃቂዎችን ቁጥር በመግለፅ ምላሾን ያስቀምጡ፡፡

መ. የሚሰጡት ምላሽ የጥናቱንና የምርምሩን ስኬታማነት ስለሚወስን መጠይቁን በጥንቃቄ እነዲሞሉ በትሕትና ይጠየቃሉ፡፡

ሠ. ለጥያቄዎቹ የሚሰጡት ምላሽ በሙሉ ምስጢራዊ ተደርጐ ይጠበቃል

ለመልካም ትብብረዎ እናመሰግናለን

1. የልዩ ፍላጐት ትምህርት ዩኒቱ መቼ ተከፈተ? ______________
2. ሀ/ የልዩ ፍላጐት ትምህርት ዩኒቱ በተከፈተቦት ወቅት በዩኒቱ ውስጥ ምን ያህል መምህራን ነበሩ? ________

   ለ/ በአሁኑ ወቅት በዩኒቱ ውስጥ ምን ያህለ መምህራን አሉ? ________
3. በአሁኑ ወቅት ምን_ያህል መምህራን የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች በማስተማር ላይ ይገኛሉ? ____________
4. የአእምሮ ዕድገት ዝግመት ያለባቸውን ልጆች በልዩ ፍላጐት ትምህርት ዩኒት ውስጥ በማስተማር ላይ ያሉት መምህራን የአእምሮ ዕድገት ዝግመት ያለባቸውን ልጆች በማስተማር መስክ ተገቢውን ሥልጠና ወስደዋል

   ወስደዋል ▢

   አልወሰዱም ▢

   1. ወስደዋል ብለው ከመለሱ

      ሀ. ምን ያህሉ መምህራን ልዩ ፍላጐት ያላቸውን ልጆች ለማስተማር የሚያስችል የልዩ ፍላጐት ትምህርት አስተማሪነት ስልጠና አግኝተዋል (ማለትም የአእምሮ እድገት ዝግመት ያለባቸውን መስማትና ማየት የተሳናቸውን ልጃች ለማስተማር ሶስቱንም)?

      ____

      ____

      ለ. ምን ያህሉ መምህራን የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች ብቻ ለማስተማር የሚያስችል የልዩ ፍላጐት ትምህርት አስተማሪነት ስልጠና አግኝተዋል? ________________________________

      ____

      ____

   2. አልወሰዱም ካሉ የትምህርት ደረጃውን ቢገልፁ? ________________

   ____
5. በልዩ ፍላጐት ትምህርት ዩኒት ውስጥ የሚገኝ አንድ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ክፍል ምን ያህል መምህራን እንዲያስተምሩ ተመድበዋል?------------
6. በልዩ ፍላጐት ትምህርት ዩኒት ውስጥ የሚገኑ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች የሚማሩባቸው /ክፍል ምን ያህል ነው?
7. የልዩ ፍላጐት ትምህርት ዩኒቱ ከትምህርት ቤቱ በቂ የሆነ ድጋፍና እገዛ ያገኛል?

ያገኛል ☐

አያገኝም ☐

ያገኛል ካሉ፡-

ሀ. የሚያገኛቸውን እገዛና ድጋፍ ይግለፁ

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አያገኝም ካሉ

ሀ. ለምን እንደሆነ ቢገልፁ

ለ. የትምህርት ቤቱን እገዛ ለማግኘት ምን አይነት ጥረቶችን ያደርጋል?

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....

8. በመደበኛ ክፍል ውስጥ በቅንጅት የሚማሩ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች በመደበኛ ክፍል ውስጥ የሚቆዩት

☐ ከመደበኛ ተማሪዎች ላነሰ ሰአት ነው

☐ ለተወሰነ ሰአት ነው

☐ ለትምህርት በተሰጠው ግዜ ሁሉ ነው

☐ በተወሰኑ የትምህርት አይነቶች ላይ ነው

☐ በሁሉም የትምህርት አይነት ላይ ነው

☐ ሌላ መልስ ካለዎት ይጥቀሱ ____

____

9. የልዩ ፍላጐት ትምህርት ክፍሉ ከትምህርት ቤቱ በቂ የሆነ ባጀት ያገኛል?

ያገኛል ☐

አያገኝም ☐

ያገኛል ካሉ፡-

ሀ. በአመት ምን ያህል እደሚገኝ ይግለፁ ?

....

....

....

አያገኝም ካሉ፡-ለምን እንደሆነ ቢገልፁ

10. በልዩ ፍላጐት ትምህርት ዩኒቱ ውስጥ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች የሚያስተምሩት መምህራን ስለመማር ማስተማሩ ሂደቱ ቅሬታ ያቀርባሉ?

ያቀርባሉ ☐

አያቀርቡም ☐

ያቀርባሉ ካሉ

ሀ. የሚያቀርቡት ቅሬታዎች ምን ምን ናቸው?

ለ. እነዚህን ቅሬታዎች ለመቅረፋ የተወሠዱትን እርምጃዎች ቢገልፁ ?

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11. በትምህርት ቤቱ ውስጥ በመደበኛ ክፍሎች ውስጥ በቅንጅት ለሚማሩ የአእምሮ እድገት ዝግመት ላለባቸው ልጆች ትምህርታዊ ድጋፍ የሚሠጥ ድጋፍ ሰጪ ክፍል / resource room / አለ?

አዎን አለ ☐

የለም ☐

<u>ድጋፍ ሰጪ ክፍል / resource room / አለ ካሉ፡-</u>

ሀ. ምን አይነት ድጋፍ ይሰጣል?

ለ. በዚህ ድጋፍ ሰጪ ክፍል / resource room / ውስጥ በቂ የትምህርት መረጃ መሣሪያዎች አሉ

አዎን አሉ ☐

የሉም ☐

የሉም ካሉ

በቂ የሆኑ የትምህርት መርጃ መሳሪያዎች አለመያዙ የሚያስከትላቸውን ችግሮችና ለማስተካከል ሊወሰዱ የሚገባቸውን እርምጃዎች ይግለፁ

ሐ. በዚህ ድጋፍ ሰጪ ክፍል / resource room / ውስጥ የሰለጠነ የልዩ ፍላጎት ትምህርት ባለሙያ አለ?

አለ ▢

የለም ▢ የለም ካሉ:- 11 :00 ያልተሰረከው ክፍል ይጽፉል

- የሰለጠነ ባለሙያ አለ ካሉ የትምህርት ደረጃውንና ስልጠናውን የት እንዳገኘ ይግለፁ?

12. የድጋፍ ሰጪ ክፍል / resource room/ ከሌለ በመደበኛ ክፍሎች ውስጥ በቅንጅት የሚማሩ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ከመደበኛው ክፍል አስተማሪዎቻቸው ሌላ የሌሎች የትምህርት ባለሙያዎችን እገዛና ድጋፍ ያገኛሉ?

አዎን ያገኛሉ ▢

አያገኙትም ▢

- ድጋፍ የሚያገኙ ከሆነ

ሀ. የትምህርት ባለሙያዎቹ እነማን ናቸው ?

ለ. የትምህርት ደረጃቸውንና ስልጠናቸውን ቢገልፁ?

ሐ. ምን አይነት የትምህርት ድጋፎች በነዚህ ባለሙያዎች ይሰጣሉ ?

Appendix-4

አዲስ አበባ ዩኒቨርስቲ
የድህረ ምረቃ ትምህርት ፕሮግራም
በሥነ ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል
የልዩ ፍላጐት ትምህርት

በጥናት አካኺያጅ የሚሞላ የመረጃ መሰብሰቢያ ቅፅ

የመረጃ መሰብሰብያ ቅፅ አላማ

ጥናቱ የሚያተኩረው በአማራ ብሔራዊ ክልላዊ መንግስት ውስጥ በሚገኙ የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በሚማሩባቸው የልዩ ፍላጐት ትምህርት ዩኒቶች ውስጥና የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በቅንጅት በሚማሩባቸው የመደበኛ ትምህርት ቤት ክፍሎች ውስጥ ነው፡፡

በዚህ መልኩ ይህ የመረጃ ማሰባሰቢያ ቅፅ የተቀረፀው የልዩ ፍላጐት ትምህርት ክፍሎችና የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በቅንጅት በሚማሩባቸው የመደበኛ ትምህርት ቤቱ ክፍሎች ውስጥ ስለሚማሩት ልጆችና አስተማሪዎች ስታስቲክል መረጃ ለማሰባሰብ ነው፡፡

በዚህ መሠረት ይህ ቅፅ በትምህርት ቤቱ ውስጥ ከሚገኙ የተለያዩ ፍይሎችና ዶክመንቶች ላይ አስፈላጊውን መረጃ ለማሰባሰብ ይረዳል፡፡

1. የትምህርት ቤቱ ሥም
2. የልዩ ፍላጐት ትምህርት ዩኒት በትምህርት ቤቱ ወስጥ መቼ ተከፈተ?
3. የልዩ ፍላጐት ትምህርት ክፍሉ የሚገኝበት የት/ቤት አይነት ምንድን ነው?
   የመጀመሪያ ሳይክል ት/ቤት ከ 1ኛ-4ኛ ክፍል
   የሁለተኛ ሳይክል ት/ቤት ከ 5ኛ-8ኛ ክፍል
   የመጀመሪያና የሁለተኛ ሳይክል ት/ቤት ከ 1ኛ-8ኛ ክፍል
4. ምን ያህል የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በትምህት ቤቱ ውስጥ አሉ?
5. በልዩ ፍላጐት ትምህርት ዩኒቱ ውስጥ በአሁኑ ጊዜ ምን ያህል የአእምሮ እድገት ዝግመት ያለባቸው ልጆች አሉ?
6. በመደበኛ ትምህርት ክፍል ውስጥ በቅንጅት የሚማሩት የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ምን ያህል ናቸው?

7. በትምህርት ቤቱ ውስጥ ያሉት የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች
   ሀ. በአሁኑ ወቅት ለአእምሮ እድገት ዝግመት ላባቸው ልጆች በተዘጋጀው የልዩ ፍላጎት ትምህርት ክፍል ውስጥ ለምን ያህል ጊዜ ቆይተዋል?
   ለ. በመደበኛ ክፍል ውስጥ ትምህርታቸውን በቅንጅት የሚከታተሉ ከሆነ ወደዚ መደበኛ ክፍል ውስጥ ከመግባታቸው በፊት በልዩ ፍላጎት ትምህርት ክፍል ውስጥ ለምን ያህል ጊዜ ቆይተዋል?
8. በመደበኛ ትምህርት ክፍል ውስጥ በቅንጅት የሚማሩት የአእምሮ እድገት ዝግመት ያለባቸው ልጆች የክፍል ደረጃ?
9 ለአላፉት አምስት አመታት የልዩ ፍላጎት ትምህርት ዩኒቱ የተቀበላቸው የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ቁጥርና በክፍሉ የሚሰጠውን የልዩ ፍላጎት ትምህርት አቆርጠው የወጡ ልጆች ብዛት

የትምህርት ዘመን	የልዩ ፍላጎት ትምህርት ዩኒቱ የተቀበላቸው የአአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች ቁጥር			የልዩ ፍላጎት ትምህርት ክፍሉ የተቀበላቸው የአ.ዕ.ዝ ያለባቸው ልጆች ዕድሜ ክልል(range)	ከልዩ ፍላጎት ትምህርት ክፍል አቋርጠው የወጡ ልጆች ቁጥር		
	ወ	ሴ	ድምር		ወንድ	ሴት	ድምር
1996							
1995							
1994							
1993							
1992							

10. ለአለፉት አምስት አመታት በመደበኛ ክፍል ውስጥ በቅንጅት ሲማሩ የነበሩ የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች ቁጥርና ትምህርታቸውን አቋረጠው የወጡ ልጆች ብዛት

·ምህርት ን	በመደበኛ ትምህርት ክፍል ውሰጥ በቅንጅት ትምህርታቸወን ሲከታተሉ የነበሩ የአ.ዕ.ዝ ያለባቸው ልጆች ብዛት			በመደበኛ ትምህርት ክፍል ውስጥ በቅንጅት ትምህርት ሲከታተሉ የነበሩ የአ.ዕ.ዝ ያላባቸው ልጆች የዕድሜ ክልል	በመደበኛ የትምህርት ክፍል ውስጥ በቅንጅት ትምህርታቸውን ሲከታተሉ የነበሩና ከዚያም አቋረጠው የወጡ ልጆች		
	ወ	ሴ	ድምር		ወንድ	ሴት	ድምር
6							
5							
4							
3							
2							

11. በልዩ ፍላጎት ትምህርት ዩኒቱና በሌሎች የመደበኛ ትምህርት ክፍሎች መካከል ያለው የርቀት ልዩነት እንዴት ነው?

12. የልዩ ፍላጐት ትምህርት የሚሰጥባቸው የመማሪያ ክፍሎች ስፋት በውስጡ የሚማሩ የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች ቁጥር አንፃር ሲታይ እንዴት ነው?

* በክፍሉ ውስጥ ያሉ ልጆች ብዛት ___________________________

* በክፍሉ ውስጥ ያሉ ዴስኮች ብዛት___________________________

* በአንድ ዴስክ ላይ የሚቀመጡ ልጆች ብዛት___________________

13. በዩኒቱ ውስጥ የታቀፉትን የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ፋይልን መዳሰስ

⇒ ወደ ልዩ ፍላጎት ትምህርት ክፍሉ ሲገባ የነበራቸውን እድሜ ለማወቅ

⇒ ወደ ልዩ ፍላጎት ትምህርት ክፍሉ የላካቸው ማንና እና በምን መልኩ እንደሆነ ለማወቅ

⇒ ወደ መደበኛ ክፍል በቅንጅት እንዲማሩ ሲደረግ የተወሰደውን አካሄድ ለማወቅ

14 በመደበኛ ክፍል ውስጥ የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች በማስተማር ላይ ያሉ መምህራን ስንት ናቸው?

Appendix-5

በአዲስ አበባ ዩኒቨርስቲ
የድህረ ምረቃ ትምህርት ፕሮግራም
በሥነ ትምህርት ኮሌጅ
የሳይኮሎጂ ትምህርት ክፍል
የልዩ ፍላጎት ትምህርት

የአእምሮ እድገት ዝግመት ያለባቸው ልጆች በመደበኛ ትምህርት ክፍል ውስጥ በቅንጅት በሚያስተምሩ መምህራን የሚሞላ የፁሑፍ መጠይቅ

የፅሁፍ መጠይቅ ዓላማ

ጥናቱ የሚያተኩረው በአማራ ብሔራዊ ክልላዊ መንግስት ውስጥ በሚገኙ የአምሮ ዕድገት ዝግመት ያለባቸው ልጆች በሚማሩባቸው የልዩ ፍላጎት ትምህርት ዩኒቶች ውስጥና የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በቅንጅት በሚማሩባቸው የመደበኛ ትምህርት ቤት ክፍሎች ውስጥ ነው፡፡ በዚህ መልኩ ይህ የፅሁፍ መጠይቅ

የአእምሮ ዕድገት ዝግመት ያለባቸውን ልጆች የሚያስተምሩ የመደበኛ ክፍል መምህራኖች እነዚህ ልጆች በሚያስተምሩበት ግዜ በመማር ማስተማሩ ሒደት ወቅት ምን ችግር አጋጥሟቸው እንደነበር

- በመደበኛ ክፍሎች የሚገኙት የአእምሮ እድገት ዝግመት የለባቸው ልጆች ለማስተማር ሥልጠና አግኝተው እንደሆነ እና
- ከልዩ ፍላጎት ትምህርት ዩኒቱ እነዚህን ልጆች ለማስተማር የሚያስችለ ድጋፍ ያገኙ እንደሆነ ይጠይቃል፡፡ ከዚህም በተጨማሪ የፅሁፍ መጠይቅ በመደበኛ ትምህርት ክፍሎች ወስጥ በቅንጅት ለሚማሩ የአእምሮ እድገት ዝግመት ላለባቸው ልጆች የድጋፍ ሰጪ ክፍል / resource room / በት/ቤት ውስጥ ስለመኖሩና ካለም የሚሰጠው ግልጋሎት ይጠይቃል፡፡

የፅሑፍ መጠይቁን በሚሞሉበት ጊዜ ሊከተሏቸው የሚገቡ መመሪያዎች

በፅሁፍ መጠይቁ ላይ ያሉትን ጥያቄዎች መልስ በሚሰጡበት ጊዜ የሚከተሉትን ነጥቦች ልብ ይበሉ፡-

ሀ. ስምን በመጠይቁ ላይ መፃፍ አስፈላጊ አይደለም

ለ. አስተያየት ወይም ሀሳብ መስጠት ለሚሹ ጥያቄዎች ከጥያቄዎቹ በታች የሉትን ክፍት ቦታዎች ይጠቀሙ። ያሉት ክፍት ቦታወች ለሚሰጡቸው አስተያየትቶች ወይም ጥቆማዎች በቂ መስለወ ካልታየዎት በመጠይቁ መጨረሻ ላይ በሚገኙ ባዶ ገፃች ላይ የጥያቄዎችን ቁጥር በመግለፅ ምላሾን ያስቀምጡ

ሐ. የሠሰጡትን ምላሽ ለመቀየር ከፈለጉ ምላሹን በመስረዝ በመጠይቁ መጨረሻ ላይ በሚገኙ ቦዶ ገጾች ላይ የጥቃቂዎችን ቁጥር በመግለፅ ምላሾን ያስቀምጡ።

መ. የሚሰጡት ምላሽ የጥናቱንና የምርምሩን ስኬታማነት ስለሚወስን መጠይቁን በጥንቃቂ እነዲሞሉ በትሕትና ይጠየቃሉ

ሠ. ለጥያቄዎቹ የሚሰጡት ምላሽ በሙሉ ምስጢራዊ ተደርጎ ይጠበቃል

ለመልካም ትብብረዎ እናመሰግናለን

የትምህርት ቤቱ ሥም ------------------ ትምህርት ቤቱ የሚገኝበት ወረዳ-------- ትምህርት ቤት የሚገኝበት ዞን---------------- ፆታ--------------- ወንድ------------ ሴት

1. የትምህርት ደረጃዎ

ሀ. ከመምህራን ማስልጠኛ ተቋም ስርተፊኬት ☐

ለ. ከመምህራን ማሰልጠኛ ኮሌጅ ዲፕሎማ ☐

ሐ. ከመምህራን ማሰልጠኛ ተቋም ሰርተፍኬት † በልዩ ፍላጎት ትምህርት ሰርተፍኬት በአንድ አመት ሥልጠና ☐

መ. ከመምህራን ማሰልጠኛ ተቋም ሰርተፍኬት † በልዩ ፍላጎት ትምህርት ሰርተፍኬት በስድስት ወር ሥልጠና ☐

ሠ. የሰለጠኑበት መስክ ከነዚህ ውጪ ከሆነ እባኮ ይግለፁ ______

2. በዚህ ትምህርት ቤት ውስጥ ለምን ያህል አመት አስተምረዋል? ______

3. የሚያስተምሩበት የክፍል ደረጃ የትኛው ነው?______________________

4. በሚያስተምሩበት የክፍል ደረጃ ውስጥ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች እንዳሉ ያውቃሉ?

   አውቃለሁ ☐

   አላውቅም ☐

አውቃለሁ ካሉ እንዴት አወቁ? ______________________________

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5. የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች በመደበኛ ትምህርት ክፍል ውስጥ ከሌሎች ልጆች ጋር በቅንጅት ለምን ያህል ዓመት አስተምረዋል? ....

6. በሚያስተምሩበት የክፍል ደረጃ ውስጥ ምን ያህል የአእምሮ እድገት ዝግመት ያለባቸው ልጆች እንዳሉ ይግለፁ? ....

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7. በመምህርነት ሙያ በሰለጠኑበት ኢኒስቲትዩት ወይም ኮሌጅ ውስጥ የልዩ ፍላጎት ትምህርት ኮርስ/ኮርሶች ወስደዋል?

ወስጃለሁ ▢

አልወሰድኩም ▢

ወስጃለሁ ካሉ የኮርሱን/የኮርሶቹን ስም ይጥቀሱ ______________________

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8. የአእምሮ እድገት ዝግመት ያለባቸው ልጆች በመደበኛ ክፍሎች ውስጥ አቅናጅቶ በማስተማር ዘዴ ዙሪያ ያገኙት ስልጠና አለ?

ሥልጠና አግኝቻለሁ ▢

ሥልጠና አላገኘሁም ▢

ሀ. ሥልጠና አግኝቻለሁ ካሉ ያገኙትን /ያገኙአቸውን ስልጠና /ዎች/ ይግለፁ?

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ለ. ሥልጠናዎቹ ያገኙአቸው የትና በማን ነው?

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ሐ. የወሰዱት ስልጠና ምን ያህል ጠቀሜታ ነበረው? ________________

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9. የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በመደበኛ ክፍሎች ወስጥ በቅንጅት በማስተማሩ ሒደት ውስጥ

ሀ. ምን ምን አይነት ድጋፍ ያስፈልግዎታል? ________________________

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ለ. ከትምህርት ቤቱ የሚያገኙት እገዛ ምንድነው?

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ሐ. ከልዩ ፍላጎት ትምህርት ዩኒት የሚያገኙት እገዛ ምንድን ነው?

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10. የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በመደበኛ ክፍሎች ውስጥ በቅንጅት በሚያስተመሩበት ወቅት ምን ዓይነት ችግሮች አጋጥሞዎታል ?

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ሀ. የትምህርት መርጃ መሣሪያ በተመለከተ ችግር አጋጥሞት ያውቃል?

አጋጥሞኝ ያውቃል ☐

አጋጥሞኝ አያውቅም ☐

☛ አጋጥሞኝ ያወቃል ካሉ ያጋጠሞትን ችግር ይዘርዝሩ

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ለ. የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች በሚያስተምሩበት ወቅት የማስተማር ችግር አጋጥሞት ያውቃል ?

አጋጥሞኝ ያውቃል ☐

አጋጥሞኝ አያውቅም ☐

i) አጋጥሞኝ ያውቃል ካሉ ችግሮቹን ይግለፁ

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ii) ችግሩ የተከሰተበት ምክንያት ምን ይመስሎታል? ________________

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11. የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች በመደበኛ ክፍሎች ውስጥ በቅንጅት ለማስተማር ቀጣይነት ያለው የማስተማር ዘዴ ስልጠና ያስፈልጋል ብለው ያምናሉ?

ያስፈልጋል ☐

አያስፈልግም ☐

- ያስፈልጋል ካሉ ለምን እንዳሉ ቢዘረዝሩት ________________

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12. በልዩ ፍላጎት ትምህርት ዩኒቶች ውስጥ ያሉ መምህራን የአእምሮ ዕድገት ዝግመት ያለባቸውን ልጆች በመደበኛ ክፍሎች ውስጥ በቅንጅት በማስተማር ሂደት ውስጥ ድጋፍ ያደርጉለታል ወይ?

ያደርጉልኛል ☐

አያደርጉልኝም ☐

ሀ. ድጋፍ የሚያደርጉሎት ከሆነ አይነቱን ይግለፁ?

ለ. ድጋፍ የማያደርጉሎት ከሆነ

1. የማያደርጉሎት ለምንድ ነው ?

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2. ሲፈልጉ ወደ ማን ይሔዳሉ ወይንም ምን ሌላ አማራጭ ይጠቀማሉ?

ሐ የሚፈልጉትን የድጋፍ አይነት ቢጠቅሱ?

13. የአእምሮ እድገት ዝግመት ያለባቸውን ልጆች በመደበኛ ክፍሎች ውስጥ በቅንጅት ለማስተማር የማያስቸግር /የሚያዳግት/ የትምህርት አይነት አለ?

ሀ. ይህንን የትምህርት አይነት /አይነቶች ይገለፁ ?

ለ. ይህ /እነዚህ የትምህርት አይነት/ አይነቶች ለማስተማር አስቸጋሪ የሆነበትን ምክንያት ቢገልፁ ?

14. የአእምሮ ዕድገት ዝግመት ያለባቸው ልጆች በመደበኛ ክፍሎች ውስጥ በቅንጅት ሲያስተምሩ ለነዚህ ልጆች አስቸጋሪ/አዳጋች የሚሆን የትምህርት አይነት አለ?

አለ ካሉ፡-

ሀ. ይህን/ እነዚህ የትምህርት አይነት/ አይነቶች ይግለፁ?

ለ. ይህ/ እነዚህ የትምህርት አይነት/ አይነቶች ለልጆች አስቸጋሪ /አዳጋች የሚሆነው/ የሚሆኑት ለምን ይመስሎዎታል?

ሐ. ይሄ /እነዚህን የትምህርት አይነት/አይነቶች ልጆች እንዲረዱ (በቀላሉ እንዲገባቸው) ምን አይነት ዘዴ ይጠቀማሉ?

15. በትምህርት ቤቱ ውስጥ በመደበኛ ክፍሎች ውስጥ በቅንጅት የሚማሩ የአእምሮ እድገት ዝግመት ላለባቸው ልጆች ትምህርታዊ ድጋፍ የሚሠጥ ድጋፍ ሰጪ ክፍል /resource room/ አለ?

አዎን አለ ▢

የለም ▢

ድጋፍ ሰጪ ክፍል / resource room/ አለ ካሉ፡-

ሀ. ምን አይነት ድጋፍ ይሰጣል?

ለ. በዚህ ድጋፍ ሰጪ ክፍል / resource room/ ውስጥ በቂ የትምህርት መርጃ መሣሪያዎች አሉ?

አዎን አሉ ▢

የሉም ▢

ሐ. በዚህ ድጋፍ ሰጪ ክፍል / resource room / ውስጥ የሰለጠነ የልዩ ፍላጎት ትምህርት ባለሙያ አለ?

አለ ▢

የለም ▢

16. የድጋፍ ሰጪ ክፍል / resource room/ ከሌለ በመደበኛ ክፍሎች ውስጥ በቅንጅት የሚማሩ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች ከመደበኛው ክፍል አስተማሪዎቻቸው ሌላ የሌሎች የትምህርት ባለሙያዎችን እገዛና ድጋፍ ያገኛሉ?

አዎን ያገኛሉ ▢

አያገኙትም ▢

ድጋፍ የሚያገኙ ከሆነ

ሀ. የትምህርት ባለሙያዎቹ እነማን ናቸው

ለ. ምን አይነት የትምህርት ድጋፎች በነዚህ ባለሙያዎች ይሰጣሉ

ሐ. ይህ የድጋፍ ሰጪ /መስጫ/ ክፍል /resource room/ በቂ የሆነ የትምህርት መርጃ መሣሪናያዎችን ይዟል

ይዟል ▢

አልያዘም ▢

<u>አልያዘም ካሉ፡-</u> በቂ የሆኑ የትምህርት መረጃ መሣሪያዎች አለመያዙ

1. የሚያስከትላቸውን ችግሮችና
2. ለማስተካከል ሊወሰዱ የሚገባቸውን እርምጃዎች ይግለፁ

መ. ድጋፍ የሚያገኙ ከሆነ እነዚህ በመደበኛ ክፍሎች ውስጥ በቅንጅት የሚማሩ የአእምሮ እድገት ዝግመት ያለባቸው ልጆች እገዛና ድጋፍ የሚያገኙበትን መንገዶች ይግለፁ ?

Appendix-E

Assessment guideline used during enrolling children into the special unit for children with mental retardation at Tigil Frie special unit

ክፍል ስድስት የአካል፣ የማህበራዊ የአይንና እጅ *

ቅንብር፣ የጨዋታና የቋንቋ እድገት ዘርፎች መርመራ — አዎን — የለም

12 አካላዊ ዕድገት

12.1 እንቅስቃሴ/ሞቢሊቲ

18. በልበ ሙሉነት /ሣይፈራ ቶሎ ይራመዳል — ___ — ___

12 በእጅና በጉልበቱ ይሳባል፣ — ___ — ___

9. ያለ ድጋፍ እራሱን ችሎ በወለል ላይ ይቆማል — ___ — ___

12.2 መጓዝ — አዎን — የለም

/54/ እግሩን እያፈራረቀ ደረጃ ይወጣል — ___ — ___

12.3 ጡንቻ ቅንብር

/60/ ትንሽ ኳስ በወለል ላይ አንጥሮ ይይዛል — ___ — ___

13. ማህበራዊ ዕድገት

13.1 መመገብ

60/ ማንኪያ በትክክል ይዞ ምግብ ይመገባል፣ — ___ — ___

36/ በብርጭቆ * ተሞልቶ የተሰጠውን ፈሳሽ ሳያ ነገር ሲያጠባጥብ ይጠጣል — ___ — ___

13.2 መፀዳዳት

48/ መጸዳጃ ቤትን በአግባቡ ይጠቀማል — ___ — ___

ጸ 13.3 ንጽህና አጠባበቅ

60/ ያለረዳት በአግባቡ እጅና ፊቱን ይታጠባል — ___ — ___

13.4 መልበስ

54. ብዙ ረዳት ሳይፈልግ ልብሱን ይለብሳል ያወልቃል:: — ___ — ___

13.5 ጥገኛ አለመሆን

48/ ብቻውን ወይም ከሌሎች ጋር ውጭ ይጫወታል — ___ — ___

14. የአይና እጅ ቅንብር ዕድገት

14.1 መቅረብ/መድረስ/

6/ ወደፈለገው ዕቃ በቀጥታ መቅረብና ማንሳት ይችላል — ___ — ___

14.2 መጨበጥ

15/ ትናንሽ ዕቃዎችን መልቀምና ማንሳት ይችላል — ___ — ___

14.3 ዕቃዎች

18/ አንድን ዕቃ ከተቀመጠበት ወይም ከተደበቀበት — ___ — ___

15/ የጨዋታ ዕድገት — አዎን — የለም

15.1 ሥዕል መሳል

60/ ራስ፣ አይኖች፣ አፍ፣ እጆችና እግሮች ያሉበት የሰው ሥዕል ይስላል፣ ______ ______

15.2 ማህበራዊ ነክ ጨዋታ

48/ ከጓደኞቹ ጋር በኅብረት ይጫወታል ለምሣሌ ድብብቆሽ፣ አባዬ መያዝ ወዘተ ______ ______

15.3 አስመስሎ መጫወት

80/ በቤት ውስጥ ሚከናወኑትን ተግባራት ለመመ ልከት እንደሌሎቹ አስመስሎ በቅደም ተከተል ያከናውናል ምሣሌ ቤት መጥረግ፣ ብርጭቆ ማጠብ፣ ማድረቅ ወዘተ .... ______ ______

15.4 አሣማኝ ጨዋታ፣

48/ ልዩ ልዩ የደንብ ልብስ ለመልበስ ለምሣሌ ፖስተኛ፣ ነርስ፣ ፖሊስ ወዘተ ... በመምሰል ይጫወታል፣ ______ ______

15.5 ሥዕላዊ መጻሕፍት

36/ ከመጻሕፍት የሚነገሩትን ታሪኮች በጉጉት ያዳምጣል፣ ተደጋግመው እንዲነገሩትም ይፈልጋል፣ ______ ______

16. የቋንቋ እድገት፣

16.1 የንግግር/ ገለጭ ቋንቋ/

60/ አብዛኛውን ጊዜ የሰማውን ደንብ የተከተሉ የተሰተከከሉ ዓረፍተ ነገሮችን ይጠቀማል፣ ለምሣሌ እናቴ ወደ ገበያ ለከችኝ ______ ______

24/ ሀምሣ ገለጽ የሆኑ ቃላትን ይጠቀማል ______ ______

15/ ከአራት እስከ አምስት የሚደርሱ ገለጽ ቃላትን ይጠቀማል፣ ______ ______

16.2 የቋንቋ አጠቃቀም

48/ ለምን እንዴት ወዘተ የተባሉትን ጥያቄ ዎች በተከታታይ ይጠይቃል:: የሚፈለገውን

ነገር እንዲሸጠው ስሙን የቅብ ይጠይቃል ____ ____

16.3 ድምጾች ማስመሰል — አዎን / የለም

[illegible]

24/ የሚነገሩትን አዲስ ቃላት አስመስሎ
በግልጽ ይጠራል፣ ____ ____

16.4 ግንዛቤ /መረዳት/

24/ ቢታዘዝ ለሌላ ክፍል ያሉትን ሁኔታ ወይም
ሶስት ዕቃዎችን ለይቶ ያመጣል ____ ____

9/ ስሙ ሲጠራ በልዩ ሁኔታ መልስ ይሰጣል ____ ____

ማሣሠቢያ፣ በቅንፍ ውስይ የተመለከቱት ቁጥሮች የሕጻኑን ገምታዊ ዕድሜ በወር ምን
ያህል እንደሆነ ያመለክታሉ::

16.5 ንግግር አልባ ግንኙነት

36/ የሚፈለገውን ነገር ለማሣወቅ ልዩ ልዩ የአካል እንቅስቃሴ ይጠቀማል::
ለምሣሌ ውሀ ቢፈልግ በእጁ ብርጭቆ ይዞ እንደሚጠጣ ማሣየት፣ ____ ____

17. ሕጻኑ የሚጥል በሽታ የለውም፣ ____ ____

18/ሕጻኑ ምርመራ ሲደረግለት አይቅበጠበጥም ____ ____

19. ሕጻኑ ተደራራቢ ጉዳት የለውም ካለው ____ ____

____

20. የምርመራው ውጤት የሕጻኑ ዋና ችግር ከዚህ በታች ከተመለከተው የተመሠረተበት
ነው::

ሀ/የማየት ችግር፣ ለ/ የመስማት ችግር፣ ሐ/ የአእምሮ ዕድገት ዝግመት
ከተራ ቁጥር 12—16 / መ/የንግግርና የቋንቋ ችግሮች ሠ/ የማሀበራዊ እና የመስ
ማት ችግር/ ተራ ቁጥር 13 እና 18/ ረ/ የሚጥል በሽታ ተ.ቁ. 17/

ሌላ ____

____

2[illegible]. አስተያየት [illegible] ለሕጻኑ የሚከተሉት አገልግሎት ይሰጡት፣ ____________

____

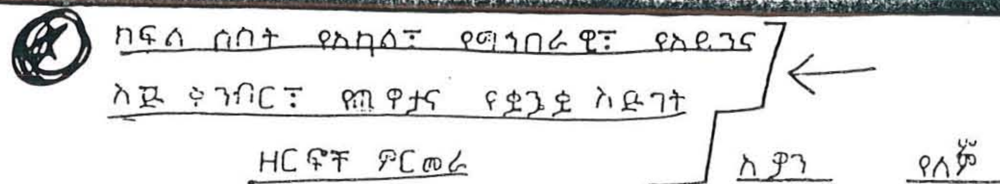
____

የመርማሪው ሙሉ ስም ____________ ፊርማ ____________

ምርመራው የተካሄደበት ጣቢያ ____________ ቀን ____________ ዓ.ም. ____________

Appendix-F

Assessment guideline used during enrolling children into the special unit for children with mental retardation at Tsadiku Yohannes special unit



	አዎን	የለም
12/ አካላዊ እድገት		
12/ 1. እንቅስቃሴ / ሞቢሊቲ/		
/18/ በለበ ሙሉነት/ሣይፈራ ቆሞ ይራመዳል	____	____
/12/ በእጅና በጉልበቱ ይድሀል፣	____	____
/9/ ያለድጋፍ እራሱን ችሎ በወለል ላይ ይቀመጣል	____	____
12.2 መጓዝ	አዎን	የለም
/54/ እግሩን እያፈራረቀ ደረጃ ይወጣል፣		
12.3 የአካል ቅንበር		
/[illegible]0/ ትንሽ ኳስ በወለል ላይ አንጥሮ ይይዛል ፣	____	____
13. [illegible] ማኅበራዊ ዕድገት		
13.1 መመገብ		
/[illegible]0/ ማንኪያ በተከከለ ይዞ ምግብ ይመገባል፣	____	____
/3[illegible]/ በብርጭቆ ተሞልቶ የተሰጠውን ፈሳሽ ነገር ሳያንጠባጥብ ይጠጣል፣	____	____
13.2 መጸዳዳት		
/48/ መጸዳጃ ቤትን በአግባቡ ይጠቀማል፣	____	____
13.3. ንጽህና አጠባበቅ		
/[illegible]0/ ያለረዳት በአግባቡ እጅና ፊቱን ይታጠባል	____	____
13.4. መልበስ		
/54/ብዙ ረዳት ሳይፈልግ ልብሱን ይለብሳል፣	____	____
13.5. ጥገኛ አለመሆን		
/48/ብቻውን ወይም ከሌሎች ጋር ጭምር ይጫወታል	____	____
14. የአይነና እጅ ቅንበር ዕድገት		
14.1 መቅረብ /መድረስ/		
/[illegible]/ የሚፈልገው ዕቃ በቀጥታ መቅረብና ማንሳት	____	____
14.2 መጨበጥ		
/ 15/ትናንሽ እቃዎች መሰቀምና ማንሳት ይችላል	____	____
14.3 ዕቃዎች		

15 የጨዋታ ዕድገት — አዎ — የለም

15.1. ሥዕል መሳል

/60/ ራስ፣ አይኖች፣ አፍ፣ እጆችና እግሮች ያሉትን ___ 1✓
የሰው ሥዕል ይስላል፣

15.2. ማኅበራዊ ነክ ጨዋታ

/48/ ከጓደኞቹ ጋር በኅብረት ይጫወታል፣ ለምሳሌ
ድብብቆሽ ፣ አሰደ መያዝ ወዘተ .. ___ ✓

15.3. አስመስሎ መጫወት

/30/ በቤት ውስጥ የሚከናወኑትን ተግባራት መመልከት
እንደሌሉቹ አስመስሎ ጸ በቅደም ተከተል ያከናውናል
ምሳሌ ቤት መጥረግ፣ [illegible] ማጠብ፣ ማድረቅ ወዘተ ___ ✓

15.4. አሣማኝ ጨዋታ

/48/ ልዩ ልዩ የደንብ ልብስ በመልበስ ለምሳሌ
ፖስተኛ፣ ነርስ፣ ፖሊስ ወዘተ.. በመምሰል ይጫወታል ___ ✓

15.5. ሥዕላዊ መጻሕፍት

/36/ ከመጻህፍት የሚነገሩትን ታሪኮች በጉጉት ያዳምጣል
ተደጋግመው እንዲነገሩትም ይፈልጋል፣ ___ ✓

16. የቋንቋ እድገት

16.1. የንግግር /ገላጭ ቋንቋ/

/60/ አብዛኛውን ጊዜ የሰዋሰውን ደንብ የተከተለ
የተስተካከሉ ዐረፍተ ነገሮችን ይጠቀማል፣
ለምሳሌ እና ቴ ወደ ገበያ ላከችኝ፣ ___ ___
/24/ ሀምሣ ገላጭ የሆኑ ቃላትን ይጠቀማል፣ ___ ___
/25/ ከአራት እስከ አምስት የሚደርሱ ገላጭ ቃላትን
ይጠቀማል፣ ___ ___

16.2. የቋንቋ አጠቃቀም

/48/ለምን እንዴት ወዘተ የተባሉትን ጥያቄዎች
በተከታታይ ይጠይቃል የሚፈልገውን ነገር እንዲ
ሰጡ ሰሙን ጠቅሶ ይጠይቃል፣ ___ ___

16.3. ድምጾችን ማስመሰል

/24/ የሚነገሩትን አዲስ ቃላት አስመስሎ በግልጽ
ይጠራል፣ ___ ___

Appendix-G

Points evaluated during enrolling children with mental retardation into regular classroom at Tsadiku Yohannes

ኩረት ነጥቦች		5	4	3	2	1
አጠቃላይ የእንቅስቃሴ እድገት					14	8
የአነስተኛ የእንቅስቃሴ እድገት					12	7
አመጋገብ						
አለባበስ						
መቀነጣጠት ለጽሁፍን መጠበቅ	29	16	17	16	16	13
ሽንት ቤት አጠቃቀም	29	16	17	16	16	13
ቋንቋን የመቀበል ችሎታ						
ቋንቋን መግለጽ						
ማህበራዊ ግንኙነት	64	15	14	15	12	10
ንባብ ማንበብ	59	14	13	12	11	[illegible]
መጻፍ	43	10	9	8	8	10
መቁጠር ሒሳብ /	47	10	8	9	10	10
ሠዓታት ለጊዜ አጠቃቀም			5	6	5	5
ገንዘብ			6	6	5	6
የተለመደ ፀባይ			5	5	5	6
መዝናናትና የመዝናናት ጊዜ ሥራ					14	
የራሥንና የቤተሰብን ፎቶ መለየት						
አራስን በራስ መርዳት	24	5	6	5	5	
ማሥታወስ ለገንዘብ ለቻል						
በህብረተሰቡ የሚኖረው በታዳካባቢን ማወቅ /						
አሥመስሎ መሥራት/ መጫወት /						
አቅጣጫን ማወቅ					16	
ጊዜን መምረጥ						
	42	10	9	3	8	

		5	4	3	2	1
ቤተሰብን ዘመድን ከሌሎው ህብረተሰብ መለየት		5	4	3	2	1
ፖስታ ማጠፍ	34	8	5	7	6	8
ደብዳቤ መጻፍና መቀበል	26	6	5	5	[illegible]	5
...ልክን በአግባቡ መጠቀም	35	10	8	7	[illegible]	5
...ያ ነክ የሆኑትን ሥራዎች መሥራት	33	8	7	6	6	6
...ትምህርት ሥዓትን አክብሮ መገኘት					12	6
...ት ሴት ሥነሥርዓትን ማወቅ					16	[illegible]
...መዝናኛ ቦታዎችን ለይቶ ማወቅ					14	10
...ክፋትን መደበትን ለይቶ ማለቅ						
...ታሊሉቅ በወቸ አክብሮትን ማሣየት	42	10	9	8	[illegible]	[illegible]
...ትምህርት መሣሪያዎችን በንጽህና መያዝ	34	9	8	7	[illegible]	[illegible]
...ገረትን በአግባቡ መጠቀም	59	[illegible]	11	12	13	12

ሣ ሡ ቢ ያ

...ን ሰሞሉ በጠንቃቄ ይሙሉ

...ተኛ ነጥቦች የተገኘበቸው የትምህርት ዓይነቶች እንደገና በመደጋገም ማሥተማር የግድ ነው፡፡

...ተሰጠ አጠቃላይ አስተያየት

ቅጹን የሞላው ስም ____________________

ፊርማ ____________________

ሥራ ____________________

Points evaluated during enrolling children with mental retardation into regular classroom at Felege Abay

የተማሪው ስም [illegible]

ምልክት ለማድረግ ቀይ ወይም አረንጓዴ ቀለም ይቀቡ

1ኛ/ ግምገማ ______ =

2ኛ/ ግምገማ ______ =

3ኛ/ ግምገማ ______ =

4ኛ/ ግምገማ ______ =

5ኛ/ ግምገማ ______ =

																					1		2		3		4		5	
		1	2	2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	19	20	ግ	ግ	ግ	ግ	ግ	ግ	ግ	ግ	ግ	ግ
1	አጠቃላይ የእንቅስቃሴ እድገት																						[illegible]	[illegible]						
2	የአንዳንድ እንቅስቃሴ እድ/																						[illegible]	[illegible]						
3	አመገብ																													
4	አለባበስ																													
5	መፀዳዳት/ንጽህና መጠበቅ/																													
6	ሽንት ቤት አጠቃቀም																													
7	ቋንቋን የመቀበል ችሎታ																						[illegible]	[illegible]						
8	ቋንቋን የመግለጽ ችሎታ																						[illegible]	[illegible]						
9	ማህበራዊ ግንኙነት																						10	10						
10	ንባብ ማንበብ																													
11	መፃፍ																													
12	መቁጠር																													
13	ሰዓቶች /የጊዜ ቁጥር/																													
14	ገንዘብ																													
15	የተለመደ ፀባይ																													
16	በፀበረተሰቡ የሚኖረው ቦታ																													
17	ማዝናናትና በመዝናናት ጊዜ																													
18.	ሙዚክ																													
19	ቅድመ ጽሁፈት																													

ማሳሰቢያ/ ቀይ ወይም አረንጓዴ ቀለም ሲጠቀሙ ጥንቃቄ ያድርጉ ይግምገማውን ውጤት በስዕት ይመዝግቡ::

Appendix –I

Points evaluated during enrolling children with mental retardation into regular classroom at Efeson

የትምህርት ዓይነት ራስን መርዳት

የትምህርት ርዕስ ____________

የተማሪው ስም ____________

	አዎ ይችላል	አይ	ይሞክራል
1. ጉዶ ነገሮችን መለየት	☐	☐	☐
2. መርዛማ ነገሮችን መለየት	☐	☐	☐
3. ከመርዛማ ነገሮች እራስቸውን መጠበቅ	☐	☐	☐
4. ተናዳፊ ነገሮችን መለየት	☐	☐	☐
5. ተቀጊ ነገሮችን መለየት	☐	☐	☐
6. ተናካሽ ነገሮችን መለየት	☐	☐	☐
7. አደጋን ከሚያደርሱ ነገሮች እራስቸውን መጠበቅ	☐	☐	☐
8. የአለባበስን ሥርዓት በቅደም ተከተል የኮት፣ የቁምስ፣ የጃኬት፣ የጫማ፣ የካ.ቢ ወዘተ	☐	☐	☐
9. የልብስ ዚፕ አዘጋግና አከፋፈት	☐	☐	☐
10. የልብስ ቁልፍ አቆላለፍና አከፋፈት	☐	☐	☐
11. የልብስ ማጠብ፣ መተኮስ፣ አስተጣጠፍ፣ አቀማመጥ፣ የመኝታ አነጣጠፍ	☐	☐	☐
12. የግል ንፅህና አጠባበቅ የእጅ፣ ፊት፣ ገላ፣ ፀጉር ማጠብና ማበጠር	☐	☐	☐
13. ጥፍር መቁረጥ	☐	☐	☐
14. ጥርስን ማፅዳት	☐	☐	☐
15. የቤትና የግቢ ንፅህና አጠባበቅ	☐	☐	☐
16. የሽንት ቤት አጠቃቀምና ንፅህና አጠባበቅ	☐	☐	☐
17. የአመጋገብ ሥርዓት በቅደም ተከተል	☐	☐	☐

Appendix-J

Points evaluated during enrolling children with mental retardation into regular classroom at Tigil Frie

ስምህ ማን ይባላል ? ዕድሜህ ስንት ነው? የእናትህን ስም ተናገር? የአባትህን ስም ተናገር? የወንድሞችህ የእህቶችን ስም ጥራ? ስንት ዓይን አለህ? ስንት እግር አለህ? ስንት እጅ አለህ? ፀጉርህን አሣየኝ? አንገትህን አሣየኝ?					
ከ1 _ 10 ቁጠር ? ከ11_20 ቁጠር? አምስት ጠጠር አምጣ? አራት " " ? ሁለት " " ? አንድ " ? ዛሬ ቀኑ ማ ነው ? የሣምንቱን ቀናት ጥራ?					
ውሃ ምን ያደርጋል ? ዳቦ ምን ያደርጋል? የት/ቤትህ ስም ማን ይባላል የውሻ ድምጽ አሰማ ? የላም " " የድመት " " የዶሮ ግራ እጅህን አሣይ ? ቀኝ እጅህን አሣይ ? በአንድ እግርህ ተራመድ ?					
ባእግርህ ጥፍርህ ቁመህ ተራመድ ? አንድ አይንህን ጨፍን ? የእጅ ጣቶችህን በተራ በተራ ነካካቸው ? ድምጽ ከየት ትሰማለህ. ፀጉርህ ምንድን ነው ? ቀለሙ አጥራ ? አድራሻህ የት ነው? አካባቢህን ግለጽ? ምዝቅ፤ ደንስ ? ስምህን ፅፍና አሣየኝ ?					
ወረቀት ቀደህ ቅርጽ ቅርጽ ሥራ ? የሰው ስዕል ሥራ ? ወደኋላ ተራመድ ? እርሣስ ያዝና ጻፍ ? ድምጽ የሚሰጡ መሣሪያዎችን ጥራ ? ቀላል ከባድ የትኛው ነው ? አጭር ረጅም የትኛው ነው ? ጥቁሩን አሣየኝ ? ቀዩን አሣየኝ ? ነጩን አሣየኝ ?					

Declaration

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

Name Tewodros Getachew

Signature Tedi

Place AAU

Date of Submission 25 May, 2005

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

Name Daniel Desta

Signature ______________

Date of approval May 05/05

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