

4 Instructional Programmes for Children with Exceptionality

Introduction

Children are looked upon as difficult people or people who are not themselves handicapped. If the people who take care of a child with hearing problems are not made aware of the special consequences of being deaf, and if they do not see the one as one who is normal except for his lack of hearing, they may make him different and abnormal, simply by treating him so. Children with different handicaps have very different educational needs and each group of children with impairment have more in common with non-handicapped children than with other groups of children with exceptionality.

Educational programmes for exceptional children are provided or offered in series or cascades or administrative formats. There are therefore as many cascades as there are authors. The one cascade that has gained popular usage is the "Deno's Cascade" system.

The Cascade System has critically examined the provision of educational services to persons with disability and has eight levels or representations:

- a) Children in Regular Classroom
- b) Regular Class Attendance with Supportive services
- c) Pan-time Special Class
- d) Full-time Special Class
- e) Special School assignment of pupils governed by the school
- f) Home-bound
- g) Hospital, Institution bound, domicile Setting.

h) Non-Education Services: Medical and Welfare Care and Supervision.

The Deno Cascade model adheres to the principles of the least restrictive environment. The child with exceptionality is supposed to be placed in a learning environment, where he can cope with his instructional level with experiences and opportunities made available to him. He should be placed in a normal environment as possible.

The higher the level, the less restrictive is the learning environment. The lower the level, the more restrictive is the learning environment. It is only when the problem is shown that you have the child down. Any time the problem is less severe, the child is moved up.

All staff involved in working or teaching the exceptional children should be involved in formulating the school policy and develop it in collaboration with other service providers in the community. They should decide on how to put the policy to effect.

Administrators and members of educational support and advisory services may have to stimulate activities. Where special schools do not undertake self-evaluation of medical, psychological, social or special education, personnel enlist with experts and skills used to perform their duties and dealings with problems without or with minimum intrusion into everyday pattern of living. Some staff may wish to have complete control over the treatment, care and educational programme of particular groups of children in premises within their place of work, such as, hospitals, special institutions and special schools and classes' essential aspects of economy where there are scarce professionals. Some find it difficult to co-operate with institutions managed by other services. Professional hierarchies may also affect relationships in Ministries with Units of Special Education. Special Education teachers may over-emphasize the special skills and experiences they have in contrast to the competence of ordinary

teachers. Also attitudes are hard to change especially if they are unfavourable.

There are a lot of professional barriers to the delivery of services by professionals' but there are innovations or ways by which conflicting problems can be overcome. However, the following professionals can play specific roles as mentioned below:

Itinerant Teacher: This is a professionally trained person in some aspects of special education like the psychologist, speech therapist, an audiologist and so on: They are not attached to a particular school but they travel from school to school to give needed help to the handicapped. They render supplementary instruction apart from that offered by the regular class teacher. The itinerant teacher could be used to assist students in learning braille, preparing materials in braille and providing supportive services in assisting the visually handicapped to fit into regular classes.. (Methods of managing and teaching each category of impaired conditions).

In Nigeria, there are few or no functional programmes available for the exceptional children. Such children usually go through school system as academic failures or children who can not cope with the school work. This problem is of great concern for educators. This section will consider some possible programmes for the various categories of exceptionalities.

Mentally Retarded: Mental handicap is a term used in describing several forms of disorders of the mind and the brain. A mentally retarded person is delayed in all areas of development compared to the age norm.

A common definition of mental retardation is that published by the American Association on Mental Deficiency (AAMD) (1977) cited in Grossman (1975:11) as thus:

Mental retardation refers to significantly sub-average general intellectual functioning existing concurrently

with deficits in adaptive behaviour, and manifested during the developmental period.

Children with Mentally retardation are divided into three groups, namely; The educable mentally retarded;

- The trainable
- mentally retarded; and
- Custodial or Dependent mentally retarded.

1. Educational Programme for the Mentally Retarded

As soon as a child is identified as retarded the next thing is to get the child the help needed for proper development both academically and socially.

Mentally retarded children can be educated in a variety of settings. However, care must be taken to provide what the children in this group need. It is not the educational arrangement that is most important but what the child learns in such an arrangement.

Programmes for the Educable Mentally Retarded

In as much as possible, the children should be mainstreamed in regular classroom.

The Educable Mentally Retarded: The mildly retarded children should be taught among other things, social adjustment skills, occupational skills and basic academic skills. They should also be taught reading, writing and arithmetic at the functional level based on their presumed IQ level of each child.

- a) They should be educated to develop social competence through numerous social experiences;
- b) They should learn occupational competence through efficient vocational guidance and training as a part of their school experience;
- c) They should develop emotional security and independence in school and in the home through a good hygiene programme;
- d) They should develop the habit of health and sanitation through

- a good programme of health education;
- e) The programme should teach them to enjoy recreational and leisure time activities;
- f) They should learn the minimum academic subjects;
- g) They should learn to become adequate members of a family and home through an educational programme that emphasizes home members and community participation.

The best educational arrangement for them is the regular school setting with the normal children, taking into cognizance, their individual needs.

The instructors of mildly retarded children must set realistic goals. Present materials in a manner to ensure success, using concrete materials, varying teaching methods, reinforcing child's progress, and teaching through modeling.

Programme for the Training of the Mentally Retarded

The educational goals vary, as they cannot work to earn a living. Their educational goals are directed towards enabling them to develop self-help skills, social-skills and communication skills.

Academic skills are not stressed but the child needs to be taught the rudiments so that he is able to read directions, names, labels, advertisements, and so on. They are taught mainly, vocational skills.

Programme for the Custodial (Dependent) Mentally Retarded

This programme for severely retarded children differs in the goals and content from the mildly and moderately retarded. Special classes and institutionalized care are the best setting for their education.

The main educational goals are to learn to do things for themselves and reduce their dependence on others. They are taught basic self-help skills.

Note that teaching the retarded child is a difficult task. It requires patience, understanding for one to succeed. Do not expect too much, be realistic and repeat tasks as the child's intellectual capacity is very limited. The child has short attention span and as such, instruction sessions should be short. The child may ask silly questions but ensure to answer all and reinforce little effort made.

Emotional and Behaviour Disturbed

There are basically two types of behaviour disturbed:

- a) *Emotional disturbed* - abnormalities of emotions, e.g. fear, depression, aggression, etc.
- b) *Conduct behaviour* - this is when the behaviour in question is disapproved by the society, e.g. stealing, fighting, lying, drug abuse. These examples only relate to juvenile delinquents: The other class refers to aggressive behaviours e.g. disobedience, disruptiveness, defiance and uncooperative-ness.

A behaviour has to be persistent, frequent and intense in order to be termed behaviour disorder. Kirk (1972) defined behaviour disorders as deviation from age appropriate behaviour which significantly interferes with the child's own growth and development and the lives of others.

The above definition implies some sort of abnormality of psychological functioning, which is disapproved by the majority of society. It is the responsibility of the school to come up with the appropriate programme to deal with the problems of these children. This discussion is an attempt to suggest one of such programmes that may be useful for the Nigerian school system.

Effect of the Child's Problem

Research indicates that behaviour problems affecting children vary as the children themselves. Children often exhibit negative behaviours such as withdrawal, excessive crying, fighting,

- a good programme of health education;
- e) The programme should teach them to enjoy recreational and leisure time activities;
- f) They should learn the minimum academic subjects;
- g) They should learn to become adequate members of a family and home through an educational programme that emphasizes home members and community participation.

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1) ***Precisely define the problems***

In the case of a child who, for example, steals frequently, the major goal for the professionals may be to promote desirable behaviours such as: engaging the child in productive work that attracts (Raschke, 1981). Similarly, a child may be behaving in some way, which might make him/her feel bad or maladjusted such as taking drugs excessively. In this case, the goal is to reduce negative behaviours. Such goals should be listed in consultation with the child and his parents.

2) ***Investigate the problem***

In order to get to the root cause of the problem, it will be useful to talk to other teachers or professionals, the child, parents, guardians and other children. The child can be observed in and out of the classroom situations using an observational chart rating system. Use open-ended discussions with the child if possible. Questionnaire could also be used especially with adults.

The following could be a guide. The questionnaire could include personal data, family background, educational history and description of the child's problems. The data obtained from the questionnaire will show basically emotional disorders, conduct disorders or both, and keep the information in the child's file.

3) ***On-going Assessment***

The major reasons for assessment of the child are to discover weaknesses and strengths. This will enable professionals to encourage positive behaviours indicated in the strengths and discourage negative behaviour contained in the child's maladjusted behaviour. The key professionals to be included in the assessment team are teachers, social workers, psychologists, behaviour therapists and parents. Such assessment should identify problem areas (their spread, intensity) and should provide starting point for determining appropriate therapy.

i) **Counselling Sessions:** This programme should necessarily involve parents. Efforts should be made to counsel students and clients especially on a varying interpersonal and other relationship. Parents need counselling in the areas of acceptance and pre-occupation with the child at home and similar concern.

ii) **Suggested strategies for helping the mildly behaviour Disordered:** The process of helping the child must provide for freedom. These include:

- a) directing advice to the family on how best they can help the child at home;
- b) referring the child to medical personnel for screening and medical treatment;
- c) directing advice to the child through suggestions and guidance;
- d) improving relationships within the family and encouraging harmony;
- e) giving reassurance and explanations to the child;
- f) setting realistic goals for the child by teachers and therapists;
- g) direct teaching is appropriate and helps children become socially accepted by their peers.

iii) **The Therapy:** In dealing with a child who engages in frequent thefts, a suitable setting has to be selected. It is not worthy that many techniques or therapies may be used with behaviourally disordered children. Such therapies require long and extensive professional training. The professional should use a combination of reinforcement, punishment, token economy, contract and the like to diminish undesirable behaviour. Professionals should encourage therapeutic gains, contacts with home, school and everywhere the child may be found.

iv) **Periodic monitoring of the therapy for a change or improvement:** It is important to propose an evaluation plan on

a periodical basis, i.e. two to three months interval. This will help in the monitoring process of the programme. It will also improve the programme.

Indications

1. Many children are in schools because of unidentified and untreated cases of behaviour problems.
2. The acceptance of this suggested programme should make it possible for these behaviour problem children to be treated or improved upon thereby reducing dropout rates.

If the State Ministry of Education responsible for the implementation of this programme puts the required infrastructures and resources in place, we may have better grounds to hope that many disordered children will remain in schools and thereafter, make their own contribution towards national development.

Language and Speech Impaired

Language is the communication of ideas through symbols that are used according to semantic and grammatical rules. Language includes: sign language of the deaf and tactual symbol systems, e.g. braille. Speech is defective when it is ungrammatical, unintelligible, and culturally or personally unsatisfactory or abuse of the speech mechanism (Perkins, 1976). Lack of speech is only one of the problems associated with language impairment. Language deficiency is the greatest difficulty of hearing loss and it affects the educational and social developments of children profoundly hearing impairment. Speech impairment is only one of the problems associated with language impairment.

Speech impairment manifests when a child's speech is unintelligible to his listeners. That is, he speaks at a level below his age, and it draws attention to the speech instead of what he says.

Types of speech problems include

- Articulation disorders: This is noticed when speech sounds are

added, omitted; distorted or substituted.

Stuttering - Stammering: Telford and Sawrey (1977) described stuttering as a primary disturbance of the normal flow and rhythm of speech. Orlansky (1988) cited Jones (1975) as having described stuttering as a condition marked by rapid repetition of vowel sounds (Defective speech or unnecessary repetition).

Delayed speech: When a child reaches 3 and cannot use words to express himself.

Voice defects: Unclear voice e.g. too soft, husky or nasal; abnormal deviation of pitch.

Programme for Language and Speech Impairment

The programme must make provision for intervention using the formal and informal instructional approaches. The programme must include: enough activities in all the four components of language, namely; Phonology, Morphology, Semantics and Syntax. The teaching of semantic involves instruction in the following skills described by Wiig and Semel (1975) as cited in Smith et al (1983). Verbal production and fluency where a child is made to manipulate objects, and demonstration is emphasized. There are activities, for retrieval of words through speech drills, and sentence completion, etc. The programme should include activities that will help the child identify semantic relationships in words. Programme must include activities that will help the child to be original in his speech and elaborate scenes, etc.

There should be enough activities to help a child with morphology and syntax problems. There should be exercises on sentence completion, correction and expansion of sentences. The programme should include: commercial kits and instructional approaches. Activities to be taught must be related to the structure or concept. The programme for intervention should teach receptive and expressive vocabulary. The programme for teaching of speech should include enough activities for practice in

stuttering, articulation and so on.

Visually impaired

Vision is very important for educational purposes. It helps individuals to read and appreciate the beauty of the environment. The Children with visually impaired need special provisions for a successful education.

Children with visually impaired are legally classified into four groups, namely;

1. The blind: Inability to see as a result, the child uses braille as a means of reading and writing.
2. The low vision: Is certified blind but has some residual vision. Cannot see far objects but only near objects.
3. The partially sighted:
 - can read large print or regular print under special conditions;
 - can receive education in normal classes with aided magnifiers or spectacles;
 - is short sighted (myopia);
 - is long sighted (hypermetropia).
4. Errors of refraction: These refer to eye defects for example;
 - a) myopia (short sight);
 - b) hypermetropia (long sight);
 - c) astigmatism (blurred vision).

Educational Programmes for the Blind

The following are expected or should be considered in the type of programmes that will be most efficient for the blind:

- a) The needs of the child and the resource available in the environment;
- b) Availability of qualified and experienced teachers;
- c) Cost and educational materials available;
- d) Attitudes of the community and policy makers, teachers, etc.
- e) Distribution of blind children in the locality.

Arongbonlo and Ozoji (1993) summarized the programmes under different educational stages, emphasizing integration where possible,

a) *Pre-school Educational Stage*

Children with Blindness should be educated in the neighbourhood Kindergarten classes, where the class teacher is sufficiently enlightened to be able to cope with them because of the teacher's exposure to elements of special education.

b) *Primary School Education Stage*

Children with Blindness in primary school should be in residential educational settings. This will provide enough time to-teach both the unique and regular curricular subjects in residential settings.

c) *Junior Secondary School Educational Stage*

The critical role of resource facilities is imperative. To effectively use the resource room facilities, it is expected that students must spend many hours after school practicing the use of the adaptive aids and going through some of the topics taught them during the day with the resource teacher. Most of the blind students at junior secondary school should be in boarding schools that have resource room facilities.

d) *Senior Secondary School Education Stage*

At this stage, students with blindness are expected to have acquired sufficient proficiency in the use of adaptive devices. Some of them may require extra help in the topic taught them in the regular class. Itinerant teacher services should be employed to assist children that need extra help and make it possible for pupils to attend schools of their choice.

e) *Tertiary Education Stage*

Students are supposed to have acquired adequate proficiency

in the use of adaptive devices and personal adjustment technique to go through their studies without much support from any special teacher. These students are expected to know and be able to reach where help exist, whenever help is required.

The Needs of Children with Visually Handicapped Children

1. *Architectural Barriers:* They have problem moving about safely without difficulty due to lack of pavements.
2. *Braille Machines:* A visually impaired child needs a braille machine and mastery of its operations.
3. *Tape Recorder:* The blind child needs a tape recorder to record learning instructions and tape recorder for raising diagrams.
4. *Psychological barriers:* They have problems adjusting to their handicapping conditions. Sometimes, people look at them with sympathy.
5. *Mobility and Orientation:* A visually impaired child has the need to find his way around his environment independently.

Hill and Ponder (1976) advanced the reasons for lack of uniformity in the mobility-training programme across nations as:

- a) differences that exist in physical environment;
- b) differences in the levels of technological advancement;
- c) variations in social and cultural needs;
- d) differences in the philosophy of education;
- e) differences in the use of orientation and mobility terms and methodology or approach to teaching mobility.

For example, training in independent travel requires individualized instruction and varieties of techniques must be provided to expose the client to be able to choose those that help him travel safely, independently and efficiently. Some blind travelers are safe in an environment using a particular technique. (Milaham, 1993).

Physically and Health Impaired

The physically disabled are those individuals with functional limitations relating to physical ability, e.g. hand use trunk use and movement. Physical and health impaired children maybe defined as those children who are crippled, deformed, physically impaired and or neurologically impaired. The children normally have crippling health impairments such as abnormal heart conditions, asthma, diabetes, epilepsy, arthritis, spinal bifida, cerebral palsy, etc. These health problems restrict their chances of good education and independent living.

Teaching Methods (Programmes) for the Physically and Health Impaired

Today, due to the nature of some of the disabilities of the orthopedically impaired, unique methods of teaching and adaptation of materials and equipment are of paramount importance for their education and training in the daily living skills and sub-skills. The method could involve breaking down main skills into sub-skills. The teaching materials may involve creating adaptive devices that aid in completion of the task. The disabled can become independent with minimum adaptation of usual materials or provision of adaptive devices.

Most children, that are physically disabled have normal intelligence even though a few could also have problems in other areas of learning. The regular educational formats recommended. The goals should however, not be directed towards goals involving modality, hand-skills depending on the type of disability. Communication techniques should be taught to those with communication problems to enable them communicate their needs to others.

Communication boards could be helpful. Boards with displayed picture symbols, letters numbers, and words, phrases to which they point directly to convey then needs. Physically disabled children who cannot write because of motor problem, because of

loss of limb, or arm could be taught other ways of recording answers or responding. For example, the use of typewriter with a large crayon attached to an extension from a helmet on the head.

Those with orthopaedic problem who are unable to move from place to place could have their gross motor skills developed through the use of walkers, crawlers; adapted bicycles. They could be taught to develop independence in movement by rolling or crawling crutches, walkers, toy vehicles such as the tricycles and Wheelchairs could be used by only those who have enough motor control to maneuver an electric wheelchair.

Children physically impaired who travel by car, plane, or train, must learn to transfer from one means to the other. Especially they should be able to educate or request others on how to assist them transfer from one means to the other. The right technique for lifting, proper transferring technique, positioning, and wheelchair pushing must be learned in the programme.

As regards to classroom environment, the programme must make provision that all architectural barriers be removed in special class or integrated schools. Ramps should be provided to enable those on wheelchairs to enter buildings with ease. Doors should be wide enough for toileting, etc. There should be adjustable seats. Physically handicapped children should be able to adapt and finish their work independently. A child, who cannot hold the usual pencil, may be able to use one if it is inserted through a lump of clay or plasticine to provide larger surface for grasping. Independent skills for daily living such as mastery of use of toilet, eating, transportation, etc. are also important and should be included in the programme.

Hearing impaired

Hearing impairment or loss, deaf and hard of hearing is a difficult term to define. Auditory impairment varies from person to person and from one circumstance to another. Two classifications emerge within the hearing impairment condition:

First; a deaf person is one whose auditory channel cannot and does not serve as the primary sensory means by which speech and language are received and developed. What is stressed here is the degree of hearing loss, age of onset and ability to communicate.

Secondly, a hard of hearing person is a person whose auditory channel can and does serve as a primary sensory means by which speech and language are received and developed. This classification is based on the amount of hearing loss (Meyer, 1978).

A child is hearing impaired if he has some difficulties in understanding the speech of other people or if he is forced to rely upon other devices. For example, asking the speaker to report what he said loudly or using hearing aids, to understand what is said to him.

Problems Associated with Hearing Loss

Problems associated with hearing loss include:

- language and speech problem;
 - education problem due to inability to hear, thus retarding language development and general educational achievement; some of them have other sensory problems as deafness does not occur in isolation, but at times in conjunction with other sensory defects, e.g. visual impairment, mental defects, etc.;
- a child finds it difficult to adjust due to attitudes of parents and others in the environment. This could result in the child's withdrawal from social interactions.

They also have vocational problems.

Problems and Services for the Deaf

A deaf child's main problem is communication and acquisition of language. The main problem for a deaf or severely hard-of-hearing child is to acquire a language in which he can communicate freely

and which furthers his intellectual, social, and emotional development.

Individual who are deaf always feels handicapped when they are in group of hearing people because they cannot hear what is being said, and cannot respond quickly and smoothly. When deaf people meet, they always find that they have common experiences because of their handicap, and they generally feel more at ease with other deaf people because they can communicate with them on equal terms. However, most deaf children have hearing parents and siblings, and all deaf people live in societies dominated by hearing people.

Children who are deaf need to develop a double identity with deaf community and members of the society at large. They should be offered contact both with deaf children and/or adults using a sign language and with hearing people.

Educational planners and teachers should carefully consider what it means not to be able to acquire the language used by hearing people spontaneously but they should also see deaf children as individuals with all the same potentials for intellectual, physical, social, cultural and emotional development as other children. Children with hearing impairment could be integrated in schools where they have specialized people to sign for them and communicate with.

Methods of Educating the Deaf

There are a lot of controversies concerning which methods the teacher should use in educating deaf children. Among such methods are:

- a) The Oral method;
- b) The Auditory method;
- c) The Rochester method of neo-oral by the Russians;
- d) The simultaneous /total communication method.

The Oral/Aural Method

This method involves children receiving language input through speech, lip reading, auditory training and the use of hearing aids. Gestures and signs are not allowed; rather, speech is strongly encouraged. The teacher hereby tries to teach the child to discriminate sounds and words. Two approaches are used, namely; the Analytic approach, where sounds of letters are taught first in isolation; then in words and finally in sentences.

Secondly, we have the Whole Word Method - where sounds are never taught in isolation but in the context of words.

The Auditory Method

The method advocates concentration on developing listening skills in children who are expected to rely primarily on hearing.

Rochester Method

It is a combination of the oral method and finger spelling. The deaf child receives information through speech reading amplification and finger spelling or writing in the air technique. Emphasis is given to reading and writing.

Neo-oralism

The major goals of this method are:

- to give tools of communication, especially expressive communication at an early age
- to change youngsters who are passive into active ones with initiative in learning

The method emphasizes the introduction of finger spelling to young deaf children early as oral and written speeches are difficult for them. The written forms are used only after mastering the finger spelling. Simultaneous Total

Simultaneous/Communication Method

Total communication refers to a combination of modes in establishing a two-way communication system with the deaf individual. It includes speech, reading, audition, finger spelling, signs, gestures, pantomimes, reading, pencil and pad, writing and drawing. This method utilizes all the sense modalities. Simultaneous is a combination of oral and manual methods, while total communication is a modality that uses any or all method to develop language competence.

Learning Disabled

Learning disabilities can be described as having a disorder in one or more of the basic processes involved in understanding, or in using spoken language. The disorders are manifested in a variety of ways including listening, thinking, talking, reading aloud, and spelling or in arithmetic calculation. Cruickshank (1976) described the conditions as perceptual handicap, brain injury, minimal brain damage, minimal brain dysfunction, dyslexia, and developmental aphasia.

The characteristics of the learning disabled include the following:

- hyperactivity;
- impulsivity;
- perceptual problems;
- language disorders;
- reading and writing problems;
- difficulties in arithmetic computation;
- cognitive problems (thinking difficulties);
- problems with concept formation;
- motor problems;
- speech and communication problems;
- variation in test performance;
- emotional characteristics;
- irregularity in social behaviour;

- attention problems;
- sleep characteristics; e.g. irregular sleep pattern, deep sleep; etc.

Remedial Programmes for the Learning Disabled

One of the problems facing schools is how best to organize programmes for the remediation of children with learning disabilities. Children with learning disabilities constitute a heterogeneous group, and unless children with the same type and level of disability are grouped together, a self-contained class will be difficult to manage. It is important to identify the child's learning problems and handle him as a unique being.

A trained itinerant teacher who can diagnose the disability and organize a remedial programme is ideal. He will deal with one child at a time. Pupils could be in a resource room where they are instructed in small groups. Instructional materials should be adapted to suit individual needs.

Other intervention programmes include the administration of drugs as a procedure for dealing with learning disabilities problem. Parents are forced to use such drugs, for example, in hyperactivity even though it is not the best approach to remediating the problems. Behaviour modification technique has been successfully used with not only retarded children but also with children who have learning disabilities. Diet modification is also vital. Some factors identified to be responsible for hyperactivity behaviours of learning disabled children are artificial flavors, colouring, and food preservation. Diet of hyperactive children should therefore be free from additives.

Feingold (1975) argued that artificial colourings and flavourings have some components that produce hyperactive behaviour in children. Parents whose children have undergone this diet management programme support this assertion and maintain that they have found positive changes in their children.

Technical intervention, for example, the introduction of

computers into the school system has yielded positive results among children with learning disabilities. There are many skills that can be taught to learning disabled children with the use of computers.

Mega-vitamin therapy procedure is also useful. The procedure involves the administration of a large quantity of vitamins to children with hyperactivity children. It is believed that this would enable the body to fulfill its requirements. Most professionals support this approach than the use of drugs.

Giftedness

In any society, we must recognize the fact that some people are superior in many ways than other average persons. This is why there is yet, no one acceptable all-inclusive definition for giftedness. It is better to explain what it is as an individual can possess it in a lesser degree or abilities while another in a higher degree.

Witty (1972:167) submitted that the gifted are those whose performance in any valuable line of human activity is consequently or repeatedly remarkable.

The Public Law 91-230, Section 806 states:

Gifted and talented children are those identified by professionally qualified persons who by virtue of understanding abilities are capable of high performance. These children require differentiated educational programme and/or services beyond those normally provided by the regular school programmes in order to realize their contribution to self and society.

Children capable of high performance include those with demonstrated achievement and/or potential ability in any one of the following areas, singly or in a combination:

- General intellectual ability

- Specific academic aptitude;
- Creative and productive thinking;
- Leadership ability;
- Visual and performing arts;
- Psychomotor ability.

Gifted children could be defined as those children who show unusual abilities, for example, in learning to read early, acting maturely or talking intelligently at an early age.

Educational Programmes for the Gifted

In many developing countries not much research has been done on giftedness. In fact, there are practically no separate programmes for the gifted. Gifted children generally remain in the same class with the average child. At the end of the school year, they are promoted along with the rest of the students. Both the average and gifted children follow the same curriculum and cover the same materials. Probably, no challenge is given to them except when there is a special programme that requires memorization.

Like other groups of exceptional children, the gifted and talented children also need to be assisted to fulfill their potentials for achievements.

Gulliford (1975, p. 107) is of the opinion that:

Of all children who became the responsibility of educators, the gifted ones have the most probable potential for becoming effective problem solvers. The general picture, unfortunately is that only a few of them actually fulfill such promises, either for lack of immediate need, motivation, or development of skills in creative thinking. We can educate those children with or without the cultivation of such talents: they will ordinarily not blossom to full extent on their own.

Any time gifted children are allowed to just follow the regular school curricular, they end up becoming troublemakers and they are not challenged academically enough. Keeping gifted children in the regular classroom and not meeting their unique needs is detrimental to them. Some of them even become dropouts as school become boring and not challenging.

Teacher in class should identify such children. Some of them might even be passive in class. They know many things an average child does not know.

There are a variety of programmes that have been developed over the years to cater for the gifted children, which include three common models, namely;

- a) **Acceleration;**
- b) **Enrichment;**
- c) **Ability grouping.**

a) Acceleration

Acceleration involves speeding the gifted students passage through school. It could be skipping of grades, early school admission, advanced placement programme whereby a bright pupil can undertake college work while still at the secondary school, or acceleration by rapid progress, through a non-graded school system.

b) Enrichment

Enrichment is the process whereby education experiences are provided to the student beyond those of the regular programme. It relates to technique whereby gifted children can pursue their studies further than their fellow students in one or more areas.

Enrichment activities should be designed to challenge the gifted children and should also be of interest to them. It should be designed with the following in mind.

- subject-related and based on materials that encourage doing and thinking;

development of skills;
open ended, allowing for a variety of methods and responses;
permitting students to choose and develop activities related to their interests and abilities.

c) Ability grouping

Here, the gifted children are restricted from regular classes and placed in special groups. Supporters of this arrangement argued that the arrangement gives the gifted children the opportunity to progress at their own pace without being held back by average children.

Focus Questions

1. Explain Demo's cascade of instructional programming for exceptional children.
2. Educational programme for exceptional children should be varied according to needs of their children. Illustrate how this can be achieved using an exceptional child of your choice.
3. The education of mentally retarded children must be based on the level of retardation of the children. Explain.
4. Explain the role of itinerant teachers in educational programming for exceptional children.
5. Explain the models of educating gifted children in any typical regular school.