

What is the Learning Centre in the Junior School

The differently abled child is often an enigma to his parents due to the discrepancy between his generally normal abilities and conduct in home and his obvious difficulties in coping with the acquisition of literary skills in the regular school situation. It should be noted that most of these children have normal IQs and quite frequently have or acquire compensating skills of a high order. Parents and teachers therefore must let the differently abled child know that they understand his problems and are willing to help. Assistance is best given by working through the child's specific giftedness.

In-class support was provided by the special educators in the following manner:

- Encourage and help the child to be attentive in the class
- Help the child to complete the class work
- Motivate the child to participate in the class discussion
- Extra worksheets and individual work plan were provided to work at home

We are following the remedial pattern mainly in English language and Math's for classes KG, 1, 2 and 3. This includes:

Working In the following areas:

- **Auditory discrimination-** The ability to tell one sound from another
- **Auditory memory** – The ability to remember what is heard
- **Behaviour modification-** In terms of rewarding desirable actions and ignoring undesirable actions.
- **Directionality-** A person's awareness of the position of objects in relation to his or her own body (The tree is behind me; the chair is beside me; the bed is under me; etc.)
- **Figure-ground perception** – The ability to focus on the most important parts of what is seen and heard.
- **Laterality** – Right or left dominance; usually refers to the hand but can also refer to a dominant eye, ear, foot, etc.
- **Memory Span** – The length of time a person can remember something.
- **Perception** – Understanding what is seen or heard.
- **Perceptual –motor-** Describes activities which combine understanding what is seen or heard with specific body movement. For example, copying information from a book combines understanding what is seen with moving parts of the body to write.
- **Sequencing-** Placing objects or events in their proper order (For example, telling the order of happenings in a story).
- **Tactile-** Having to do with sense of touch.
- **Visual discrimination-** The ability to differentiate what is seen.
- **Visual memory-** The ability to remember what is seen.

How can parents help differently abled children?

You can be given specific activities that you can do with your child. The activities are designed to help the child to improve his skills in listening, speaking, seeing, and moving.

- Make your commands or directions short and simple.
- Really listen to your child. Be there when he needs your help.
- Be aware of your child's abilities as well as his or her weaknesses. Mustn't continue using tasks that are too easy for your child.
- Be easy on yourselves, for you didn't create your child's learning disabilities.

There is a growing awareness that as these children are not learning disabled but differently abled, it has been necessary to encourage inclusive education. Most of these children have learning disabilities and inabilities. Often it is the result of inadequate resources of learning at home. Sometimes, these children have low aptitudes in certain areas or may not have been taught things properly. We as teachers help to give our youngsters the resources to strengthen learning abilities, overcome learning weaknesses and work around learning inabilities.

Names of the Special Educators

Mrs. Abha Stephen

Mrs. Simranjeet Kaur Rathor

Name of the Counsellor

Ms. Jyothi John

Counselling the children with maladaptive behaviour

Kinds of problems

- Aggression
- Fidgetiness
- Attention deficit hyperactive disorder
- Oppositional defiant disorder
- Disobedience
- Poor concentration levels

Contributing causes may include:

- A biochemical or neurological factor
- Spiteful or vindictive behavior. A number of factors play a role in this kind of behaviour. It depends of influences, circumstances and genetic components.

Possible risk factors include:

- Having a parent with a mood or substance abuse disorder.
- Being abused or neglected.
- Harsh or inconsistent discipline.
- Lack of supervision.

- Poor relationship with one or both parents.
- Family instability such as occurs with divorce, multiple moves, or changing schools or child care providers frequently.
- Parents with a history of ADHD, oppositional defiant disorder or conduct problems
- Financial problems in the family
- Exposure to violence
- Substance abuse in the child or adolescent
- Academic problems

Treatment plan:

- Cognitive–behavioural therapy for children:
 - combines behavioural techniques with a cognitive focus on meaning
 - suggests that behavioural interventions cannot change beliefs
 - cannot be combined with parent training
 - includes social-skills training.

- In depression:
 - the cognitive content is of threat or danger
 - using thought diaries will help access negative automatic thoughts
 - Some children need additional work on social problem-solving.

- Cognitive distortions are prominent in:
 - obsessive–compulsive disorder
 - eating disorders
 - childhood autism
 - Attention-deficit hyperactivity disorder
 - Depression.

The family

The Counsellor needs to engage both parent and child. The younger the child, the more the parents will need to be included in the therapy and to be instructed in the cognitive–behavioural model and its application to their child's problem.

The parents may also need specific instruction in management techniques. The counsellor must be aware of the family's structure and its belief system, the systemic implications of any intervention and reality factors such as abuse or a specific learning disability.