

Thinking Globally Learning Together

A 3 year Erasmus Plus special schools project

2015-2018

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Thinking Globally, Learning Together

This three year project involves a group of seven special needs schools all involved in reviewing their curricula. All partner schools are very interested in how personalised learning can fit into the education of children with severe and profound learning difficulties. School staff are interested in researching and training in the different teaching and learning outcomes that SEN students in our partner school experience.

We intend to implement new strategies across the schools through training and development of SEN personalised learning. The students in the partner schools do not have equal access to a wide curriculum, due to their special needs. In all our partner countries inclusion is a very important issue, which is interpreted differently from school to school. Staff will study and learn from these different educational systems and pedagogic approaches.

The schools have pupils from the following types of SEN; mild, moderate, severe, profound, and complex learning difficulties, cerebral palsy, ASD (Autism), genetic syndromes, physical difficulties, visual and hearing impairment, chronic health issues, degenerative diseases, speech and language disorders and ADHD. Through the project schools will learn from each other about methods / approaches to behaviour and social problems.

This Project will be an exchange of training experience and information to produce a common framework with a bank of new methods and techniques in the field of SEN. It will provide training, exchange experience, methods and tools used in each of the participating schools to give a deep insight into different systems of educations and methodology implemented by each country to overcome many difficulties for students with SEN. This will allow teachers to create a bank of resources, tools, methods and useful practices



THE PARTNERS.



CENTRO PUBLICO DE FOUCACIÓN ESPECIAL

SPAIN CENTRO DE EDUCACIÓN ESPECIAL PROA CÁCERES

PROA is a specific school centre with children that have special educational needs. Our school has 96 pupils with special educational needs between preschool, primary, secondary and technical education. There is also initial technical qualification programs and transition to adult life. The school has workshops areas for the older pupils for gardening, woodwork, cooking, and the initial technical qualification program "cleaning worker and housework".

PROA is currently involved in several projects "School Libraries Network Extremadura", "Plan of Basic Skills", "Scholarium" Mus-E and we have participated in a Comenius Multilateral "The Big Adventures of the Little Prince". We are proud of our involvement in these innovative projects.

UK LAKESIDE SCHOOL WELWYN GARDEN CITY

Lakeside is a school for pupils with severe and complex learning difficulties including those with autism. We have 70 pupils aged 2-19, all of whom have an Education Health and Care Plan.

We take an holisitic approach to our pupils' education combining academic work, therapies and personal development work.

The school has been rated Outstanding by Ofsted on 4 occasions and has several specialisms. It is a Centre of Excellence of the MOVE programme; it has been accredited by the National Autistic Society; it has achieved Artsmark Gold and the International Schools' Award. It holds the ICTmark and has been recognised for its work on Intensive Interaction. Outdoor Learning is a feature of our work and we have Forest school leaders on the staff and a forest school site.



ROMANIA CENTRUL SCOLAR DE EDUCATIE INCLUZIVA "CRISTAL" ORADEA ORADEA

CSEI Cristal Oradea is a complex of pre-primary and primary school for 98 children aged from 3-11 . Our school provides educational services to children which have been identified with different disabilities. We have 12 pre-primary classes (5 for children with sensorial disabilities, one for multiple sensorial disabilities and 6 motor and neuro-psychomotor disabilities) and 2 primary classes : one for visually impaired children and one for multiple sensorial disabilities children(deaf-blind and more) .

Our main objectives are the development of targeted therapies for children with sensory disabilities, autism, motor and neuro-psychomotor disabilities within our institution, the development and implementation of customized intervention plans based on periodic evaluations of each child, ensuring the full development of children with disabilities based on the specificities of diagnostic data, age and individual need.

TURKEY OZDEBIR OZEL EGITIM UYGULAMA MERKEZI GOLCUK

ÖZDEBİR Özel Eğitim Uygulama Merkezi was established in 2008, and is a special school, for children aged 3-14 years. There are 36 students in 8 classes.

All the children have autistic spectrum disorder (ASD) of varying degrees. All pupils need highly qualified and competent personnel to help them to develop their abilities and to fulfil their basic needs. The core subjects we concentrate on and evaluate are:

Social skills – awareness of self and others, Behaviour, Attention / Memory, Conceptual understanding, Thinking, Communication, Motor skills training, Musicality and Creativity.



BULGARIA SPECIAL SCHOOL 'DR. PETAR BERON DOBRICH

Special School "Dr Petar Beron" is a Center for Special Educational Support, the only one in Dobrich which serves pupils with special educational needs. The school provides specialized programs for children with moderate and profound mental retardation, speech and language disorders, multiple disabilities and chronic diseases. The educational program is designed in accordance with the special curriculum approved by the Minister of Education and Science.

Our special school educates pupils aged 6-16. There are 85 students, divided into 13 classes. The students from upper classes are trained for the profession of 'Floriculture and Landscaping'.

Special School "Dr Petar Beron" provides specialized programs for children with varying degrees of mental and multiple disabilities. Sports activities that raise interest and a positive emotional experience are important including Special Olympics



POLAND SPECJALNY OSRODEK SZKOLNO-WYCHOWAWCZY W LEZAJSKU LEZAJSK

Specjalny Ośrodek Szkolno-Wychowawczy is a school that provides education to 141 pupils aged 3 to 20, who have Special Educational Needs and need specific support with their varied learning difficulties.

In SOSW we provide class-based special needs education for pre-school, 1st-6th class of Primary School as well as Secondary school students. We also offer vocational education to our older students. On each level of education we educate also students with severe mental disabilities. All curricula are planned on an individual basis, taking into account the student's starting point, and are implemented according to the age group principle. Teaching can be arranged according to individual needs and dysfunctions (autistic classes)

Teaching is arranged according to age class groups but takes into consideration the strengths and special needs of each student. Our school offers as strong and as personalized a support as possible.



BELGIUM NAUTICA MERKSPLAS

Our pupils all have autism, some of them have also a combined learning difficulty. Our school is divided in 2 study types, OV 1 and OV 4.

OV 4: We provide education in function of the degree requirements, as offered in mainstream education. This implies that students should have sufficient knowledge and should have the necessary academic skills to achieve this curriculum.

OV 1: Students with autism or with physical disabilities. All these students have an (edge) normal talent. We provide education according to a realistic perspective on the area of housing, work and to fill in their free time properly.

Our students can partly determine their schooling through a range of choices in the curriculum they follow. In addition, activities are organized in order to prepare them for a work situation through internship. Furthermore, we have access to a private home where our oldest students have the opportunity to prepare themselves well for an independent life and the tasks associated with this.



The co-ordinators meet for the first time in Spain.

INDIVIDUAL EDUCATION PLANS

INDIVIDUAL EDUCATION PLANS

In each country there is an emphasis on personalising the curriculum to meet the needs of their pupils. Each country has its own way of identifying these needs and their own systems for providing for these needs. Within these structures schools have their own ways of ensuring that they meet the ever changing and ever more complex needs of their pupils. Studying these processes was a feature of the project and was the subject of a conference held during the visit to Poland, a conference presented by the partner countries to an audience of teachers from across the Polish region.



UK

While children with special needs have the right to a mainstream education those with more complex difficulties are more likely to attend a special school. Pupils needs are assessed by a range of professionals and an Education Health and Care Plan is produced which outlines the educational provision required for that pupil.

There are many local education authorities in the UK and each can decide how organise its special provision. So while there are regional variations there may be schools for pupils with Hearing and visual impairments, for pupils with challenging behaviours, for pupils with moderate

learning difficulties and for pupils with severe and complex learning difficulties. In some authorities schools are generic and in others each educational need is served by an individual school.

At the heart of the EHCP are the Educational Outcomes that are expected for the child. it is the job of the school to set targets for the child based on these outcomes and these targets inform the educational offer for the child

The school has to set an appropriate curriculum for the child to encompass these targets and ensure the child receives a broad and relevant curriculum. The UK National Curriculum informs the curriculum offer in each school but schools have a degree of autonomy to tailor the curriculum to meet the specific needs of their pupils group and as the severity of the need increases schools will focus more on the development of life skills than on academic learning.

Pupils' EHCPs are reviewed annually by the local authority and the parents to ensure the school is enabling pupils to make good progress against their targets. Overall schools are monitored by the national inspectorate - Ofsted - to ensure they are meeting required standards of education.



POLAND

Pupils who have a Certificate of Disability are assessed by a team of teachers and therapists who plan their Individualized Education Program which is a legally binding document including planned special education services. The IEP is a described way and activities to sort out a child's strengths and weaknesses which lead the child's development in accordance with his unique abilities and predispositions.

Categories of disability include:

- sensory disabled or deaf children
- visually impaired or blind children
- physically disabled, or with aphasia
- intellectually disabled,
- autistic or with Asperger syndrome,
- multiple disabled children
- maladjusted or being in danger of maladjustment

When forming an IEP the teachers and specialists, in liaison with the parents, consider

- Type of disability.
- Child's development stage.
- Education level.
- Type of school: Special Needs, Integrative or Mainstream

The IEP includes the recommendations and instructions of Pedagogical and Psychological Institute.

It will include educational, therapeutic and pedagogical goals. It may recommend

- Introducing speech therapy
- Improving self-service activities,
- Stimulating and improving manual dexterity and hand's dexterity.
- Adaptations and modification of educational process:
- Classroom place adaptations,

IEPs are evaluated twice a year by a multidisciplinary assessment on child's achievements. Modifications are introduced after each evaluation.



SPAIN

When the ordinary methods of schooling are not sufficient to support a pupil with learning difficulties there are two further tiers of support Extraordinary Measures and Exceptional Measures

Extraordinary Measures

These measures involve significant changes in the curriculum and can lead to fundamental changes related to the organisation of the Centre and in the form of schooling These include:

- Education in an ordinary Center/school with significant curricular adaptations and/or access for students with specifical educational support needs
- Combined schooling at an ordinary centre with a specialized classroom
- Combined schooling at an ordinary centre and Special Education Center
- Schooling at a specific centre for special education and specialized "open" classroom

Exceptional Measures

These measures include:

- Education in special education centres, open classrooms or specialised classrooms for early childhood students
- Combined Schooling at a special education centre for early childhood students

Special schools offer education from pre school to young adults. For older students there is a comprehensive programme to develop work skills in areas such as woodwork and cookery.





BELGIUM

Individual action plans - Nautica School

Studetns are categorised as OV1 or OV4

OV4

- These students follow the normal curriculum
- Curriculum objectives are mandatory
- Chosen by the Ministery of Education

0V1

- These students are in need of learning self-reliance (cooking, cleaning, using public transport, working,...)
- Curriculum objectives are without obligation
- Chosen by the team of teachers of that student

TURKEY

The Individualized Education Program is a legally binding document. It outlines the type of schooling a child requires, support services need and the areas of education that must be covered. The team which develops the IEP consists of:

- Deputy principal
- Counsellor
- Special education teacher
- Parents

The student has a period of assessment to determine their current levels and future needs. Short and long term goals are set and appropriate teaching methods and resources are specified. The IEP indicates responsibilities for implementation, observation and evaluation of IEP. The IEP must be approved by the parents

At least two IEP meetings are held with parents in every semester. IEP is revaluated and it is amended as needed.

The decision is made by the Special Education Evaluation Council for student to take individual education is submitted to Guidance and Research Centre with student's health report. IEP starts at school by the approval of the Guidance Study Centre.

ROMANIA

Personalized Services Plan

The plan for personalized services (PPS) is the tool aimed at planning of all services for children with special needs, being conducted by health professionals, teachers, therapists, family and child.

Individualized Education Program

In Romania, every child that receives special education services must have an Individualized Education Program

The IEP is the educational program of a pupil, the personal curriculum of each pupil with special educational needs (SEN) enrolled in some form of education.

It is produced by a multidisciplinary team composed of the classroom teachers, the special education teacher, the physiotherapist teacher, in collaboration with the family. Family input is essential to ensure that learning goals can be followeedd at home.

The initial evaluation is performed by a multidisciplinary team (class teachers, the special education teacher and the physiotherapist) looking at all curriculum areas.

As a result long and short term goals are set for the child.



BULGARIA

From 01.08.2016 a new law came into effect on preschool and school education in Bulgaria

- Special schools became Centres for Special Educational Support to support SEN pupils' personal development
- Each school must provide a psychologist, a speech therapist, resource teachers, a social worker for pupils with SEN.
- Each teacher must work with an assistant teacher.
- The Regional Centre directs the child to the appropriate educational establishment.

An individual program covers:

- Regular assessment and reassessment of child's achievements;
- Health condition;
- Mental processes and Intellectual development;
- Language/speech development and Communication skills;
- Knowledge and skills about native language, mathematics, homeland, technical subjects;
- Pupil's interests and areas;
- Evaluation of Social Environment;

Main goals and objectives of training and development in the following areas:

- Self-help;
- General and fine motor skills;
- Communication skills;
- Cognitive skills;
- Social skills;
- Participation in the educational process;
- Participation in the activities of the Arts;
- Participation in the labour and professional activities;

Reporting of results takes place at the end of the first term and the school year; Pupils with SEN are assessed as: "achieve the requirements", "manage" and "facing difficulties"; No-one fails the class.





THE LEARNING

The project provided the opportunity for partners to learn from each other about the specialisms of each school

UK - offered training in: SCERTS - an autism programme MOVE - functional mobility Outdoor Learning Intensive Interaction - fundamentals of communication	Bulgaria offered training in: Montessori method Art therapy Speech therapy Use of herbs			Poland offered training Conference -Individual Programs. Biofeedback Art therapy Clay therapy Horse therapy			Belgium offered training in: Working with pupils with autism Secondary school curriculum
Romania offered in: Methods of work pupils with MSI	d training	Turkey offered in: Social stories	trainir	ng	Spain offered t Teacher Trainin The use of Proj Black light thea	raining ects itre	; in:

UK

SCERTS - an autism programme The SCERTS Model is a research-based educational approach and multidisciplinary framework that directly addresses the core challenges faced by children and persons with ASD and related disabilities, and their families. SCERTS[®] focuses on building competence in Social Communication, Emotional Regulation and Transactional Support as the highest priorities that must be addressed in any program, and is applicable for individuals with a wide range of abilities and ages

MOVE is a small charity working with parents, teachers, and therapists to help to give children more opportunities and possibilities for independent movement. In turn this can help to develop their cognitive and communication skills, and it can also improve health and social inclusion. Movement is the cornerstone to learning - we learn by exploring the world around us.

MOVE is an activity based programme which uses the combined knowledge of education, therapy and family to teach severely disabled children the skills of sitting, standing, walking and transferring to the very best of their ability. By incorporating the practise of meaningful skills into everyday life, MOVE enables families to be directly involved with their child's progress.

MOVE believes that it is everyone's right to live with dignity and the maximum level of independence.

OUTDOOR LEARNING Is a broad term that includes discovery, experimentation, learning about and connecting to the natural world, and engaging in outdoor sports and adventure activities. Outdoor Learning is used for academic, social, mental health, wellbeing, inter and intra-personal development. Experiences are led by a teacher or leader and can be provided for an individual or group. Outdoor Learning helps people of all ages, backgrounds and abilities reflect and learn about themselves, each other and their environment. It gives pupils with special needs the opportunity to practice and generalise skills in yet another learning environment.

INTENSIVE INTERACTION - is designed to meet the learning needs of children who are still at early stages of communication development. Especially those children who are very 'difficult to reach' showing no motivation to be with other people It establishes the fundamentals of communication such as the use and understanding of eye contacts and facial expressions, taking turns in exchanges of behaviour, developing and furthering vocalisations toward the threshold of speech.



BULGARIA

Logopedical Management in voice and fluency disorders: speech therapy seminar, presentation and information about the speech disorders and their peculiarities. During the session they became acquainted with the types of speech disorders, methods of work and correction in children with disabilities, showed moments and good practices of her work, art therapy, breathing exercises and writing techniques on the back as a means of assimilation of letters. Drawing with plasticine on paper to develop fine motoring and as a different painting technique etc.

Montessori method in children with special needs: The main characteristics of Montessori method and its use in SEN educational approach: the prepared/ structured environment; Montessori materials, independence supporting materials, mixed age groups, the blending of freedom and discipline, the emphasis on personal autonomy, the age-based therapy phases, etc. Montessori education pursues an ambitious goal: to help develop the child in a complete adult human being, comfortable with itself, with society and with humanity as a whole. Thus, if education is seen as a way of fulfilling the child's optimum potential for each facet of his becoming a person, this 'prepared environment' provides a safe and permanent foundation for education

Lecture on healthy diet sensory stimulation with medicinal plants and art therapy: A presentation was presented about healthy eating, the place of food in the food pyramid and the benefit of motor activity. We continued with a seminar on the use of medical plants for sensory stimulation in children with special educational needs, appropriate nutrients and revealing feelings through art therapy techniques. Sensory stimulation with medicinal plants is used by teachers in home-based learning environment for children with multisensory and not only deficiencies in finding a way to communicate with them. In order to make progress, the child should be aware of the stimulus followed by the tolerance to the stimulus.

Outdoor learning activities: Our contribution to environmental protection and animal care is that we all planted fruit trees. The open-air workshops were waiting for us, again in the wonderful zoo, we drew a joint picture - pano combining nature, art and teamwork.

Art-therapy: As part of the art therapy we showed the method "A doll that looks like me" and pano-painting activity in nature.



ROMANIA

See Appendices for a detailed document produced by Cristal school on the education of pupils with Multi Sensory Impairment as a result of this project.

MSI TRAINING. TACTILE BOOK

The central theme of the teaching/training/learning activity offered by Romania partner was the personalized educational intervention for children with sensory and multisensory impairments. During the activity they were discussed issues both theoretical aspects of sensory deficiencies and practical applications: case studies, demonstrations, joint implementation of individualized intervention plans, etc.

The training program was completed through a workshop-type activity. The participants, 21 teachers from the partner countries and 5 Romanian teachers, created together the prototype of a tactile book. This theme was chosen because early tactile stimulation is an important aspect in working with children with sensory and multisensory impairments. This is all the more important as the remnants of view are very small or the child is totally blind, because the information is lost due to the inability of receiving visually stimuli and must be compensated through tactile, auditory or olfactory ways. A wide range of working materials were provided and the group members had the opportunity to interact, to support and assist each other to share ideas, targeting towards achieving the desired objectives and awareness of wrong strategies. By confronting different ideas, international work teams have generated greater innovation and creativity. Later, after making necessary changes, the prototype of the collaborative tactile book was reproduced in several copies (with the help of specialized companies) and was offered both to special schools partners in the project and other special schools the local community in order to ensure exploitation of project results. The partner school have used the book in their work in school with MSI children.



POLAND

Methodological Conference titled Specificity of SE European teachers' work. Student's profile characteristic shown in Individual Programs. The conference was organized to familiarize teachers with various versions of IEP across Europe. 40 local teachers from mainstream and special schools took part. In the meeting also took part a representative of local authorities. Each country presented their systems and Cate Bason (UK) summed up to sum up the first year of the project

Biofeedback This is a method of treatment that uses a monitor to measure pupils' physiologic information By watching a monitor, students can learn by trial and error to adjust their thinking and other mental processes in order to control 'involuntary' bodily processes such as blood pressure, temperature, gastrointestinal functioning, and brain wave activity. It is mostly used to lower students' anxiety, over activity, stress level and train attention

Art therapy Mrs. Aneta Szpila explained different ways of art therapy used in our school. During the session teachers tried making salt dough figures. The teachers could gather knowledge in what the way our children can master their art abilities, creativity, socialize, and relax.

Horse therapy Teachers had an unforgettable occasion to travel form hotel to the Stable on two horse- drawn carriages. Horse therapy is a form of therapy that makes use of horses to help promote emotional growth. In many instances, riders with disabilities have proven their remarkable equestrian skills in various national and international competitions. This is the reason why equestrian therapy has been recognized as an important area in the medical field in many countries.

Clay therapy

SOSW is equipped with 4 potter's wheels. Teachers use them during the art lessons and during the common classes in boarding house. Clay is a great material to revalidate children's hand's motor skills and abilities. Teachers could take part in the work-shop observe how our students paint.



and

SPAIN

THE USE OF PROJECTS.

Why use the Projects approach

- It favours the individuality of teaching
- Respects paces of learning
- It helps to connect the previous knowledge with the new ones
- It allows to support the interest of the pupil since it takes root precisely in his experience
- Allows meaningful learning
- Social relations are favored and, with them, social norms of coexistence and values as important as cooperation and respect

How does it help us as a special education school?

- To approach the curricular contents in an integral way
- It is a way to organize the topics and contents to achieve meaningful learning.
- It responds to the diversity of children we have in the school
- It involves ALL the professionals of the centre: tutors, specialists, speech therapists, teachers of workshop
- It Involves to the family
- It Involves all the Programs and Projects that take place in the school: eScholarium, Librarium, REBEX, MUSE, Erasmus + Program

For more details on Proa's use of projects see the Appendices.

TURKEY

Social stories

Why use social stories?

Theory of mind suggests that many people with autism have an impairment of social understanding, the ability to think in ways necessary for appropriate for social interaction.

People with autism do not act appropriately in social situations, do not understand that others might have a different opinion to them, or that others may want to do something different to what they want to do.

From their perspective, the statements and actions of others may at times seem to occur without meaning or identifiable purpose, occurring randomly and without warning or logic.

Theory of mind also suggests that many people with autism do not understand that other people have their own - thoughts, - feelings, - plans and - points of view. As a result social situations become unpredictable and confusing. This can lead to: - Social Isolation - Exclusion - Lack of opportunities.

How do social stories help?

Social stories attempts to address the 'theory of mind' impairment by giving individuals some perspective on the thoughts, emotions and behaviors of others. It was developed by Carol Grey (1994) for use with children with Autistic Spectrum Disorder (ASD), but are also used successfully with adults with autism and related disabilities. It provides a distance between 'teaching' and the social the situation.

What is a social story?

Social story is a short story written in a specific style and format. They describes what happens in a specific social situation and presents information in a structured and consistent manner. It gives social information through pictures and text as opposed to speech or observation (notable areas of weakness). Each story provides clear, concise and accurate information about what is happening in a specific social situation. It describes what is obvious to most of us, but not to those with impaired social understanding.

The story describes what people do, why they do it, and what the common responses are.

The purpose of Social Stories

- To provide a prompt for socially appropriate behavior;
- To help a person become familiar to a situation, and to respond appropriately;
- To help prepare for a new experience;
- To provide positive feedback so that people can recognise their own appropriate behavior;
- To help prevent extreme reactions that stem from a lack of social understanding.

BELGIUM

In Belgium the students were very involved in planning the event for the visits to Nautica.

Introduction of the project

- 2 types
 - Board game
 - Moovly
- Goal:
 - Learn to know partners
 - Learn to know the project

Students were involved in the meetings

- Try to involve as much as possible
- Goal:
 - Improve their language skills
 - Learn about new cultures
 - Develop social skills

Teachers' meeting

- Students are guides
- Explain their work study

Students' meeting

• Students = coach/guides



IMPACT AND OUTCOMES - ADULTS

What has been the result of the visits and the training? It has been clear from our meetings that this project has been a source of inspiration in many ways.

Following each visit the staff who took part have run sessions for their staff and students, and in some cases staff from other schools on what they have learned from the visits.

Sometimes staff simply benefit from gaining a wider understanding of how special needs are understood and supported across Europe in other cases schools have been able to implement new practices and procedures as a result. This section looks at some of the initiatives that have been started as a result of this Erasmus project

POLAND

SOSW has put in place the use of Tactile Books as shown in Romania

and developed Outdoor Learning - which was shown in the UK and Belgium









TURKEY

ACTIVITIES IMPLEMENTED AT OZ-DE-BIR OZEL EĞITIM UYGULAMA MERKEZI

The participants of the project hold meetings with school staff after each mobility to share information and experience. We discuss about what we have learned during our visits, decide on how those can be adopted at our school. We also improve our teaching methods and techniques, organize new activities or reorganize those we have.

Our team attended self-dependence training activities by participating events such as cooking, gardening and electronic workshops in the mobility hosted by the partner school in Belgium, SBSO De Mast, Merksplas. The purpose was to help children with SEN to function independently to complete daily routine skills. Although the general curriculum focuses on mostly academic skills, those activities have adapted at the home school. Children have learned to prepare a meal by following instruction of a simple recipe with assistance of the teachers.





After the mobility in 2017 in Belgium, school staff paid more attention to physical arrangement of the classroom considering the disability and needs of the children. Several classes have redesigned to promote a better learning environment. Specific areas are used for specific activities such as reading/resting area.

We had a better understanding the importance of a daily routine after the mobility in UK, hosted by the partner Lakeside school. An implemented daily morning routine for a warm up helps children to prepare for the course, to provide them structured daily plan, helps them orient to the day of the week, date, and weather each day. Besides, classrooms at home school already had timetables indicating the daily circle, yet we have rearranged and improved it by visualizing with pictures and colours.

ROMANIA

Implemented Sensory swim sessions - ideas from UK



Implemented art therapy- ideas from Poland







SPAIN

Art - using salt dough - from Poland







The use of Visual Support for pupils with autism - from UK



The use of ipads for communication - from UK



UNITED KINGDOM

Following the visit to Poland We have re-introduced riding for the disabled sessions at our local stable. After a gap of several years without riding the work in Poland showed how we could use riding for a different group of pupils. A group of pupils now rides regularly at our local Riding for the Disabled stable and are gaining benefit from this. This sis alongside our Donkey Therapy programme where we have two donkeys visiting the school regularly for pupils to learn to work with and learn from the animals.

In Spain and Belgium we were interested in the work done with the older students regarding developing work skills. We have extended our work experience opportunities to Internships and have been able to offer more choice to the students.





IMPACT AND OUTCOMES - STUDENTS

As part of this project there have been visits which have involved the students. Only the Romanian school was unable to take part in this as they only have primary aged pupils unable to travel abroad.

Students have visited Belgium, the UK and Poland and they have benefitted enormously from these visits both in terms of learning new skills and in the opportunities this has brought for them to grow in their personal development. For many students involved in the project this was their first opportunity to go abroad and for many their time to fly. This was a great step forward for them in terms of developing their independence skills, self esteem and confidence. The opportunity to live with, work with and learn from young people from other countries was an opportunity they could not have achieved without this project.

In Belgium there was a dual benefit as the Nautica school students acted as the hosts and shared some of the teaching of the new skills to the visiting students. They were able to practice their English language and develop social skills and self esteem, and confidence.



esteem, and connuence.

In Belgium, students were introduced to new skills such as bike maintenance, office practices and electrical work and they also practised new sports and undertook new cookery skills. In all of these activities there was the opportunity to practice English and develop new vocabulary. Team work and problem solving skills were developed alongside the actual skills development of the lessons.





In the UK work was based around Outdoor Learning and the students were able to work at the school's forest school site, making a camp fire and cooking in the open air. They stayed at an outdoor education centre and had the opportunity to try a range of outdoor and adventurous activities including boating.

During the visit to Poland students had many opportunities to undertake new challenges. A mountain trek featured as a highlight and the students rose to the challenge of physical exertion. The view from the top made it all worth while and the students were proud of their achievement. Sports, drama, cookery, IT and horse riding were all on offer as well as the opportunity for our students to experience the different languages and cultures as they lived together for a week.





Tell us the + of your Erasmus +

Matthew Lawrence – 20 – United Kingdom Erasmus+ school project with six countries, 2015-2018

Thinking globally and learning together is the Erasmus+ programme at Matthew's school. that adapts teaching techniques for students with special educational needs. Through the programme, teachers and pupils travel abroad to get ideas from other specialist schools. Matthew is autistic and was petrified of flying to Belgium. Yet he had the courage to go for it and actually enjoyed the flight: 'It was like being in airplane heaven?' He now knows that he can go to other countries, without worrying that he would have to stay there forever. Nowadays he wants to travel the world - a huge achievement.

Discover inspiring Erasmus+ stories or share yours on ec.europa.eu/erasmus30

#ERASMUSPLUS



One particular outcome was that one of the UK students was named as an Erasmus Alumni and features on the website for the 30th anniversary of Erasmus in the UK. Matthew overcame a lifelong fear of flying to attend the Belgian visit as he was so motivated by the work. This has now opened new opportunities for him and his family as he leaves school and moves into adult life.

https://www.erasmusplus.org.uk/30years-of-erasmus


APPENDICES

1 Individual Education Plans.

Additional information on how IEPs are formed in the different countries and on developments that may be of interest.

2 Additional	Information	from some	of the	visits

Bulgaria

Turkey

Spain

Romania

Further information can be obtained from the schools using the contact list below

UK - <u>www.lakeside.herts.sch.uk</u> <u>lang_tanis@lakeside.herts.sch.uk</u>

SPAIN

 $\label{eq:poland} POLAND \quad http://www.sosw.lezajsk.pl/images/erasmus/prezentacja/Thinking\%20Globally_Learning\%20Together/index.html \\$

TURKEY

BELGIUM

BULGARIA

Individual Education Planning

United Kingdom

Education Health and Care Plans

There is a national requirement for all pupils to have an Education Health and Care plan covering all the elements of the child's needs in these three areas. Each Local Education Authority can design the layout of these plans - the one attached here is an anonymised Hertfordshire model.

Reviews and IEPs

These plans must be reviewed by the school and the Local authority annually. This is done differently in each school and for each authority. However schools, are required to set short term targets based on the Aims in the EHCP and report on the child's progress towards these targets. These targets form the basis of the child's IEP and are updated at each annual review.





NHS Herts Valleys Clinical Commissioning Group

My Education, Health and Care Plan

Date of draft EHC plan:			
My EHC plan review date:		EHC plan number:	1
Date of last statement if this is a transfer review to an EHC plan:		iew to an EHC plan:	10-Mar-2013

My Education, Health and Care Plan

General information

My Personal Deta	rsonal Details			
Surname:		First Name(s):		
Preferred Name:		Date of birth:		
Ethnicity:	White British	Religion:	Not Known	
Gender:	Female	Care Status:	N/A	
Responsible Local Authority:	Hertfordshire			
Home Address:				
		ICS No:		
Telephone:	N/A U	UPN:		
Emoile	N/A	NHS No:		
		NI NO (if applicable):	N/A	
Parent/Carer information				
Title:		First Name:		

Surname:	Parental Responsibility?	Yes
Home Address:		
Telephone/mobile:		
Email:		

Current setting		
Name of current setting:	Lakeside School (883)	
Name and role of main contact in current setting:	Mrs Judith Chamberlain (Head Teacher)	

People involved in prepa	People involved in preparing my Education, Health and Care Plan			
Name:	Role:	Contact:		
	Parents	As detailed on page 3		
Ema Harker	CF Social work			
Brenda Miller	Connexions	Youth Connexions		
Brenda Pearce	CSF			
Rosie Hollands	Class teacher	Lakeside School		
Judith Chamberlain	Headteacher			

Section A

ALL ABOUT ME

- Things I'm good at:
- Things I like and don't like
- What other people admire about me:
- What's working well, what's not working so well and what I'd like to change:
 - Things I'd like to try:
- ٠
- My aspirations and goals for the future:
- How I need to be supported to be heard and understood:

The important people in my life; family, friends, favourite people (even pets)		
Name:	Relationship:	
	Father	
	Mother	
	Twin sister	

Susan 's journey so far:

Susan 's aspirations and wishes

.

e.g. education, play, health, friendship, further education, independent living, higher education, employment, family, next important steps

Susan 's family's aspirations and wishes

e.g. education, play, health, friendship, further education, independent living, higher education, employment, family, next important steps

Section B

Identified Needs – Please describe the needs that have been identified within the advices provided during the assessment process / following the Annual Review of the Education, Health and Care Plan in the following areas

Special Educational Needs
Strengths
A summary of Special Education Needs
Sensory and/or physical needs
Cognition and learning
Communication and interaction
Social, emotional and mental health
A summary of Special Education Needs

Section C

Health Needs	

Section D

Social Care Needs	
Details of any social care plans appended with permission of parents/carers:	

Section E

The following section of the Education, Health and Care Plan identifies the Aims and Outcomes identified for the Susan /young person

Aims (n	eeds) and Outcomes
1.	Aim/need (This is a long term goal)
	<u>Outcome (This is a short term goal to be reviewed and amended by the school annually)</u>
2.	Aim/need
	Outcome
3.	<u>Aim/need</u>
	Outcome
4.	Aim/need
	Outcome

Section F

Education Provision

The following section of the Education, Health and Care Plan details the support and actions that will be put in place to achieve the identified outcomes

Outcome 1
<u>Aim/need</u>
Outcome
Education Provision:
What the school will provide to enable the child to meet the aim.
This is repeated for each AIM outlined above

Section G

Health Provision

The following section of the Education, Health and Care Plan details the support and actions that will be put in place to achieve the identified outcomes in Sections E and F

Outcome
Which outcomes outlined above require provision from the health services to enable the child to meet the aim
Health Provision:
What leath services will be provided e.g. speech therapy, physiotherapy.

Section H1 and H2

Social Care Provision

The following section of the Education, Health and Care Plan details the support and actions that will be put in place to achieve the identified outcomes in Sections E and F.

H1 – Any social care provision which must be made for a Susan

Outcome 1-6
Any outcomes that require social care provision to hel the child n=meet the aim
Social Care Provision:
Provision to meet that need

Section I

The type of educational setting I will attend

Type of setting:	Special School for Severe Learning Difficulties
Name and address of setting:	Lakeside School

For every child with an EHCP a school completes an annual review to update that plan. This is Lakeside's version – each school has their own format.



Annual Review of EHCP

Name	John
Date of Birth	12/02/2008
UPN	P919704412003
Date of EHCP	11.01.2017

PROVISION

John is in a class of 10 pupils.

He has access to a broad and balanced curriculum and has the following additional provision to meet his individual needs:

- He has a speech therapy programme devised by the SLT and delivered by the SLT and the classroom team.
- He has a Behaviour Support Plan
- He is supported by the Autism Team to ensure he has appropriate strategies in place.
- He has access to a workstation.
- He has access to a quiet/separate work space.

For each of the Aims in the EHCP the school will report on progress towards each outcome and set a new outcome for the following year. Only one outcome is shown here. This is the format we use at our school. Each school has its own way of reporting.

EHCP AIM / OUTCOME 1

John will develop his social communication and interaction skills and develop effective, purposeful relationships with his peers and adults.

To be able to participate consistently in communicative games with an adult.

To be able to work alongside at least 2 peers in highly motivating activities with an adult nearby for at least 5 minutes.

Evaluation

John has built relationships with all staff through the use of intensive interaction. He shows excellent anticipation and will ask for 'more' by signing during an interactive game. John particularly enjoys physical games, such as pushing and pulling and squeezes. He responds consistently to these types of games with any adult and will engage in them for up to 10 minutes

John is able to work in a small group setting when he is extremely motivated. At the moment, he works best during sensory play, art and food activities. In these situations, John can join in for up to 15 minutes before needing a sensory break and some space away from the group. He no longer gets cross and will just walk back to his work station.

2017-2018 Target(s)

Target(s)	Strategies	Success Criteria
To consistently demonstrate communicative behaviours, such as turn-taking, when interacting with adults.	When John is working with an adult, one of his activities will be aimed towards building communicative games. These activities will include building up a tower by taking turns and then knocking it down and filling and then emptying containers. Adults will use visual support saying 'my turn', 'wait' and 'your turn' to help John to be able to take turns in communicative games. Over time, support will be reduced and the variety of games will be expanded.	Look. Recognise whose turn. Take turn/wait. Recognise whose turn. Wait/take turn. Share attention. Identify when task has finished.
To be able to request an object from a peer during a small group activity.	John will continue to take part in group activities which he finds highly motivating, such as sensory exploration. He will be provided with photos of his peers and symbols of the objects they are using to be able to build a sentence to ask the correct person for what he would like. Initially, he will be supported by an adult to build the sentence, making his choice first, then being encouraged to 'look' to see who has it. He will be offered a choice of 2 photos to choose from. Over time, it is expected that John will need fewer prompts and will be able to select from a greater number of photos when identifying 'who'.	Look. Choose object (symbol). Look. Identify who has object. Find relevant photo. Make sentence. Travel to correct person. Show sentence. Accept object.

Spaiŋ

		INDIVIDUALIZED CURRICULAR ADAPTATION
Stage: Primary	Cycle 1	Level 1

Name	Date of Birth	Place
Address and Population		
Telephone number		
Name and profession father		
Name and profession mother		

Student's History

Internal and External	
equipment studies	
Schooling	
oonooning	
Libert Charles and	
Identified needs	

		1 None	2 Little	3 Normal	4 Good	5 Very good
1	Conditions/ Physical environments					
e.g	Needs to be seated near the teacher					
2	Strategies for the completion of tasks					
e.g.	Time to complete tasks is normal					
3	Level of attention					
e.g.	He is restless					
4	Motivation and interest in class					
e.g.	He struggles to learn					
5	Personal work					
e.g.	He takes care of materials					
6	Attitude to tasks					
e.g.	Completes tasks in class					
7	Participation in the classroom					
e.g.	He is active					
8	Type of aid					
e.g.	Needs individual attention					
9	Attitude to peers					
e.g.	He is a leader					
10.	Attitude before the norms					
e.g.	He complies					
11	Attitude to correction and reprimands					
e.g.	Aggressive manner					
12	Favoured reinforcements					
e.g.	Social reinforcement					
13	Area of strength					
e.g.	Physical / manual					
14	Visual memory					

(There are a number of examples for each heading - only one per heading given here)

SPECIAL EDUCATIONAL NEEDS

Identified Needs

Problems in the acquisition of	
Independence skills	
Alterations in cognitive skills	
Alterations in communication and	
Alterations in communication and	
language	
Alterations in socialisation	
Alterations in behaviour	
Alterations in motor skills	

EVALUATION OF CURRICULAR COMPLEXITY

CHILD EDUCATION

AREA: COMMUNICATION AND REPRESENTATION

(There are many areas to score in each heading - only one example per heading is given here)

		-3	3A	4A	5A		
1 OR	1 ORAL LANGUAGE						
1.5	is expressed with pronounciation intonation and appropriate rhythm						
2 WF	RITTEN LANGUAGE						
2.7	Demonstrates perceptive-motor skills						
3 VIS	SUAL ARTS						
3.3	uses the basic techniques of drawing, painting, modelling and collage.						
4 ML	JSICAL EXPRESSION						
4.4	interprets simple and well-known songs, individually or in groups, following the rhythm and melody						
5 BC	DY EXPRESSION						
5.2	using the basic resources of self expression						
6 SP	6 SPATIAL AWARENESS						
6.8	uses the numeric series to count objects						

AREA: IDENTITY AND PERSONAL AUTONOMY

1 BC	1 BODY KNOWLEDGE AND SELF IMAGE					
1.7	he values himself positively and relies on his abilities					
2 PE	RCEPTIVE MOTOR SKILLS INVOLVED IN DIVERSDE INDOOR TASKS					
2.4	is able to locate and move in space in relation to objects and is able to locate and move objects in relation to itself					
3 CC	GNITIVE AFFECTIVE RELATIONAL ASPECTS OF EVERYDAY LIFE					
3.3	collaborates with peers and adults asking with confidence for the necessary help at the right time					
4 HEALTH: BASIC SELF CARE						
4.1	accepts the norms of behavior established during different meals, not getting up					

AREA: DISCOVERY OF THE PHYSICAL AND SOCIAL ENVIRONMENT

1 SOCIAL RELATIONS AND HUMAN ACTIVITY

-						
1.1	knows the rooms and purpose of the house and its functions					
2 0	BJECTS					
2.3	points out and knows the functions of the instruments related to food					
3 Pl	3 PLANTS AND ANIMALS					
3.1	is able to observe and distinguish the characteristics of some plants in the environment					
4 THE LANDSCAPE						
4.2	identify different types of natural landscapes: field sea mountain					

DESIGN AND ADATATION OF THE CURRICULUM

CURRICULUM ACCESS

Materials:

Communication:

Organization - space and time

Professionals

VERY SIGNIFICANT IN THE CURRICULUM

General Objectives:

Contents - Operational Objectives (see table below)

AREA	CONTENT	OBJECTIVE
PERSONAL AUTONOMY	Eating: the table, the menu, the utensils	
	Dressing: shoes clothes and care	
	Cleanliness. Basic care, order and sequence. Use of handkerchief.	
	Orientation and travel: at home at school. Road safety	
	Work habits	
COGNITION	Perception	
	Knowledge of environment	
	Objects of environment	
	Relationship with environment	
	Body outline	
	Attention abstraction reasoning memory	
	Numeracy	
	Literacy	
LANGAGE AND COMMUNICATION	Language comprehension	
	Expressive language	
SOCIAL SKILLS	Interaction	
	Adaptation of context	
	games	
	Self determination	
MOTOR	Fine	
	Gross	

METHODOLOGICAL CRITERIA

- Natural contexts
- Interests
- Everyday routines
- Incidental situations aids
- Different modalities
- Opportunities to choose
- Learning without error
- Avoiding distraction

EVALUATION

Initial

Continuing

Final

POLAND

IEP

Name and Surname	George G.
Date of birth	r.
Level of <u>education</u>	1st <u>level of early education</u> <u>Attending educational classes</u> (6 pupils).
Date and No of	of
Certificate	Certified by On 1st level of early education.
Types of disabilities	Multiple disability, severe mental disability , sensory impaired, physicaly disabled.
Period of the program	Early education.
Accomodations on external exams	Do not apply
Additional notes	Wheelchair user , hearing aid

Information given by specialists working with the child						
Specialist	Strengths	Weaknesses				
Physiotherapist	Maintain upright position with a helper, using a wheelchair, using hand whilst playing with toys.	Not <u>able</u> to <u>move</u> on <u>his ow,</u> problems to <u>move</u> independently.				
Cognitive skills therapist	Well eyesight perception	Difficulties with proper and fast reaction on factor.				
	<u>Uses trial</u> and error <u>method</u> , able to build some toy blocks' constructions.	Difficulties to focus, maximum 2 minutes, not able to copy pictures, problems with finishing tasks.				

Specialist Strengths Weaknesses Over reactivity, hysterical, Psychologist He reacts positively on positive feedback opposing hearing aids, crying, easily becomes discouraged Speech therapist Understands simple Difficult to have contact with, instructions, Lack of verbal communication with classmates Uses some gestures, Produses some sounds, Remains eye contact.

Information given by specialists working with the child

INFORMATION GIVEN BY THE FORM TUTOR AND OTHER TEACHERS

Specialist's area	Strengths	Weaknesses
SELF-SERVIVE	Eager to work with a therapist.	Does not signalise his operational needs .
SOCIALIZATION	Reacting on people from his surrounding. Knows Yes – confination and No as a denial	Does not control his feelings and emotions, doe not make contact with peers.
COMMUNICATION	Using some natural gestures, natural mimes, vocal signals, pointing with his hands.	Does not communicate verbally, becoming easily angry being not understand.
COGNITIVE SKILLS	Eager to manipulate.	Low motivation.

INFORMATION GIVEN BY THE FORM TUTOR AND OTHER TEACHERS

Specialist's area	Strengths	Weaknesses
SELF-SERVIVE	Eager to work with a therapist.	Does not signalise his operational needs .
SOCIALIZATION	<u>Reacting</u> on <u>people</u> from <u>his</u> surrounding. Knows Yes – <u>confination</u> and No as a <u>denial</u>	<u>Does</u> not <u>control his</u> feelings and emotions, doe not <u>make contact</u> with <u>peers</u> .
COMMUNICATION	Using <u>some natural gestures,</u> natural mimes, vocal signals, pointing with <u>his hands</u> .	Does not <u>communicate</u> verbally, becoming easily angry being not understand.
COGNITIVE SKILLS	Eager to manipulate.	Low motivation.
STRENGTHS	WEAKNESSES	

Child's traits		D	Developmental and educational difficulties			
	Positive attitude.	•	Lack of <u>communication</u> .			
	Eager to manipulate. Reacting on simple	•	Lack of self -service and signalising operational needs.			
	instructions. Strong upper limbs.	•	Using a <u>wheelchair</u> , <u>Disability</u> and <u>insuffisient usage</u> of <u>upper</u>			
		•	limbs Over activity .			

INFORMATION GIVEN BY THE FORM TUTOR AND OTHER TEACHERS

Specialist's area	Strengths	<u>Weaknesses</u>
SELF-SERVIVE	Eager to <u>work</u> with a <u>therapist</u> .	Does not signalise his operational needs .
SOCIALIZATION	Reacting on people from his surrounding. Knows Yes – confination and No as a denial	Does not control his feelings and emotions, doe not make contact with peers.
COMMUNICATION	Using <u>some natural gestures,</u> natural mimes, vocal signals, pointing with his hands.	Does not communicate verbally, becoming easily angry being not understand.
COGNITIVE SKILLS	Eager to manipulate.	Low motivation.

Educational goalsTrainings of self -hygiene Stimulating verbal communication. Stimulating independent moving.Therapeutic goalsIntroducing an alternative communication MAKATON. Learning how to keep upright body position Improving the usage of upper limbs.Pedagogical goalsSocialising . Training of emotional reactions. Interaction with peers, rules and principles training.	AREA	TO INTRODUCE
 Therapeutic goals Introducing an alternative communication MAKATON. Learning how to keep upright body position Improving the usage of upper limbs. Pedagogical goals Socialising. Training of emotional reactions. Interaction with peers, rules and principles training. 	Educational goals	 <u>Trainings of self -hygiene</u> <u>Stimulating verbal communication</u>. <u>Stimulating independent moving</u>.
 <u>Pedagogical goals</u> <u>Socialising</u>. Training of <u>emotional reactions</u>. <u>Interaction</u> with <u>peers</u>, <u>rules</u> and <u>principles training</u>. 	Therapeutic goals	 Introducing an alternative communication MAKATON. Learning how to keep upright body position Improving the usage of upper limbs.
	Pedagogical goals	 Socialising . Training of emotional reactions. Interaction with peers, rules and principles training.

ACTION		EFFECTS		A	CTIVITIES	EF	FECTS	
Practicing self-hygiene. A ch using MAK		•A child signali using words, s MAKATON. • Withdrawing	zing his operational needs <u>ymbols or gestures</u> from nappies.	 Using an alternative communication- Makaton Strengthening child's muscles in 		ommunication- • muscles in •	 Child uses gestures and Makaton' symbols signalising needs He is able to stand and hold upright 	
• <u>Practicing</u> dressing <u>up</u> and <u>taking</u> off the <u>clothes</u> .		g • The <u>child put</u> independently • <u>Zips</u> the zip. • <u>Buttons</u> big b	s the <u>hat</u> and <u>jacket</u> on		upright position	•	position for a mon Get <u>onto, get</u> off th <u>independently</u> .	nent. e wheelchair
• <u>Self</u> -reliant <u>eating</u> .		 Able to drink Bites, chews, Puts food in tand spoon. 	<u>using</u> a <u>cup,</u> , he <u>mouth without using fork</u>		Walking exercises	•	Crawling Walking on hardpa physioterapist's su	an with Ipport
LEARNING AREA	NAME OF THE CURICULUM	AREA OF ADJUSTMENT TO INDIVIDUAL NEEDS	INDIVIDUAL FORM AND METHODS		FORMS AND METHODS	OKRES UDZIELANIA DANEJ FORMY POMOCY	TYGODNIO WY WYMIAR GODZIN	UWAGI
SCHOOL CLASSES	Program "Świat w	Program <u>will</u> be intruduced in limited areas in	Accomodation of pupil's classroom's place.	<u>P</u>]	hysical therapy	from 2.09. 2015	1	Individual therapy program
SOCIAL DEVELOPEMENT	ręki" Author : Katarzyna	accordance with pupil's abilities .	Trips. <u>Walks</u> . Practical exercises. Play and learn method.	Ir th	ntegrative sensorial nerapy	from 2.09. 2015	1	Individual therapy program
COMMUNICATION	G.		<u>Self</u> -service <u>trainings</u> .	Sj	peech <u>therapy</u>	from 2.09.2015	1	Individual therapy program

FORMS AND METHODS	PERIOD OF TIME	WEEKLY/HOURS	NOTES
<u>Activities</u> developing communication	From 1.09.2015	1	Group therapy (3 uczniów)
<u>Self</u> - service <u>training</u>	From 1.09.2015	1	Individual program
Activities stimulating cognitive skills	From 1.09.2015	1	Group therapy program (3 pupils)

TURKEY

IEP

EDUCATIONAL ENVIRONMENT	SUPPORT SERVICES	THE FIELD OF DICIPLINE
 Inclusive education Special education classes Special education schools Hospital schools 	 Resource room In-class support Speech and language therapy Physical therapy Transportation Parent counseling Homeschooling 	 Self-care ability Academic skills Communication skills Motor skills Life skills Social harmony Social skills Music skills Art skills

PERSONAL INFORMATION

Student Name: Eren

Student Number: 20

Grade: 8/A

Date of Birth: 08.09.2002

Gender: Male

School: OZDEBIR Ozel Egitim Uygulama Merkezi

Disability: Autism (Primary) / Language and Speech Impairment (Secondary)

IEP Case Manager (Headmaster/ Deputy Headmaster):	Ali Erdem KOCAMIŞ				
Student:	Eren ÇELİK				
Parents:	Adem ÇELIK - Ayşegul ÇELIK				
Teachers:	Öznur Dönmez B.Tuğba KUVVETLİ Can BEKTAŞ Emine ERENLER Nagehan ERDOĞA				
School Counselor:	Melek CİHAN				
Representative from Guidance and Research Center (if any):	Filiz TANRIVERDİ				

Individualized Education Program (IEP) is developed by the IEP team. This team consists of the headmaster/ deputy headmaster, a special education teacher, general education teacher(s) and branch teachers, a school counselor or school psychologist. Other specialists such as a speech-language pathologist, an

audiologist, a physical therapist, a social worker, and a healthcare professional may be invited to the meeting if needed. The key members of the IEP team are the parents. The student may also attend the meetings if appropriate.

The main purpose of the team is to evaluate the student's present performance level in various subjects in order to develop the IEP, to identify proper educational environment, to arrange supporting services for the student.

The team carries out their duty in five stages.

1. Preparation: The team contacts with parents and receives their approval, informs the other members of the team, decides on the evaluation subjects, schedules the observation and evaluation dates, discusses the meeting date.

2. Observation: This stage includes a series of test to identify the present performance level of the student with SEN. Those are standardized tests, criterionreferenced tests, naturalistic observations, and interviews with parents and other teachers. Also, each area of need is determined according to various factors such as how the student's disability affects his or her involvement and progress in the general curriculum, his or her age, the environment he/she lives, and language he/she exposes. Thereafter, collected data is processed.

3. Placement: In this stage, proper educational environment is identified and supporting services are arranged considering the evaluation results.

4. Development of the program: It consists of two main steps. First one is development of the program. Based on the collected data (which displays the present educational level of the student); long term and short term goals are set, appropriate teaching materials are determined and teaching methods are established. Second step is the implementation of the program.

5. Implementation and evaluation of IEP: The team tracks and evaluates the program, revises the objects to measure the student's progress toward goals then makes amendment if necessary.

Eren is an 8th grade student with reading skills at early a 1st grade level. He is working on writing skills and learning to read. He has language and speech impairment which affects his pronunciation. He substitutes another sound, leaves sounds out, or changes the sound. He mostly pronounces one syllable of the word. He expresses his needs with 1-2 word sentences. In written language, he is able to write with sight. But he has problems with writing some letters (e.g. "y", "g", "p", "k") Eren needs to improve his pronunciation and get support from a speech therapist, needs to improve his writing skills for readable lettering.

In the area of personal hygiene; Eren washes his hands and after the usage of restroom, before and after the lunch. He keeps his desk clean. He uses tissue to wipe his nose. Eren is aware of his surroundings and collects trash and throws to bin when he sees it. Yet, he does not have a habit of brushing his teeth. Eren needs to adopt the habit for oral health.

When presented with a variety of objects and/or pictures, Eren identifies many of them. He knows himself and his classmates. He can distinguish gender and age. He understands the action. However he has difficulty with longer sentences because of his speech impairment. He also has a problem combined actions. Eren should increase his vocabulary by naming an attribute of the objects. He needs to improve his communication skills.

IEP MEETING									
STUDENT									
Name-Surname EREN CELİK				Meeting Date	19.02.2018				
Date of Birth		08.09.2002	Gender ERKEK			Meeting No	3		
Grad	e	8/A	School No	20					
					-				
AGENDA				PARTICIPANTS					
1. Greeting of the team members					Name-Surname	Sign			
2. Discussing the purpose of the meeting				Student	Eren ÇELİK				
3. Reviewing the laws and regulations related to IEP and the process in				Parents	Ayşegül ÇELİK				
special education					Adem ÇELİK				
4. Setting the annual goals				General Education Teacher					
5. Opinions and approval of parents			Special Education Teacher	Öznur DÖNMEZ					
					B. Tuğba KUVVETLİ				
6. Setting up the time and the date for the next IEP meeting				School Counselor	-				
				IEP Chairperson	Ali Erdem KOCAMIŞ				
OBJECTIVES				Other Participants *					
1. Long term goals are set by the approval of the parents.			Assignment/ Branch:	Can BEKTAŞ/ Physical					
				-	Education Teacher				
2. For Reading-Writing course; "reading and writing the words",					Emine ERENLER/ Visual				
"reading and writing the sentences" are set as goals.					Arts Teacher				
3. For Adaptive Skills course; "brushing the teeth" is set as goal.				Nagehan ERDOĞAN/					
					Music Teacher				
4. For Speech and Language Development course; "expressing the									
scene in the picture", "putting the pictures into correct order" are set									
as goals.									
5. The date is set for the next IEP meeting.									
Date	of the Next IE	CP Meeting	16/04/2	2018					

* Other teachers from previous years (if any) can attend the meeting. Experts from other institutions may be invited to the meeting for the opinion and suggestion.

GOALS AND OBJECTS

LONG TERM GOAL

1. Given first grade level words, Eren will read them with verbal reminder with 80% accuracy in 4 of 5 opportunities; and write them by sight independently or minimum physical assistance with 70% accuracy in 4 of 5 opportunities by the end of the semester.

OBJECTIVES

- ✓ Eren will repeat the word after the teacher with 70% accuracy in 4 of 5 opportunities in the first two weeks.
- ✓ When it is shown, Eren will read the word independently or verbal reminder with 70% accuracy in 4 of 5 opportunities in the next two weeks.
- ✓ Given different words, Eren will recognize and show the word independently or physical assistance in 4 of 5 opportunities by the end of the semester.
- Eren will sight-write the given word with minimum physical assistance with 70% accuracy in 4 of 5 opportunities by the end of the semester.

LONG TERM GOAL

2. Given first grade level sentences (2-3 word sentences), Eren will read them with verbal reminder with 80% accuracy in 4 of 5 opportunities; and write them by sight independently or minimum physical assistance with 70% accuracy in 4 of 5 opportunities by the end of the semester.

OBJECTIVES

- ✓ Eren will repeat the sentence after the teacher with 70% accuracy in 4 of 5 opportunities in first two weeks.
- ✓ When it is shown, Eren will read the sentence with verbal reminder with 70% accuracy in 4 of 5 opportunities in the next two weeks.
- ✓ Given different sentences, Eren will recognize and show the sentence independently or physical assistance in 4 of 5 opportunities by the end of the semester.

LONG TERM GOAL
3. Eren will express the scene in the picture in by answering the questions of the teacher with 70% accuracy in 4 of 5 opportunities by the end of the semester.

OBJECTIVES

- ✓ When the teacher asks "what is this?", Eren will show and tell at least five objects with 70% accuracy in 4 of 5 opportunities by the end of the semester. If he fails, Eren will repeat after the teacher until he will name the objects with minimum cue.
- ✓ When the teacher asks "who is this?", Eren will show and tell the persons in the picture by describing them according to their age and gender with 80% accuracy in 4 of 5 opportunities by the end of the semester.
- ✓ When the teacher asks "what is he/she doing?", Eren will answer the questions to express the scene with verbal assistance with 70% accuracy in 4 of 5 opportunities by the end of the semester.

LONG TERM GOAL

4. Given at least 3 pictures, Eren will put them into correct order to complete the story with verbal assistance with 70% accuracy in 4 of 5 opportunities by the end of the semester.

OBJECTIVES

- ✓ Given the pictures one by one, Eren will describe the pictures by naming the objects, time and place with verbal assistance with 70% accuracy in 4 of 5 opportunities in first three weeks.
- ✓ Given the pictures one by one, Eren will describe the action with verbal assistance with 70% accuracy in 4 of 5 opportunities in the next three weeks.
- ✓ Given at least 3 pictures randomly, Eren will put them into correct order with 60% accuracy with verbal assistance in 4 of 5 opportunities by the end of the semester. If he fails, Eren will put at least 2 pictures in order with physical and verbal assistance until succeeds
- Eren will tell the story on the pictures from beginning to end by verbal assistance with 70% accuracy in 4 of 5 opportunities by the end of the semester.

5. When asked to brush his teeth, Eren will complete 10- step process in order independently or minimum cue with 75% accuracy, in 7 of 10 attempts by the end of this semester.

- ✓ When the instruction is given, Eren will take the toothpaste with verbal reminder with in 5 opportunities by the end of March; and independently in 4 of 5 opportunities by the end of the semester.
- Eren will unscrew toothpaste cap with physical assistance in 5 opportunities by the end of March; and independently (or minimum cue) in 5 opportunities by the end of the semester.
- Eren will take the toothbrush in other hand correctly with verbal reminder in 3 of 10 opportunities; and independently in 7 of 10 opportunities by the end of the semester.
- ✓ Eren will put small amount of toothpaste on toothbrush independently in 7 of 10 opportunities by the end of the semester.
- Eren will replace toothpaste cap with verbal reminder in 6 of 10 opportunities by the end of the semester. Eren will brush up and down on upper and lower teeth with physical assistance with 60% accuracy in two weeks; with verbal reminder and minimum physical assistance with 70% accuracy in later three weeks; and independently or minimum cue with 70% accuracy by the end of the semester.
- Eren will turn water on with verbal reminder in 5 opportunities by the end of March; and independently in 4 of 5 opportunities by the end of the semester.
- Eren will rinse toothbrush with verbal reminder in 4 opportunities by the end of March; and independently in 5 of 6 opportunities by the end of the semester.
- \checkmark Eren will wash his mouth independently in 8 of 10 opportunities by the end of the semester.
- Eren will turn water off with verbal reminder in the first 3 opportunities; and independently in 7 of 10 opportunities by the end of the semester.

Theory of mind suggests that many people with autism have an impairment of social understanding, the ability to think in ways necessary for appropriate for social interaction.

People with autism do not act appropriately in social situations, do not understand that others might have a different opinion to them, or that others may want to do something different to what they want to do.

From their perspective, the statements and actions of others may at times seem to occur without meaning or identifiable purpose, occurring randomly and without warning or logic.

Theory of mind also suggests that many people with autism do not understand that other people have their own - thoughts, - feelings, - plans and - points of view. As a result social situations become unpredictable and confusing. This can lead to: - Social Isolation - Exclusion - Lack of opportunities.

How do social stories help?

Social stories attempts to address the 'theory of mind' impairment by giving individuals some perspective on the thoughts, emotions and behaviors of others. It was developed by Carol Grey (1994) for use with children with Autistic Spectrum Disorder (ASD), but are also used successfully with adults with autism and related disabilities. It provides a distance between 'teaching' and the social the situation.

What is a social story?

Social story is a short story written in a specific style and format. They describes what happens in a specific social situation and presents information in a structured and consistent manner. It gives social information through pictures and text as opposed to speech or observation (notable areas of weakness). Each story provides clear, concise and accurate information about what is happening in a specific social situation. It describes what is obvious to most of us, but not to those with impaired social understanding. The story describes what people do, why they do it, and what the common responses are.

The purpose of Social Stories

- To provide a prompt for socially appropriate behavior;
- To help a person become familiar to a situation, and to respond appropriately;
- To help prepare for a new experience;
- To provide positive feedback so that people can recognise their own appropriate behavior;
- To help prevent extreme reactions that stem from a lack of social understanding.

Romania

INDIVIDUALIZED EDUCATIONAL PLAN

Period: octombrie 2015-mai 2016

I. Basic information:

Pupil s surname/name: C.A.

Date of birth: 27.03.2005

Diagnosis: Eyesight impairment, Retinopathy of prematurity stage IV-V, Slight mental deficiency

Special education teacher: O.A.

Schoolteacher: K.M.

Schoolteacher: T.B

II. Reference areas:

- 1. Polysensory compensation
- 2. Spatial orientation and mobility
- 3. Alternative communication skills
- 4. Romanian language and comunication
- 5. Mathematics and environmental studies

6. Cognitive stimulation

III. Intervention planning

Overall objectives:

- 1. To generate and develop compensation mechanisms with adaptive function
- 2. To stimulate and develop general mobility and locomotory skills
- 3. To stimulate, practise and develop alternative communication skills

Reference goals:

1. Polisensory compensation

Tactile kinestethic education

1.1 To stimulate and develop prehension and fine motor skills

1.2 To form, practise and develop hand to hand coordination

1.3 To form, practise and develop tactile-kinaesthetic sensitivity

1.3 a) To form, practise and develop tactile-kinaesthetic representations about objects categories

- b) To form and work wih concepts
- c) To form, practise and develop tactile-kinaesthetic representations about ojects images
- d) To create and develop the ability of tactile differentiation of symbols (figures, letters, mathematical signs, musical notes)

Auditory education

- 1.4 To educate and practise phonemic hearing
- 1.5 To form and develop the ability to pick up, understand and correctly formulate oral and written messages

1.6 To develop the ability of using compensatory technical means (technical compensation)

Gustatory and olfactory education

1.7 To form and develop the ability to identify/discriminate basic tastes (sweet/bitter/sour/salty) and smells, using food and familiar stuff

Visual education

- 1.8 a) To work on the eye muscles
- 1.8 b) To stimulate, practise and develop eye-motor coordination skills

1.8 c) To form and develop perception schemes by quickly detecting essential reference points

1.8 d) To increase the speed of perception

- 1.8 e) To increase visual differentiation skills by finetuning the ability to distinguish between details and shades
- 1.8 f) To finetune the sense of depth, te ability to perceive the raised quality of three-dimensional objects
- 1.8 g) To stimulate and develop chromatic sensitivity

2. Spatial orientation and mobility

- 2.1 To understand the body scheme and master laterality
- 2.2 To form motor skills
- 2.3 To form and develop spatial orientation-organisation-structuring sills
- 2.4 To master mobility and orientation techniques
- 2.5 To form and develop the abiity to use technical means and instruments

3. Alternative communication skills

- 3.1 To develop lexicographical skills in Braille
- 3.2 To correct lexicographical disorders in Braille
- 3.3 To learn the basics of reading and writing in black and white

There is more information on developing Personalised plans for pupils with MSI in the Additional Information section of the Appendices below

Bulgaria



REPUBLIC OF BULGARIA Ministry of Education and Science Center for Special Educational Support "Dr. Petar Beron" Dobrich 4 Yordan Yovkov Street, Tel: 058/60 20 24 E-mail: <u>beron@abv.bg</u>, <u>http://beron-dobrich.info//</u>

Support plan 2017/2018 school year

Date of birth: 11.03.2008 Age: 9 years Place of birth: Dobrich group / class: I group L class

I. Main objectives and tasks of additional support for personal development related to the strengths and potential capabilities and needs of the child and tailored to the type and extent of the violation

Objectives	Tasks
Autonomy	Concentration of attention and stimulation of more autonomy in all activities.
Socialization	To master the social role of the student. To participate actively in the life of the class.
Developing individual skills.	Developing and improving skills and habits to tackle various activities.
Language development and communicative skills.	Increase the volume of active and passive vocabulary. Understanding the basic rules for dialogue.

II. Type of special educational and additional support:

*Short-term

* Long-term

Including: one school year

1. Work with a child and a student on a specific case;

2. Psycho-social rehabilitation, rehabilitation of hearing and speech, visual rehabilitation, rehabilitation of communicative disorders and physical disabilities;

3. Providing accessible environmental, general and specialized support environment, technical equipment, specialized equipment, didactic materials, methodologies and specialists;

4. Individual curriculum with reduced subjects from Section A;

5. Individual curriculum for different subjects.

III. Type and form of training: regular / daily

IV. Description of the opportunities, strengths and potential of the child / pupil for inclusion and participation in the educational process:

With help understands the meaning of many words and performs simple instructions. Elementary grammar skills have been built.

With help arranges and writes letters and numbers, outlines patterns on a template. The child works alone with a constructor, a mosaic, a ring of rings and stringed beads.

It build into self-made figures of pets, vehicles, chestnuts. Group objects according to a given pattern - shape, color and size. With help, it is applied with finished cut elements. He tries to model imagination.

V. Educational objectives and expected learning outcomes of the child / pupil / criteria /:

1.Cognitive development of the student: perceptions, concepts, thought processes, memory operations, attention and others: Improving memory parameters. Development of the mental operations, the sustainability of the attention and the increase of the degree of concentration.

2. Development of the student's linguistic and communicative skills: expressive and impressive speech, written speech, reading skills: Improve communication skills - understand instructions correctly, listen and follow instructions.

3. Knowledge acquired and acquired skills and competences of the student:

Bulgarian Language and Literature: Writing letters on a dot. To recognize heroes of literary works by picture. To understand positive and negative qualities. To listen carefully to poems, fairy tales, riddles, rhymes. To model letters.

Mathematics: Matching two identical objects. To write figures by dots and outlines geometric shapes. To sort by specified attribute. Environment: Enriching knowledge about Bulgaria - holidays, customs and traditions, anthem, coat of arms, flag. Enriching the concepts of the plant and animal world, the seasons, the occupations of the people. To point to objects related to personal hygiene.

Technical subjects: To know and develop skills for working with natural materials, to cut, apply, paint, model. Properly and safely use tools and tools.

 Emotional status and behavior of the student: Improving emotional stability. Create friendly relasioships. Understand rules of conduct in schools and in public places IV. How to Evaluate the progress of a child or student through a Progress Map Appendix 1:

Quantitative indicator Quality Score

VII. Special methods and means to achieve the objectives and tasks

- Descriptive
- Practical
- Spoken
- Therapeutic methods: drama, art therapy, puppet therapy, individual and group therapy
- Surveillance during play and in natural conditions.

VII. Special methods and tools to achieve the objectives and tasks:

Demonstrative

Practical

Spoken

Therapeutic methods: drama, art therapy, puppet therapy, individual and group therapy Observation during play and in natural conditions. VIII. Determining the frequency of implementation of additional support activities:

1.Total hours - 22 hours

/ speech therapist, psychologist, group teacher and other specialists /

IX. Teamwork description:

1.logoped / number of hours / - 2 hours

2.psychologist / number of hours / - 2 hours

3.rehabilitation of physical disabilities - / number of hours / - 1 hour

X. Resources needed to further support effective transition between institutions and between stages and grades:

· availability of medical documentation

· availability of pedagogical documentation

· providing personal contact between the specialists of the institutions / if necessary /

assistance to the parent

• the availability of a suitable material and technical basis for the implementation of specific methods of impact (if necessary)

· Access to team-specific specialists outside the school

Coordinating team....

Parent....



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INDIVIDUAL TRAINING PROGRAM

Full name of the student: Year and date of birth: 18.01.2008 Age: 9 years Group / Class: I group / 2nd grade Form of training: Daily for the 2017/2018 school year

BULGARIAN LANGUAGE AND LITERATURE (BULGARIAN LANGUAGE AND LITERATURE – 96 hours per year, 3 hours I term, 3 hours II term)

Bulgarian language and literature training is a process of competence development in three main areas:

- development of elementary socio-communicative skills to facilitate meaningful communication in real communicative situations;

- development of general education knowledge and practical skills that contribute to the social and moral-aesthetic formation of the student's personality;

- empirical mastering of certain language skills and knowledge on the basis of positive attitude towards communication, joy and enjoyment of the learning process.

Goals:

- Forming skills to listen and perceive a foreign speech;

- acquires initial knowledge and ideas about the letters;
- Accumulation of a passive vocabulary and development of an active vocabulary;
- development of thinking, memory, imagination;

Areas of competence	Knowledge, skills and relationships
Developing phonematic	To know vowel and agree sounds, to work with a cut-off alphabet, to know and color the
hearing	letters.
Developing communication	To immitate sound different animals and instruments, to develop expressive speech.
skills	
Adoption and reflection of artistic works	To understand the read and point out characters on a picture. To understand positive and negative qualities, to mold fairy-tale characters with help.
Developing graphic writing skills	Skills for proper pen and pencil holding. Write letters by dash or pattern. To model letters with plastilin and sticks.

EXPECTED RESULTS OF TRAINING

Areas of competence	Knowledge, skills and relationships
Developing phonematic	To know vowel and agree sounds, to work with a cut-off alphabet, to know and color the letters.
hearing	
Developing communication	To sound different animals and instruments, to develop expressive speech.
skills	
Adoption and reflection of	Understand what you read and point out characters on a picture. To understand positive and
artistic works	negative qualities, to mold fairy-tale characters with help.
Developing graphic writing	Skills for proper pen and pencil holding. Write letters by dash or pattern. To model letters with
skills	plastilin and sticks.
Developing graphic writing	To know vowels and consonants sounds, to work with a cut-off alphabet, to know and color the
skills	letters.

EDUCATIONAL CONTENT

Торіс	Competencies as expected learning outcomes. Student:	New concepts	Activities for acquiring key competencies
Grapho motor exercise	Elementary ideas for proper pen and pencil holding. Writing by contour and pattern; straight, curved line.	Straight line, curve line	The student performs motoring exercises with pencil and pen for developing the fine motoring activity. Works with cardboard, color, outlines.
Communication	He/she learns concepts related to the closest environment, with daily activities, listens and performs instructions.	Communicate	The student performs, in conjunction with the teacher, day- to-day activities related to moments in the center; works with demonstrative material.
Letters	To learn new letters. Write them on a dot or a sample template with help. To recognize and discover them.	Letter	Write letters by dash or help pattern. To model letters with plasticine or sticks.
Listening and perception of an artistic work	Identifies in illustrations the sequence the sequence in the subject of a literary work. Recognizes and points the characters from a familiar literary work.	Good, bad	Works with demonstrative materials - boards, pictures, books, computer. He/she listens and repeats, points out good and bad heroes.

The student's achievements are assessed on the following scale:

- participates in co-operation with the teacher;

- involves in group activity;

- has the ability for independently performance an accessible learning task;

- has skills for practical application of the acquired knowledge under changed conditions;

- has correction skills with targeting and self-correction in speaking, reading, and writing. Criteria for final qualitative assessment:

- Achieves the goal / task
- Performs the task
- Encounters difficulties in achieving the goal / task

PHYSICAL EDUCATION AND SPORT

(64 hours per year, 2 hours, I therm, 2 hours, II therm)

OBJECTIVES:

The goals of physical education and sports training are directed towards the formation of motor skills and habits, the development of physical qualities and the improvement of coordination capacities according to the age specifics of development.

Training in physical education and sport should lead to strengthening students' health, developing their motor skills, providing maximum opportunity for self-realization in different spheres / learning, household, labor, etc., enriching their motor skills and forming higher motor skills, developing their motor skills and coordination skills, stabilizing their psyche, quenching their will, and enhancing confidence in their own strengths and abilities.

The realization of these goals is achieved by solving different tasks: remedial, educational, correctional;

Healthy tasks:

Ensuring optimal drive mode;

Prevention of health;

Development of physical qualities;

Scholastic tasks:

Formation of accessible physical knowledge and skills aimed at organizing motor activity, self-use of physical education;

Forming habits for personal and public hygiene.

Educational tasks:

Forming a positive attitude towards physical-healing activities; Learning personal qualities.

EXPECTED RESULTS OF TRAINING:

Areas of competence	Knowledge, skills and relationships
Walking, scrambling and passing	Formation of motor habits and skills for coordinated movements. Development of sensory motor and physical qualities.
Ball and rope games	Skills for catching, giving and rolling a ball with both hands. Skills for precision and accuracy of performance.
Remedial gymnastics	Optimal development of the child's organism, through various motor activities, improvement of the physical qualities. Correction of disturbances in the locomotor system.
Jumping, passing, throwing, kicking	Formation of motor skills and habits - development of coarse motorcycle. Developing ball exercises. Development of reaction speed.
Moving, relay race, folk games	Reinforcing the already mastered motor skills. Skill for playing different games.

EDUCATIONAL CONTENT

Торіс	Competencies as expected learning outcomes.	New	Activities for acquiring key competencies
	Student:	concepts	
Walking	Development of general motor skills and	Walking	Walking on the toes, rhythmic walking, walking
	physical qualities. Formation of motor skills and		with a hand on hand, walking with hands on the
	habits. Has basic walking skills.		waist.
Running and jumping	Ability to run in a straight line, in zigzag, under	Run, jumps,	Performing a variety of body development
	the rhythm of music. He/she wants to jump over	rope	exercises - running in zigzag; with moderate
	an obstacle.		intensity; - jumping with a rope; from low to
			high.
Games with musical	Mastering physical skills through various games	Tact	Performing movements under the music stroke.
accompaniment.	with musical accompaniment.		Developing metro-rhythmic flair.

Mobile and relay	Improving the speed of the reaction.	Rules	Performing group activities with a complex
games.			functional
			impact.
Game with a ball	Optimal development of the child's organism	Ball	Pinching and rolling of a rubber ball, throwing a
	through a variety of activities. Skills for		ball over the head, kicking a ball, giving a small
	catching, passing through and kicking a ball.		ball.
Exercise for fine	Knows and performs various exercises.		Performance a variety of exercises to develop
motor development.			fine motoring.

PERSPECTIVE FORMS AND METHODS FOR EVALUATING A STUDENT'S ACHIEVEMENTS

The student's achievements are assessed on the following scale:

The state of physical fitness is assessed through a system for controlling and assessing the physical capacity of the students

- Participates in cooperative activities with the teacher;
- Skills for catching and giving a ball
- Includes in group games;
- Has the ability to independently implement available instructional instructions without help;
- Has skills for practical application of the acquired knowledge;
- Has the ability to perform elementary physical exercises and games.

Criteria for final qualitative assessment:

- Achieves the goal / task
- Performs the task
- Encounters difficulties in achieving the goal / task

Full name of the parent (the representative of the child / carer) who participates at the assessment:

Parent:....

Similarly, it is made for all other subjects MATHEMATICS, NATURE AND WORLD, MUSIC, ART, TECHNOLOGY AND ENTREPRENEURSHIP



REPUBLIC OF BULGARIA

Ministry of Education and Science Center for Special Educational Support "Dr. Petar Beron" Dobrich 4 Yordan Yovkov Street, Tel: 058/60 20 24 E-mail: beron@abv.bg, http://beron-dobrich.info// Plan to assess progress in development for the period 15.09.2017- 02.02.2018 2017/2018 school year

Areas	Results		
Adaptation in C.S.E.S	Successful adaptation with desire comes to school.		
Self-service / by age /	Self-eating. He himself goes to the toilet. Good hygienic habits have been built		
General motor development / According to disease, rough, fine /	Very good general motor development. Performs physical exercises requiring more complex coordination of movements. He runs through a hoop, pulling on a sloping bench. Running jumps on one and two legs with a rope. Difficult to understand the rules of basic sports games		
Communication	Bilingual with difficulty in verbal communication.		
opportunities	It interacts well during the game with the other children in the group.		
Achieved results by directions and subjects (according to student's curriculum)	He listens to a text read by the teacher, but not everything he understands		

1. Concentration and Resistance to Attention: Quickly distracts. Changes activities often

2. Language development and communicative skills:

Elementary grammar skills have been built. He writes letters on a dot and pattern, but does not recognize them and finds them. Modeling letters with plasticine and sticks. Indicates fairy tale characters with help.

- 3. Social skills: It interacts well with the other children in the group. It respects and complies with the rules.
- 4. Strengths: Very good physical development. During sports activities talks and communicates more. Very positive and emotional

5. Support for the future:

In the second term, work on the individual curriculum should continue

Belgium

OV1 VERSUS OV4

OV4

- For students who follow the normal curriculum
- Curriculum objectives are mandatory
- Chosen by the Ministery of Education

0V1

- For students who are in need of learning self-reliance (cooking, cleaning, using public transport, working,...)
- Curriculum objectives are without obligation
- Chosen by the team of teachers of that student

EXAMPLE OF AN INDIVIDUAL ACTION PLAN

Individueel handelingsplan Nicolae Antohi - Periode 3 🤝	
Snel naar een leerling of klas Groep B1 Class Cl	Q 🔻
Periode 01704/2018 tot en mer 30/06/2018 - Periode 3 Schooljaar 2017-2018 Groepeer doelen per: Leerkrachtenfilter: Cakkenfilter:	
Projecten, thema's	
Nieuwe doelen voor deze leerling New objectives for this student (4 categories)	
▶ Vrije Tijd SDare time	Verbraeken Johnny (woensdag 21 maart 2018 08:13) 🧕
P De leerling beseft dat vrijetijdsbesteding met anderen een bepaald engagement vraagt. e.g. The student realises that spare time requires a cert	ain engagement
▶ Werken Work	Verbraeken Johnny (woensdag 21 maart 2018 08:17) 🧕
🏴 De leerling maakt d.m.v. atelierwerking en werkplekleren een belangrijke stap in het proces van stage en oriëntering naar arbeidsgerelateerde toekomstmogelijkheid.	
▶ Wonen living	Verbraeken Johnny (woensdag 21 maart 2018 11:34) 🤱
P De leerling werkt volgens het RWS-principe.	
🏴 De leerling organiseert zijn werk.	· · · · · · · · · · · · · · · · · · ·
► Algemene vorming general education	Verbraeken Johnny (woensdag 21 maart 2018 11:36) 🧕
 Ik werk probleemoplossend. e.g. I work problem-solving Ik ga op een gepaste manier om met hulpmiddelen. 	
🏴 De leerling is in orde.	
🏴 De leerling maakt veilig* gebruik van het eigen vervoer. *veilig = zich houden aan de wegcode.	

OBJECTIVES

• Teachers will decide during which courses each objective will be worked on and evaluated

▼ Vrije Tijd	Verbraeken Johnny (woensdag 21 maart 2018 08:13) 🤰
Beginsituatie	
Beginsituatie	
Nicolae komt naar eigen zeggen tot rust in zijn vrije tijd, maar vult die nog wel eenzijdig in.	
Nicolae gaat 2 à 3x/week fitnessen> stop kiné werken rond grove motoriek	
Hij is beperkt in zijn programmakeuze op TV omdat ondertitels te snel gaan voor hem. Hij heeft hier vorig schooljaar al rond gewerkt bij logo, maar hij oefende onvoldoende thuis.	
Nicolae volgde in Periode 1 voor het eerst groenzorg tijdens keuze Vrijetijdsvaardigheden.	
Doelen, aanpak en planning	
Nautica leerlijnen > vrije tijd	
🏴 De leerling beseft dat vrijetijdsbesteding met anderen een bepaald engagement vraagt.	
Aanpak:	-: 4
● Keuze Praktijk	
Planning:	
😑 5. paramedische ondersteuning	
😑 3. vrije tijd	

EVALUATION AND FOLLOW-UP

- During each period, each objective will be evaluated by the teacher for his/her lessons
- At the end of each period, the objectives will be evaluated generally by colouring the flag in front of the objective



- Red flag: objective not achieved
- Yellow flag: on the move (partially achieved still needs work)
- Blue flag: achieved
- Green flag: achieved with flying colours

AFTER THE EVALUATION

• After the evaluation, objectives can be removed, adjusted or left to work on the next period

Additional Information The Intellectual Output



Speech Therapy Healthy Eating Montessori

Back Writing



LOGOPEDICAL MANAGEMENT IN VOICE AND FLUENCY DISORDERS 1 SMOOTH SPEECH DISORDERS

Occasional loss of fluency is the most difficult to control the speech behavior. The pitch of speech - this is the speed of speech, its acceleration or deceleration, determined by the degree of articulation tension and hearing memory. It refers to the pro-state of speech. Changes in the rate of speech are observed in a variety of emotional states of man. In these cases, they are temporary and can be normalized quickly. Speech rate abnormalities may also be pathologically determined, for example, in various local brain / cortical and subcortical structures. Symptoms of post dose pathology are:

I. SPEECH RATE VIOLATIONS. These include bradylalia and Tachylalia. In both forms, the development of external and internal speech is disturbed, the most disturbing of the communicative side of speech, which is difficult to understand for others.

A **Bradalylia** - a pathologically slow rate of speech production that occurs as an isolated speech disorder / in persons with a phlegmatic type of nervous system / and often as a symptom of other neuropsychiatric illnesses - oligophrenia, current central nervous system diseases, brain injuries and brain inflammation.

- Symptoms of speech slow pace of expressive and inner speech, delayed reading and writing, monotone voice, pauses between words and syllables extension and sounds, torn and chanting speech.
- Uncontrollable symptoms: disturbance in general motorism, mimics and fine motor fingers; movements are slow and awkward, attention is difficult to carry from one subject to another, perceptions are delayed.

B Tachyalia - a pathologically accelerated rate of speech that occurs both in the clinic of some neurological diseases and as a single speech defect. There is a breach of speech breathing - shaken, quick; speaking with the inhalation phase

• Symptoms of speech - In addition to the rapid pace, multiplicity, repetitions of parts of speech, distorted phrase logic, and disturbed speech are noted.

• Uncontrollable symptoms - disturbance in general motorism - hyperactivity, tics; unstable attention, reduced memory volume; emotional instabilit

Two varieties of tachylaia - batarism and poltern are differentiated.

Batarism is a non-spasmodic anomaly with incorrect phrase formation due to speech disorder, voice changes, and rapid speech rate. Neurological status refers to organic brain dysfunctions with the following symptoms: paraphasia / impaired regulation function of speech attention /; dissociation between the rhythm of thinking and speaking / not answering words /; grammatical simplification of the phrase; speech speech violation. Speech is "tripped", chaotic, with omissions and repetitions of words and syllables, breaking the inner syntactic construction of the sentence.

Poltern - a pathologically accelerated speech of nonspasmodic type with elements of fragmented pace and unreasonable pauses. There are violations in general and speech motors. Especially important is the differential diagnosis with stuttering.

II. DISTURBANCES IN THE TEMPO-RHYTHMIC ORGANIZATION OF SPEECH.

The stuttering - One of the most complex speech defects, which is defined as a disorder of the tempo-rhythmic organization of spasmodic speech type. In the qualification of the causes two groups of factors are differentiated: predisposing and stimulating stuttering. Predisposing: hereditary - constitutional peculiarities / burden, neurotic diseases of the parents, birth defects, generalized central nervous system defects, motorics failure, and disturbance in the basic emotional structures.

Stimulating factors: anatomy - physiological - brain traumas and diseases of the nervous system; psycho-social - fright, stress, chronic psychological trauma family conflicts, imperative education, inadequate speech development, or increased demands for early childhood speech. This speech disadvantage is expressed in the lack of speech and retention of the speech act of a sound or of any syllable of the word, accompanied by tension and spasms in the field of articulation, phonational and respiratory muscles. Spasms disturb the rhythm and melody of speech. This tension and these cramps have a central brain character, but they are also deprived of control of consciousness. By type and durability, these restraints / spasms are different - tonic or clonic.

In the case of tonic spasms, the stuttering child can either not start the word, or there is an unnatural interval between the two consecutive words, or when the first sound begins and speaks, it is impossible to immediately pronounce the next. In case of clonic cramps, the stutter repeats the first sound several times or the first syllable of the word and then pronounces the next. Most types of stuttering are seen in both types of stuttering. With this disturbed rhythm of speech, the stuttering child strives to overcome the speech difficulty with various movements and efforts, which complicates his situation and the external picture.

Stuttering is a functional disorder of speech that is fixed in the way of a conditional reflex mechanism and acts in a certain emotional state. That's why sometimes the stuttering speaks well and sometimes the stuttering is in a heavier form. Typically, when the child is in a normal setting, stuttering is lighter, and when speaking to strangers, his speech gets worse. The fact that stuttering is a functional disorder of speech is also the fact that when a stuttering child sings or speaks singly, stuttering is hardly noticeable. A prerequisite for stuttering is the weaker and unsustainable nervous system due to heredity or illness at an early age.

Stuttering most often occurs around the age of four to five, around the seventh-eighth year, or in puberty. In the first case, there is an unsupported speech and unstable nervous system; in the second - higher tension due to admission to school, and in the third - increased emotionality and susceptible to such functional changes nervous system.

Stuttering Symptoms:

1. Physiological - speech spasms, somatic and central nervous system disorders, disorders in the general and speech motorics.

2. Psychological - fear of speech / logophobia / stinging and repeating of speech, a phenomenon of fixation on the defect. In recent years, there have been two types of stuttering - neurotic and neurosis-type state, with different aetiology and dynamics.

• Neurotic has a rapid onset (usually around 3-5 years) and is in children with good speech development but with an unbalanced type of nervous system. The main reasons are of a psycho-social nature.

• Neurosis type, it shows a gradual beginning and coincides with the emergence of the first sentences, and linguistically speaking development is delayed. The most common causes are of organic origin.

Stuttering directly affects children's character. Above all, there is a fear of talking to strangers. This is a fear that develops shyness, depression, closeness. Stuttering in certain extent also affects their thinking because, in an effort to avoid the word that he stutters of, and while looking for another word, the thought may change in the process of verbalisation / speaking / and his attention is not directed to what he has to say, but on how to say it. Stuttering does not directly affect the intellectual development of stuttering. Given that stuttering is eliminated, it must be done as early as possible in order to limit the duration of its negative influence, both on the character and on the intellectual development of the child.

Stuttering is eliminated by systematic, sometimes lengthy, corrective exercises, systemized and conducted by a speech therapist. In addition, care is taken to strengthen the nervous system.

In recent times, there has been a growing need for a worldwide practice that one of the most effective approaches to resolving emerging disorders of speech fluency is prevention. Effective prevention requires early therapy, speech therapists and parents need to be aware of the factors and the extent of their impact.

Children with speech disorders are opened logopedic schools, kindergartens and a number of logopedics cabinets to the psychoneurological dispensaries, some unified childcare facilities and mass schools. They carry out consultative and diagnostic activities with the children's logopaths, their corrective and logopedic impact and methodical support for their parents.

2 VOICE CONTROL

The voice is the sound produced by the vibration of the vocal cords and is modified by the resonator. It is a hearing-savvy sound produced by phoning. Characterized by parameters such as strength, height, timbre, flexibility, resonance. Height is the perceptual root of the frequency. Power is the perceptual coreal of intensity. Tambour is a perceptual coreal of complexity. Flexibility is a perceptual corollary of frequency, intensity, and complex variations. Symptoms: "Abnormal" disturbed voice occurs when: The voice is the sound produced by the vibration of the vocal cords and is modified by the resonator. It is a savvy sound produced by sounds. Characterized by parameters such as strength, height, timbre, flexibility, resonance. Height is the perceptual root of the frequency. Power is the perceptual coreal of complexity. Flexibility as a strength, height, timbre, flexibility, resonance. Height is the perceptual root of the frequency. Power is the perceptual coreal of complexity. Flexibility is a perceptual coreal of untensity. The timbre is a perceptual coreal of complexity. Flexibility is a perceptual coreal of frequency, intensity, and complex variations. Symptoms: "Abnormal" disturbed voice of the frequency. Power is the perceptual coreal of untensity. The timbre is a perceptual coreal of complexity. Flexibility is a perceptual corollary of frequency, intensity, and complex variations. Symptoms: "Abnormal" disturbed voice occurs when:

- Timbre, height, strength differ from those people of the same age, gender, cultural environment, and geography typically produce.
- the structure / function of the laryngeal mechanism can not last long enough to meet the requirements of voice formation
- there is an absence or disturbance of the background due to abnormal changes in the voice recorder.

VOICE DISORDER

Voice / phonational / disorder is a speech pathology affecting the quality of voice necessary for the adequate external verbal communication. It is mainly the result of the vocal ties, the gender or the environment in which the individual lives. Voice disorders are accompanied by disturbed breathing, which is so much more severe as the background disorder is more severe. The direct interaction between the vocal and the respiratory muscles is the reason for disturbance of the activity of the muscles of the muscles to affect the activity of the respiratory muscles. The result is dyspnea - incomplete, difficult, cramped, superficial breathing. The voice differs from the articulation and language to the following features that make it unique, the voice does not learn - children can cry, shout, and cough instinctively. It is influenced by positive and negative emotions: the manifestations are tremor of vocal ties, vocal stops and / or changes in height. It is always interacting with articulation and language / pragmatic skills, singing, speech and non-speech sounds /.

Causes of infringements are:

- organic changes: congenital or acquired pathology of larynx, pharynx, palate and nose.
- emotional factors or negative impacts from the external environment are functional.

Logopedic diagnosis includes:

1. Voice evaluation: conversation, oral reading / if the person is able to read / repeat / imitate words and phrases, standard speech / count of days of the week, months of the year numbers /, singing a popular song, isolated vocalizing

2. Specialized voice diagnosis: assessment of voice height, assessment of resonance, evaluation of voice timbre, examination of oral speech mechanism, assessment of breathing, assessment of hearing

THERAPY:

• Symptomatic voice therapy - focused on video-changing voice symptoms / breathlessness, low voice height, voice attack type, insufficient voice, disturbed timbre and resonance / identified by a voice pathologist

• Psychogenic voice therapy - the attention is directed to the patient's emotional and psychological imbalance that leads to a voice disorder.

• Etiological voice therapy - focused on discovering the causes that leads to voice pathology and its removal.

• Physiological voice therapy - is aimed at direct modification, development and improvement of the balance of the laryngeal muscular effort in terms of airflow maintenance, as well as correction of the laryngeal tone

• Eclectic voice therapy - combination of elements from the above mentioned.

Prepared by Todorka Popova - speech therap

3 FOOD

GENERAL PRINCIPLES AND GUIDELINES FOR WORK CHILDREN WITH PROBLEMS

The adequate nutrition and hydration is the main goal of nutritional intervention. Children need food and vitamins to grow and be healthy. They need a balanced diet with food from five main food groups: bread and cereals, fruits and vegetables, milk, cheese and yoghurt, meat, fish, eggs, legumes, and fats.

Difficulties in eating and swallowing disorders are called dysphagia. The child may have dysphagia for many reasons and difficulties may be temporary or permanent. These difficulties in eating, drinking and swallowing are very common in children with disabilities. Their identification and appropriate referral to a specialist is vital in early intervention.

Feeding time

Time and eating habits have physical, emotional and social significance. Dining time provides a good opportunity for the child to communicate with the person who feeds him/her and to get love from the persons at the table, to provide a sense of family, culture and community for physical growth and health, for sensory research.

Children feel fed when they feel the unconditional love of another person when their appetite and choice of food are respected, receive the calories and nutrients they need to grow and be healthy.

The oral structures involved in the nutrition process are:

✓ Jaw

The jaw is needed from the moment when food is offered, ie. Opening the mouth. The jaw opens and closes under control to bite and chew foods of varying consistency. The jaw maintains and surrounds other oral structures.

✓ Tongue

The tongue plays an important role in manipulating food, moving on all sides in the mouth. The tongue moves the food back into the mouth to swallow. It helps to mix the food with saliva to prepare for swallowing and plays an important role in cleaning the teeth.

✓ Cheeks

The cheeks and the tongue work together to place the food in chewing cheeks. The cheeks also help keep the food in the mouth. They play a critical role in sucking.

✓ Hard palate

The hard palate forms one of the walls of the oral cavity. It surrounds the cavity and provides suction.

✓ Soft palate

The soft palate rises up and prevents food from leaking into the nose when the food moves to the nasal cavity during swallowing.

Development of nutritional skills

Children suckle to nine months. Biting begins at approximately six months. After the bite, the children learn to chew (up and down), then develop in diagonal chewing (using the tongue and jaw movements from one side to the other) and eventually learn to rotate chewing.Nutritional problems may exist due to structural problems (split lip and palate), neurological diseases (Child Cerebral Palsy), developmental lag, behavioral problems, etc.

Which conditions can affect nutrition? They are:

• Physical condition of the baby / child - if the child is tired or sleepy, it can affect the child's ability to take up food or liquid.

• Position during nutrition - this will affect the regulation of the open / closed air path and muscle control for swallowing.

• Physiological control - the child's heart rhythm, breathing rhythm, etc. There is a risk of developing nutritional difficulties in the presence of:

neurological problems;

- congenital abnormalities;
- metabolic diseases;
- cognitive or behavioral constraints;
- psychosocial problems;
- chronic diseases;
- gastrointestinal diseases;
The swallowing process runs through the following phases:

• Oral preparatory phase

When the mouth prepares food or liquid for swallowing. It involves sucking, chewing, feeding the food inside the mouth, preparing the "bite" of food that is ready to swallow. The movement and functioning of the jaw, tongue, lips, cheeks and soft palate play a key role in preparing food for swallowing.

• Oral phase

When the "bite" is ready to be swallowed, the tongue moves upward against the hard palate, pushing the food to the back of the mouth where the swallowing reflex begins

• Pharyngeal phase

This stage of swallowing takes place in the pharynx and is not under the control of the volunteer. The soft palate is pulled back and lifted to protect the food from entering the nasal cavity, the base of the tongue moves forward and upward to increase the pharyngeal space, the thyroid cartilage, the larynx and the pharynx move up and forward - this is usually Visible. The epiglottis is like a valve that covers the breathing tube. The breathing trachea is open, but once the swallowing reflex has begun, it closes to stop the milk from entering the trachea and point it to the esophagus. Inside the voice box, voiced connections are closed to protect the trachea. This is the swallowing phase where aspiration (suction) may occur. Upon penetration, the bite is at the level of vowel connections. There is aspiration - the bite is below the level of real vowel connections.

• Oesophageal phase

The bite moves well along the "breathing path". It moves from gravity and through the esophagus goes into the stomach. The lower oesophageal sphincter opens to allow the food to go into the stomach and remains closed to prevent food from returning back into the esophagus.

Survey the feeding through a clinical study:

1. History: medical history, history of development

2. t, worries, complaints of parents and relatives.

3. Monitoring during meals: observation by the person who feeds the child and monitors: the rate of nutrition, the amount of food offered, the type of food and consistency, the vessels, the utensils, the setting.

4. Evaluation: offering different consistency - liquid: smooth / hard; Identifying all signs of aspiration, i.e. coughing, choking; Monitoring the elevation of the sublingual bone during swallowing.

5. Oral motor examination of the structure, strength and volume of movement of the oral structures - jaw, lips, cheeks, tongue, hard palate, soft palate. At this time it is important to determine whether the child has any sensory difficulties as well as increased or decreased tone. This will determine treatment guidelines.

6. Objective assessment. Often, when children have complex eating and swallowing disorders, objective investigation is performed at hospital level. A popular objective assessment used to determine whether or not the child is asymptomatic is called a "videofluoscopic study of swallowing." This is done in a controlled manner. The speech therapist and the radiologist are included in the evaluation, through Ro-graphy, which demonstrates the passage of the mouth- to-mouth esophagus and thus aspiration is noticed.

The indicators of aspiration are:

- ✓ Weight loss and / or retention;
- ✓ Length of meals (longer than 30 minutes);
- ✓ Denial of eating and drinking, it takes a long time to open your mouth before eating / drinking;
- Difficulty in biting, chewing and handling with food in the mouth, weak and / or poor control of the muscles of the face, mouth and tongue;
- ✓ Unusual oral movements (forward tongue or reflex of biting);
- ✓ Laziness or weak control of saliva;
- ✓ Poor sensation of the face, oral and gingival muscles;
- ✓ Dissipation and scattering of food and drink;
- ✓ Slow or missing chewing, the food remains in the cheeks or mouth after swallowing;
- ✓ Difficulties to eat with a familiar type of food / liquids;
- ✓ Difficulties in initiating swallowing;
- ✓ Repeated swallowing to clear the food and liquid;

- ✓ Difficult coordination of breathing and swallowing;
- ✓ Coughing, choking, nausea while eating;
- ✓ Discomfort when swallowing while eating and drinking;
- ✓ Humid, bloating voice during or immediately after swallowing or feeding;
- ✓ Leakage through the nose or frequent sneezing during meals;
- ✓ Gastric reflux and vomiting;
- ✓ Sweating, pale face during meals;
- ✓ Common chest infections;

Alternative nutrition

Some children with multiple disabilities need to eat through a tube to source nutrients or when oral nutrition is not permitted on medical grounds. There are different types of tubes used for eating and the decision on which type to use depends on the child's medical condition and the duration of the meal in this way. Two types are the most commonly used tubes:

Nasogastric tube - this is a soft tube that is inserted through the nose and moves down straight to the stomach. No operation is required for insertion. It is used for a short period of time.

Gastrostoma - this tube puts the food straight into the stomach, bypassing the mouth. An operation is required to place the tube and is usually placed on children who require a long feeding time in this way. This is a gastric tube that is inserted through the stomach by an operating route and is no longer than two years. The gastric tube should only be replaced by a surgeon or nurse who is trained to perform this procedure.

Positioning during nutrition

The right posture affects airway maintenance, respiratory regulation, safe swallowing and the overall organization of the child. Positioning is very important during meals to prevent aspiration and ear infections. For older children, make sure that the child's neck is not tightened but slightly tilted forward. Babies can be fed at any position for up to 3 months. Then they should sit upright as far as possible.

Development of nutritional skills

When feeding a small baby with a pacifier, it is recommended that it should not lie on its back. The one who feeds the child must keep his elbow. The best postures are feeding in supportive sitting.

When feeding a baby with a spoon, it uses the lips, tongue and jaw. The time has come to change the suction reflex with tongue movements from one side to the other. The nutrition with spoon start with clean or pressed products of family dinner. It is important to encourage the child to move the contents of the spoon using the upper lip. It is easier to start eating a shallow spoon while the deeper can be used when the child is able to take a spoonful of liquid.

Child needs to touch and observe different foods with his hands before the nutrition begins. When nutrition is included with fingering, it starts with soft mousses, such as soft cheese, avocado, boiled potatoes, pasta soaked with sauce, etc. They must be strong enough to bite, but soft enough to chew easily by placing gums on the sides. Children with teeth can move from cubes to food on strips - vegetable sticks, striped meat, grilled cheese sandwiches, wafer strips, apple pieces, green beans, steamed carrots.

Drinking using a glass can start at 12-15 months. Choosing the right glass is very important. Start by using a small amount of a consistent fluid (smooth consistency) in the glass and then gradually make the fluid less until the child develops their skills.

1. Start using a small cup. This will protect the extension (stretching) of the neck, and the person who feeds the child will better control the amount of fluid. The cup can be placed under a certain angle by pressing to adjust the exact shape.

2. Allow the child to drink once, swallow, and then put the cup down, lift the cup again when the child is ready for the next sip.

3. Drinking with straws promotes self-independence. It requires a sophisticated suctional reflex and good mouth closure. It may be easier for some children to drink than straw than a cup. Adequate nutrition and hydration is always a priority in nutritional intervention!

Children with disabilities are unable to follow instructions and actively take part in the activity because their movements are limited. Activities should then be introduced more passively and carefully using massage or stimulation.

- To develop the power of the tongue, we use tongue resistance against spoon, imitation of yawn, tongue out, placing a thin strip of gauze soaked in the middle of the tongue, and exhaling the juice by lifting the tongue upwards to the hard palate.
- **Tongue lateralization** develops by resisting the tongue on the left and right against the lollipop.
- To stimulate raising the tip of the tongue with a small amount of "taste" behind the upper teeth and lick it, open the mouth and lift the tip of the tongue to the hard palate, hold the candy to the gums with help from the tip of the tongue. Circular movements with tongue: Place food in a marmalade in the mouth and encourage circular lateral movements with tongue to move "chewing gum or candy" into the mouth.
- **Tongue cup**: tap in the middle of the tongue to make a trough.

For the development the muscles of lips and cheeks: knocking on the outside of the lips, encouraging kissing for family, friends, doll, tapping the upper lip down from the tip of the nose to the lips, gently striking the fingers on the cheeks, encouraging the closing of the lips around the tube with progressive decreasing diameter, holding the posture and using tension for a few seconds, placing a spoon between the lips and opposing, holding the lips together and breathing in the cheeks - letting the air out of the mouth or nose, facial exercise - encourage blasting while lips closed....

For developing jaw strength: resistance by opening the mouth with finger under the lower jaw, seize with teeth a tool or soft candy, jaw movement sideways, jaw movement in circular movements, imitation chewing Oral manipulation with tissues and objects, i. e. chewing tube or other soaked chocolate, honey. This can stimulate language lateralization and chewing skills.

Sensitivity is the ability of the eyes, ears, skin, tongue and nose to gain information, and perception (perception) is the ability of the brain to process and interpret these messages. When there are difficulties in this area, eating can be seriously affected. Hypnosis - the child shows weak reactions to one or more sensations. There may be less awareness that the food is in the mouth and this could lead to choking or nausea. In this case, games attarcting attention are used

- jumping, tickling, swinging to prepare the whole body and facial area for feeding.

Massage - For hypersensitive children we use short, hard strokes (tapping), finger tapping 4 - 5 times, 3 times and a day before nutrition). For hypersensitive, longer strokes are appropriate, for example: along the jaw line from the temporomandibular connection to the corners of the mouth, along both sides of the nose, from the upper lip to the lower lip, from the lower lip to the upper lip.

The following flavors can be added to stimulate sensitivity: fresh lemon, lemon juice, cinnamon, garlic, lemonade, cooked onion, peppermint, chilli powder or chili powder, olives, grape juice, pickled fruits, pickles, salsa, marjoram, parsley, ginger, nutmeg, pimenta, curry, pepper.

Oral manipulation with objects of different consistency, tastes and temperatures can provide stimulation inside the mouth.

Cerebral paralysis and nutrition

Cerebral paralysis is affected by motor reflexes. They are involved in breathing, chewing and swallowing, and for this reason they are also affected. Motion abnormal motor reflexes that can be observed are: contraction of the lips, jaw forward, lack of jaw crossing, muscle contraction in the bite, tongue retraction, tongue flexion. Cerebral palsy has associated factors that can directly or indirectly affect nutrition. This includes:

- Structural differences (usually cleft lips and / or palate, peri-pharyngeal immaturity).
- Slowing down in development, primitive eating habits are present after the time when this behavior should have gone to a more mature behavior, sucking and chewing instead of rotational chewing, good biting and lateralization of the tongue.
- Refusal to eat. It is often present as a major cause of eating problems, but can also arise for other reasons. It may be due to frustration or lack of control.
- Other medical indication:
 - o Reflux, which can cause pain and discomfort associated with eating;
 - o Heart problems can cause fatigue;
 - o Drugs can cause side effects, such as changes in taste receptors and lack of appetite;

Impact: It is important for the child with cerebral palsy to be put in the right posture, to stabilize the body and its head to improve control of the oral muscles,

i.e. hand on hand when eating with a spoon. The tone has to be normalized by adjusting the position according to the individual characteristics of the child. This will have a positive effect on facial tone, facial movements, and swallow control. When the child's head is stretched the breathing path is open there is a risk of choking. The child should sit as tight as possible with a chin. He eats at his speed by our prompting with a cheek touch or a verbal reminder.

Autism and nutrition. Between 33 - 74% of children with autistic disorders have dietary difficulties. Eating problems may include: denial of food, choking, denial of diet or change in used utensils, restricted diet, limited self-eating skills, eating non-

eating things, and vomiting. This can lead to: sensory motor difficulties, difficulties in oral motor skills for eating, drinking and swallowing, denial of change and change in routine activities. The reluctance to eat can be related to the type, consistency or quantity of food offered to the child. It may also be related to reflux, eating difficulties, poor nutrition or poor intervention by the person who feeds it.

Management: Consultation with a therapist is recommended to evaluate and manage sensory deficits, as well as reduce the number of distractions. Use picture schemes, social stories, a specific and meaningful language, introduce an oral-motor program that is suited to the child's sensory needs, the context- sensitive reminders must be consistent and logical. Routine nutrition activities must be followed - washing the hands, sitting on the table. Take a look at the appearance of the food, how it smells, what it tastes, what sounds make the child when he eats. Food will teach his more, by touching. Allow him to eat at the speed he wants!

And encourage him always to feed himself!

REMEMBER:

Become familiar with the medical history of the child! Get in touch with other members of the clinical team! Move with the pace of the child!

Enter the changes gradually!

Proper positioning is of great importance! Be aware of the child's responses to eating! Learn the child's communication signals!

Permanent person to do the feeding! Minimize distraction, distraction!

Prepared by: Todorka Popova - speech therapist

4 LET'S BE HEALTHY

"May your food be your remedy and your remedy be your food" Hippocrates

Healthy eating is a part of healthy way of living. Healthy living is possible even though it has many aspects. A healthy individual does not smoke, maintains a normal weight, eats clean and does sports. Living a healthy life won't happen in a day, but you can try with small and confident steps towards your aim. Adequate nourishment supplies the body with all the nutrition needed and helps its proper functions. It is important to eat various kind of healthy meals because there's no such food or food group that contents all the elements our body needs.

There are 4 groups of food you need to consume each day.

- 1. Grain food (bread, rice, pasta, corn, oats) and potatoes.
- 2. Fruits and vegetables.
- 3. Dairy products (yoghurt , milk, cheese)
- 4. Meat, fish, eggs, beans, lentils, nuts (walnuts, almonds, hazelnuts...)

These foods are very important for the growth and for the health. That is why you need to eat at least one type of food of each group.

There are 2 more groups with foods and drinks you have to consume in limited amounts.

- 5. Fats- butter, meat fat, refined oil, olive oil
- 6. Sugar and pastry cakes, chocolate, candies as well as drinks with too much sugar.

1 Grain and potatoes

This group includes food rich in starch, plant proteins, vitamins B and cellulose. These foods (bread, rice, pasta, corn, oats) and potatoes are the main plant food we consume. They are source of nutrition and energy throughout the day. Those grains such as whole wheat bread, rye bread, wheat, corn, brown rice, oats, etc., are richer in fibers, minerals and other elements, which are good for the body.

Advice

Include daily in the menu whole wheat bread, potatoes (baked or boiled). Avoid chips and French fries. Eat more whole wheat pasta. Limit the consummation of fatty food made of dough.

2 Fruit and vegetables

Fruit and vegetables are the most important part of healthy eating. Rich in minerals, vitamins and bioactive compounds these foods are important for the body proper functions and for the immune system. They are the main source of vitamin C. Another benefit for the body is that when you eat more vegetables and fruit you don't gain weight because they content mostly water, low carbs and no fats.

Advice

Eat at least 400 gr. fresh fruit and vegetables daily. Choose vegetables with various colors yellow-orange (tomatoes, peppers, pumpkins, carrots, etc.), green leaves (spinach, parsley, lettuce, green onions), legume plants (green beans, peas), etc.. Chose frozen fruits and vegetables instead of pickled or sterilized. Chose fresh fruit and vegetables which are seasonal. Try low temperature and short-term cooking. Thus the vitamins and healthy elements will be preserved.

3 Milk and dairy

Milk and dairy are important part of healthy lifestyle and are highly recommended for kids and adults. Products from this group are the best source of easily absorbed calcium, rich in proteins and vitamins, which are vital for the bones and teeth growth. They content vitamins A, D and B.

Advice

Eat at least one cup of yogurt or drink one cup of milk, as well as 50 gr. of white cheese. These foods will supply your body with 50% percent of the calcium you need for the day. Choose low fat yogurt and milk (0.1%-0.5%). It is better for you to eat unsalted curd cheese.

4 Meat, fish, eggs, legumes and nuts

Meat, fish and eggs are source of proteins, which are vital for the synthesis of tissues and for the immune system. They are rich in vitamin B and iron and protect us from anemia. Legumes such as beans, soy, peas, chickpeas and lentils are also rich in proteins and can substitute the animal protein. Soy protein contains phytoestrogens, which fight against heart deceases and lower the bad cholesterol in blood. Protect from osteoporosis. Drupes contains unsaturated fatty acids and vitamin E, which protect us from heart deceases.

Advice

Consume chicken without the skin and red meat (beef, lamb, veal) to three times a week. Remove the visible fat before cooking. Eat fish at least two times a week. Consume beans, lentils and soybeans at least two times a week. Eat 30 to 50 grams nuts daily.

5 Added fats

Fats are vital for the body as well as the other nutrition elements. They are source of very important fatty acids which are not synthesized in the organism and help absorption of fat soluble vitamins (A,D,E and K). They provide two times more energy in comparison with the proteins and carbohydrates. Due to the high- calorie content, these foods may lead to overweight and diabetes type 2.

Advice

Use as little as possible oil and fats when preparing food. Avoid frying and use non-stick pans. Thus you can use less fat while cooking. Choose vegetable fats (sunflower, corn and olive oil) and use in small amounts.

VITAMINS

Vitamins are vital substance for the proper functions of the entire human body. Fruit and vegetables are rich in vitamins, minerals and fibers as well as bio-active elements which are very important for the body functions, for the body growth and development and for the immune system.

The most important vitamins are vitamin A, vitamin B, vitamin C and vitamin D.

Vitamin A is known as the vitamin of growth. It takes part in the body growth process. Increases the organism defense against infections. It is in milk, butter, eggs, fish, meat, liver, carrots, red peppers, tomatoes, pumpkins and apricots.

Vitamin B is essential for the body growth as well. It can be found in whole grain bread, grains such as rice, corn, oats, milk, liver, fish and meat.

Vitamin C is vital for the immune system. we can find it in lemons, oranges apples, strawberries, cabbage and spinach. Vitamin D makes our bones stronger and it is in milk, butter, eggs, fish and liver.

RULES FOR NUTRITION MANAGEMENT

- Pick your food according its nutrients. For an example : proteins-15%, carbohydrates- 50%, fats- 30%, fibers- 25-30 grams daily.
- Eat more fruit and vegetables. You can add them in any food you eat.
- Include nuts and seeds in your menu at least 4 times a week.
- Reduce the consumption of salt and sugar, of too much red meat, trans fats which are guilty for the plugged arteries. Reduce the high cholesterol food too.
- Eat more often! Instead of eating 3 large meals a day, you can have 6 smaller meals and so to speed up your metabolism.
- Manage your meals in exact time.
- Drink a lot of water (8-9 glasses a day).
- Get rid of all unhealthy foods in your kitchen . When not finding chips or candies you would have an apple or a carrot.
- Choose ripe fruit and vegetables.
- Make a schedule for the snacks because it's good for you. Don't gorge with food. Stop when you feel satisfied. Don't eat in front of the TV. It's very distracting and you may miss the moment you are already full. You can turn the breakfast, the lunch or dinner time into a family gathering and spend some time together.

Prepared by: Komna Novakova - teacher

5 HERBS - Friends of Health

Lavander Lavandula Lavender is an aromatic plant, a herb widely used in the medicine, perfumery, and insect repellent

Mint Mentha The mint is an aromatic plant, herb, used in the traditional medicine, pharmacy, culinary, medicinal drink

Lemon balm Melissa officinalis Herb with lemon flavor. A healing plant, used in cosmetics and culinary. Medicinal drinks are prepared.

Tilia Tilia Tilia is a tree with aromatic blossoms. The linden color with its rich range of beneficial ingredients has been used most commonly for infusions and tea.

Chamomile Matricaria Herb in traditional medicine, an effective curative and cosmetic remedy. In Tibetan medicine, the chamomile was considered a miraculous remedy for rejuvenation.

Rosemary Rosmarinus officinalis A herb named "Dew of the Sea", which has a citrus-like aroma. Used in medicine and in the culinary.

Saint John's wort Hypericum perforatum A grassy healing plant called a "means against 99 diseases". The magical properties of the herb are due to its red juice and qualities

Thymus Thymus Herbs with divine aroma, healing properties, spices in culinary. Kills microbes, supplies the body with vitamins, a source of minerals

Calendula Calendula a herb miracle for health and beauty. The healing plant known among all peoples. Used in medicine and cosmetics

Prepared by Nelly Georgieva

6 SIGNIFICANCE AND APPLICATION OF THE MONTESSORI METHOD

FOR STUDENTS IN AUXILIARY SCHOOLS

The goal of early childhood education should be to activate the child's own natural desire to learn. Maria Montessori

Maria Montessori was born on 31 August 1870 in Italy. She is the first female doctor in her country. She works as a doctor in the psychiatric clinic in Rome with orphan children with very severe disabilities - mental and psychical. Maria created a special school, and then a medical and pedagogical institute for mentally retarded children from poor families and children, where she developed and applied a variety of didactic materials that went into history as "the Montessori gold material".

Montessori is the first in the world to produce furniture in the size of children. Marie Montessori's life path ended in 1952 in the Netherlands where she was buried.

After countless observations of mentally retarded children, she notices the importance of tangibility in childhood education and finds that mental deficiency is more pedagogic rather than a medical problem and thus develops a method of educating of these children. The success of this method is striking.

Because she has made a great deal of progress with ordinary means with poor children.

She begins to think about how her method can be applied to normal children. Principles and accents in the Montessori method

In her training methods, Montessori takes a number of pedagogical solutions that prove to be reformist for his time. They are reformist, because they are different and unique in their content, it applies something fundamentally different from what has been done so far. Montessori is a supporter of the idea that it is through the hands that children develop their brains skills. Performing an interesting exercise for the child always leads to concentration in the action.

Fundamental Principles in the Montessori System:

• Freedom of the child's personal choice.

- O The need for freedom of the child.
- O The teacher encourages the individual work of each child.
- O Appropriately organized environment.

A GREAT PRINCIPLE IS INTRODUCED: ACTIVE DISCIPLINE IN FREEDOM.

The prepared environment

The emphasis on Montessori's work is the prepared environment in which the child is free of unnecessary interference from dults and can live a life according to the laws of their development.

The most important feature of the prepared environmentis the order. There must be a place for everything and everything left in its own place.

The adult is also a part of the prepared environment, his function is to help children achieve perfecting through their own efforts.

Montessori environment is a children's home - a world of children's size

- The walls are painted in neutral colors.
- O The furniture is child-sized, lightweight and easy to carry.
- O There are curtains on the windows, real plants and bedding on the floor.
- O The paintings are hung on the level of the children and show people, objects and scenes from real life.
- O The room is arranged according to different activities and entertainments.
- The prepared environment includes the special Montessori materials they set the principle of self-control, which minimizes the controlling function of the teacher.
- Montessori materials are environmentally friendly they are produced only from natural raw materials (metal, wood, glass). The presence of plastic materials in the Montessori rooms is extremely undesirable.
- There are rules for working with Montessori materials the materials must be used for the intended purpose, after all materials are left in the mentioned place, all materials in the environment are presented in a single copy, freedom of choice of material in the environment.

Application Of The Method To Pupils With Special Educational Needs In Special School Conditions

□ One of the main differences of this method of education versus the traduinal one is that the teacher does not face the class and does not teach the same lesson to all at the same time. Every child is free to learn things according to their own development and rhythm, in a way that they do not feel how they learn or are trained.

Montessori called this way of teaching "preparing the child for success". The teacher is there to guide through small exertises in which the child will be successful. Over time, the difficulty of Exercises is increasing, but as progress is so well thought out, the child never feels the learning as an exertion.

Children with special educational needs using Montessori are much quicker to learn to be selfsufficient in their day-to-day activities, particularly in self-care and personal hygiene. They are happy to arrange the materials and keep the environment clean and easily accessible.

The Montessori method is very easy to move from reality to abstract. The children with SEN are presented with the first real material, the personification of the abstract idea, such as size and color. By manipulating the material repeatedly for a longer period of time, their consciousness grasps the idea embedded in the material, and their mind reaches the abstraction, even as a model they repeat.

Students who work in a Montessori structured and Montessori method acquire long - lasting work habits and better concentration, are happy, relaxed and do not need frequent use of relaxation time.

Directions in the Method

Exercises from Practical Life- The purpose of exercises in daily life (practical life) is to help the child gain control and coordination of his / her own movements, help him / her gain independence and adapt to society. Children affected by the daily work of adults are very interested in these activities. By imitating the actions of adults, they adapt to the world around them and to reality.

Stimulating the senses

Sensory education is crucial to the child's natural development - through the sensory experience, the child nourishes his mind and is able to develop and understand.

To enable the child to develop his / her understanding of the world, exercises are used for the use of all senses: eyesight touch, smell, hearing, taste and stereognostic. For this purpose, a whole range of activities are being developed that focus on the qualities of each sensory. The more advanced the child's knowledge of these qualities, the more sensitive the senses become. In the sensory upbringing classes exercise is done to develop the nine senses:

□ Chromatically

∐ Hear

□ Tactile

🗌 Tast y

□ Smell

□ Visually

□ Barometer

□ Thermally

□ Stereo- Gnosti

Language skills

*Montessori environment*is rich in oral exercises and activities - listening to stories, rhymes and verses, singing and talking. In Montessori environment, the child has the opportunity to use the language and exercise it. The language is enriched during practical life and sensory activities. Through the exercise of these activities and purposeful conversations, the child builds his connection with the language

Mathematics

Mathematical material helps children develop understanding of mathematical logic, building a secure foundation for mathematical principles. For one child, mastering the magnitude is the first mathematical task he faces. The child goes from purely sensory study to measurement and computation. Typical questions are "How much" - for number and "How much" - for quantity. A child can learn the concepts of mathematics while working with certain materials during the years when he is pleased to deal with them.

Introduction and Classification in Biology and Geography

Geography lessons include learning the names and location of continents, countries on a continent, their national flags, a d information about different traditions in individual cultures. This can happen with the use of globes, different puzzles for embedding and nesting, working with color cards, etc.

Biology lessons aim at provoking the curiosity of children and the desire to seek answers to questions about the world arond them. Lessons are visualized with specific objects and experiments, and abstract with pictures, music and more.

Prepared by: Daniela Kirova - teacher



WRITING ON THE BACK - AN APPROACH TO LEARN LETTERS FOR INDIVIDUAL WORK.

This technique is recommended by Peter Young and Colin Tyre ('Teach Your Child To Read') for the children having difficulties recognizing some of the letters.

On the wall at shoulder height place a large sheet of paper or a board. You give the child a large marker or stick of chalk. The child stands an arm length from the paper or the board. The adult stands behind the child and starts writing a letter or a number on the child's back with his index finger.

This method works because of the muscle memory - the ability to remember information through body movements **Notes**:

- 1. Drawing letters on a bare back increases the sensitivity.
- 2. Draw large letters using the entire back surface.
- 3. Draw letters slowly and correctly the way they are written.

HELPFUL HINTS

- Picture the word in your *favorite color*.
- Make any unclear letters stand out by making them look different than the others in some way e.g. bigger, brighter, closer, a different color, etc.
- Break the word into groups of three letters and build your picture three letters at a time.
- Put the letters on a *familiar background*. Picture something like a familiar object or movie scene then put the letters you want to remember on top of it.
- If it is a long word, make the letters small enough so that you can see the whole word easily.
- Trace the letters in the air with your finger and picture in your mind the letters you are writing



Social Stories

Why use social stories?

Theory of mind suggests that many people with autism have an impairment of social understanding, the ability to think in ways necessary for appropriate for social interaction.

People with autism do not act appropriately in social situations, do not understand that others might have a different opinion to them, or that others may want to do something different to what they want to do.

From their perspective, the statements and actions of others may at times seem to occur without meaning or identifiable purpose, occurring randomly and without warning or logic.

Theory of mind also suggests that many people with autism do not understand that other people have their own - thoughts, - feelings, - plans and - points of view. As a result social situations become unpredictable and confusing. This can lead to: - Social Isolation - Exclusion - Lack of opportunities.

How do social stories help?

Social stories attempts to address the 'theory of mind' impairment by giving individuals some perspective on the thoughts, emotions and behaviors of others. It was developed by Carol Grey (1994) for use with children with Autistic Spectrum Disorder (ASD), but are also used successfully with adults with autism and related disabilities. It provides a distance between 'teaching' and the social the situation.

What is a social story?

Social story is a short story written in a specific style and format. They describes what happens in a specific social situation and presents information in a structured and consistent manner. It gives social information through pictures and text as opposed to speech or observation (notable areas of weakness). Each story provides clear, concise and accurate information about what is happening in a specific social situation. It describes what is obvious to most of us, but not to those with impaired social understanding. The story describes what people do, why they do it, and what the common responses are.

The purpose of Social Stories

- To provide a prompt for socially appropriate behavior;
- To help a person become familiar to a situation, and to respond appropriately;
- To help prepare for a new experience;
- To provide positive feedback so that people can recognise their own appropriate behavior;
- To help prevent extreme reactions that stem from a lack of social understanding.

Spain MUS-E REBEX

Use of Projects

MUS_E

This is a project conceived by Yehudi Menuhin based on the promotion of the arts, especially music, singing, theatre, dance and the Visual Arts in the school environment.

- OBJECTIVES:
- Prevent violence, racism and exclusion and encourage tolerance.
- Promote the social integration of children living in disdvantaged environments.
- Develop dialogue between the different cultures in the field of education through artistic activities
- Give voice to the children so they can express their creative potential and develop feelings of well-being,
- Open the possibilities of personality development, through the arts.

REBEX

A network of libraries that form an open educational space and resource centre.

Their aim is to

- facilitate access to information and documentation, conducive to scientific and pedagogical research.
- reinforce the processes of teaching and learning of students and encourage the habit of reading, the practice of languages and skills in the use of the information.
- support the reduction of inequalities for some students and serve as a support for those who have special educational needs.



"Education that treats everyone in the same way is the most unjust that can exist". (Howard Gardner)

WHY THE NEED FOR A PROJECT?

The work for projects:

- It favours the individuality of teaching
- Respects paces of learning
- It helps to connect the previous knowledge with the new ones
- It moyivates the pupil since it takes root in his experience
- It allows meaningful learning
- Social relations are favored and, with them, social norms of coexistence and values as important as cooperation and respect.

HOW DOES IT HELP US AS A SPECIAL EDUCATION SCHOOL?

- To approach the curricular contents in an integral way
- It is a way to organize the topics and contents to achieve meaningful learning.
- It responds to the diversity of children we have in the school
- It involves ALL the professionals of the centre: tutors, specialists, speech therapists, teachers of workshop
- It Involves to the family
- It Involves all the Programs and Projects that take place in the school: eScholarium, Librarium, REBEX, MUSE, Erasmus + Program

PHASES OF THE PROJECT

- Propose topics: Coordination of cycles Pedagogical Coordination Commission
- Choice of Title central theme: e.g. "The Little Prince" "Water" "The Prehistory" "Our City"
- Purpose of the Project: must meet two issues:
 - 1. It must be a proper objective of the students, they should be the ones who get it.
 - 2. This purpose must be shared socially, through...
 - Exhibitions: painting, comic, stories, poetry, photos, murals ...
 - Representations: theatre, songs, dances ...
 - Recordings: auditions, videos
 - Web: Blog, school website, Facebook
 - Shared books: photos, stories, "traveler book"
 - Productive activities: bookmarks, meals, recipes, gifts ...

ORGANIZATION

- Distribution of contents, tasks, exits to pedagogical activities by trimesters
- Distribution and creation of Integrated Teaching Units
- Information to families requesting their collaboration: letters, meetings, agendas...
- Information to other schools, organizations and institutions requesting their collaboration



ACTIVITIES OF MOTIVATION

A very important aspect since it very directly affects the motivation of the students is the <u>Ambience</u> and decoration of the spaces of the school

We have to keep students alert and encouraged

- It can be taught through the ambience
- We take advantage of the spaces of the school to transform them into educational
- We must create spaces that motivate them and in which they can learn outside the classroom

The School library is used for:

- Representations
- Readings
- Auditions
- Exhibitions,
- Informative talks
- Workshops with parents...





INTEGRATED TEACHING UNITS (UDI)

EXAMPLES OF PROJECTS:

Project Title: "Live the Carnival"

Justification: taking advantage of the arrival of the carnival, we will work on the different customs and traditions of Cáceres in these dates

- Contents
- Evaluation criteria
- Learning standards
- Key competences (Digital, linguistic, scientific, technological, social and civic competence.)

Task-Product:

- Elaboration of a Straw doll
- Elaboration of Migas Extremeñas (bread crumbs with garlic, bacon) with Ham and Scrambled eggs
- Elaboration of a kneading-Trough
- Activities (search for information, debates, interviews etc)
- Exercises (coloring, cutting out, drawing etc)
- Resources (material resources and human resources)
- Cognitive processes (memory, attention, analysis, observation etc
- Scenarios used (the classroom, the kitchen workshop, the wood workshop, the street etc
- Methodology (active, participatory



Project Title : My City

Duration: 3 Years

First Year: The modern tiown

- Organizations and institutions of the city: Town Hall, Local Police, firemen
- Leisure Places: cinemas, theater, sports city
- <u>Streets of the city</u>: situation, origin of the name

Second year: Cáceres through time

- <u>Prehistory</u>: Maltravieso Cave, representations, utensils...
- <u>Roman period</u>: Workshops, performances, trips to visit Roman ruins...
- <u>Middle Ages:</u> We visit the old part of our town, make coats of arms and shields, seeking information about their way of life...

Third year: Customs, traditions and gastronomy of our city and region

We have selected some popular festivities by trimesters and from there, we will work on:

- Songs
- Legends
- Stories
- Proverbs and popular sayings
- Games
- Clothing





OTHER ACTIVITIES AND PROGRAMMES

- Digital book: created by us for the project through the eScholarium platform
- Speech therapy workshops: black theatre, comics, dramatized stories ...
- Workshops in the multisensory classroom: Sensations (music, cooking and speech therapy), emotions (music), specific therapies of speech therapy ...
- MUS-E: The purpose of the MUS-E Program is to work from the Arts, in the field of the school, as a tool that favors the social, educational and cultural integration of students and their families, thereby improving their performance in the classroom.



- Dance: Therapeutic goals of dance:
 - Helps to develop emotions, creativity and imagination
 - Stimulates these children to express themselves with spontaneous movements through his body.
 - Dance helps coordinate movements.
 - Helps to create habits of self-discipline for children, something essential in all learning process.
 - Helps to widen the capacity for sustained attention.
 - Helps to acquire relaxation capacity.
 - Helps to acquire rhythm, without mechanization.
 - Helps socialization
- Our band
- Workshops: gardening, cooking and wood
- Basic training: Operator of cleaning and domestic services
- Teaching professional skills improvement program
- REBEX
- Librarium
- eScholarium





Multi Sensory Education







Coordinators:

LEZEU RODICA

VESA MARIA RAMONA

INDIVIDUALIZED EDUCATIONAL INTERVENTION FOR CHILDREN WITH MULTIPLE SENSORY IMPAIRMENTS/ DEAF-BLIND*

(Intellectual output of Erasmus + strategic partnership THINKING GLOBALLY, LEARNING TOGETHER 2015-2018)



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ORADEA 2016

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I. Lezeu, Rodica (coord.) II. Vesa, Maria-Ramona (coord.)

EDITORIAL STAFF:

Coordinators:

• Lezeu Rodica, headteacher CSEI Cristal Oradea

• Vesa Maria Ramona, teacher CSEI Cristal Oradea, *THINKING GLOBALLY, LEARNING TOGETHER* Romanian coordinator Authors (in alphabetical order):

- Dura Anca, special education teacher, CSEI Cristal Oradea, project team member
- Moldovan Mihaela, special education teacher, CSEI Cristal Oradea, project team member
- Oprea Eva Magdalena, special education teacher, CSEI Cristal Oradea, project team member
- Todea Stela Rodica, physiotherapist, CSEI Cristal Oradea, project team member

• Vesa Maria Ramona, teacher, CSEI Cristal Oradea, THINKING GLOBALLY, LEARNING TOGETHER Romanian coordinato Scientific reviewer: Alina Vese, special education inspector, Bihor County School Inspectorate

Cover and graphics : Manea Adina, special education teacher, CSEI Cristal Oradea, project team member

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PREFACE

The Erasmus + Thinking Globally, Learning Together project proposes activities involving partners from special schools in several European countries contributing greatly to the personal, professional and social development of the teachers involved, in raising awareness and understanding of new cultures, in improving the training and the adequacy of their work on European values and standards.

Conceived by specialists of CSEI *Cristal* Oradea, this book addresses issues of optimizing the therapeutic rehabilitation for children with multiple sensorial impairments (MSI) wanting to set an example of good practice in teaching these children and make the work more efficient for teachers in partner schools in the project and beyond.

CSEI *Cristal*'s experience with children with MSI extends over more than a decade. Despite some legislative difficulties, we managed to achieve major goals through teamwork made with competence and devotion and crowned with the actual establishment of the first class for children with MSI in 2009.

Within our MSI team of specialists there are mutual understanding, shared visions and motivations centered on accepting purpose, through good cooperation and dedication.

Multiple sensorial disability largely affects children and families so thereby the work of teachers is extended to the area of support and advise for parents also. This brochure can provide information not only to special education professionals but also to parents of children with MSI for better understanding of the problems they face.

Hoping that through the examples and information provided, the teachers from CSEI Cristal Oradea will bring added value to the project s success, as a manager I declare myself satisfied and I put all my personal skills in the development of this project in our school.

Rodica Lezeu, head-teacher

CSEI Cristal Oradea

"The European cooperation, the new policy on education and training provided valuable support to Romanian national reforms in education and contributed to the mobility of professionals within the EU.

As an intellectual result of an Erasmus + project, this publication falls in a direction which is currently promoted by the authorities in the Romanian education system. We believe that **Thinking Globally**, Learning Together project is a great step made by CSEI Cristal Oradea outside "commonplace", an openness to the education of SEN children across Europe. It is now the time for the Romanian specialists to offer European colleagues an example of best educational practices in individualized approach for children with MSI / deaf-blind.

The book is structured in a few chapters containing general information about the specific of MSI, glimpses of the experience of teachers from CSEI Cristal in working with children with MSI, considerations about the specific and the importance of early intervention, elements of curriculum and examples of plans for personalized intervention plan for MSI children.

Created by teachers of CSEI *Cristal* with rich experience in dealing with this type of deficiency, this publication is a true guide for teachers working with children with multiple sensory impairments / deaf-blind, for experts from partner countries but also for other teachers, members of the local community.

We are confident that this work will help improve the quality and effectiveness of the teaching in partner schools and beyond.

For the successful implementation and success of this project, congratulations to coordinators, authors and all those involved in this project."

Scientific reviewer: Alina Vese, special education inspector,

Bihor County School Inspectorate

INTRODUCTION

Author: Vesa Maria-Ramona teacher, School Center of Inclusive Education *Cristal* Oradea <u>ramonavesa@yahoo.com</u> Thinking Globally, Learning Together Romanian coordinator

Thinking Globally, Learning Together Erasmus + project (2015-2018) brings together a group of seven European schools for children with special needs from Romania, England, Spain, Belgium, Turkey, Poland and Bulgaria, schools that have identified a common need to review the curriculum for their students.

Teachers from all partner schools are interested in finding how the individualized learning is made for children with learning difficulties, with medium, deep and profound disabilities in various schools across Europe. Due to their special educational needs, the students from our partner schools do not have access to general curriculum for mainstream education.

The central objectives of the project are:

- learning and implementing innovative approaches of personalized finding for children with disabilities across partner schools;
- improving students outcomes through appropriate personalized learning;
- supporting the management of the partner schools by increasing the understanding and awareness of the different educational systems across partnership countries;
- broaden the professional and cultural level of the teachers involved;
- assuring the inclusion of SEN children in collaborative project activities.
The main project activities will be the training / learning activities organized by each school:

• a training and a workshop on the educational approach of children with multiple sensory impairments (offered in Romania by teachers from CSEI Cristal between 7- 11 March 2016)

- a training on Intensive interaction method and Learning outdoor (in the UK)
- a workshop on using biofeedback and therapy in SOSW (Poland)
- a training on speech therapy techniques and Montessori method (in Bulgaria)
- a workshop on the use of thematic projects method for pupils with SEN (Spain)
- a training course in social autonomy and another in autism (in Belgium)
- a workshop on therapeutic storytelling (in Turkey)
- students visits

The main project results:

• Teachers participating in transnational activities will be trained in European methods in innovative teaching, they will be in contact with different approaches for individualized learning and will be able to train their colleagues in their origin schools

- Teachers will test these new methods with their own pupils with SEN
- The staff involved will acquire the spirit of tolerance, mutual understanding and respect generated from the work in an international group:
- The children involved in the project will gain new skills, they will improve their social awareness and cultural expression

The project will also produce intellectual results developed jointly (common guidelines on innovative approaches for individualized learning) or by each school individually (booklets, training materials, PowerPoint presentations, DVDs, etc.).

This book is an intellectual result.

Originally planned to be a booklet with less informational content, this paper has exceeded initial expectations and stretches over 140 pages summarizing the proposals of CSEI Cristal Oradea specialists in addressing individualized education of children with sensory impairments multiple / deaf-blindness.

Since 2003, Sense International Romania offered the specialists from our institution the opportunity to train in multiple sensory impairments / deafblindness. Subsequently, two teachers from our institution, co-authors of this paper (Mihaela Moldovan and Eva Magdalena Oprea) became Romanian national trainers in this field and helped create the National Curriculum deaf-blind / multiple sensory impairments, approved by the Romanian Minister of Education, Research and Youth no. 5243 from 01.09.2008.

The publication appears bilingual, both in English and in Romanian. So it is desirable for it to operate dual role. The primary role is to be an ongoing support of 21 colleagues from partner countries which will participate in the training / learning activity on the approach of educating children with sensory impairments multiple offered in Romania by CSEI Cristal teachers(during 7th - 11th March 2016). The partners trained here will disseminate information among their home schools.

A secondary but not unimportant role will be sharing this work and with the local community by distributing the book to other teachers in local institutions that educate SEN children, thus ensuring exploitation of project' results.

CHAPTER 1. THE MULTIPLE SENSORY IMPAIRMENT / DEAFBLINDNESS. GENERAL INFORMATION.

Author: Dura Anca Special education teacher Cristal Inclusive Education School Centre Oradea

E-mail: dura.anca@yahoo.com

1. How we use our senses?

From the moment we are born we use our senses to know the world, to experiment surround environment. Sense of sight and hear, often named "distance senses", offer us information on what is happening around us. The sense of touch -kinaesthetic, taste and vestibular sense offers us information of what happens now, and the first two offers us information of things that we can also touch or feel. The sense of smell is also a sense of distance, but less useful as seeing or hearing, as the last two offer us the most useful information we need.

If we think now of the persons that cannot see, hear or both, we can easily understand that they are living a different reality, because they see less and different of what surrounds them also their experience with the surrounding environment is low and often erroneous. Here comes the role of therapists whose mission is to improve and correct the life experience of people that have multiple sensory impairments and deaf blindness. When only one of the senses is damaged, another may take more information to compensate the injured sense. For example, a visually impaired child can use more of the other senses to obtain the desired information from the surroundings and a child hearing impaired will use more their sight in a conversation, reading lips. These must be exploited to the maximum or used at their very best and the impaired senses will be stimulated by special techniques.

2. What is Multi-Sensory Impairment(MSI)/ Deafblindness?

There is an international debate regarding the use of terms like MultiSensory Impairment and Deaf blindness. According to UK Sense International, a combination of visual and hearing deficiency is often described using several terms. Thus, it is possible we may encounter the following terms:

- Deaf blindness
- Multisensory Deficiencies/Multiple Sensory Impairments
- Double Sensory Impairments.

It has been noticed that both terms, Multi-Sensory Impairment(MSI) and Deaf blindness, can by used in the same context depending to which institution you are referring to (Health, Education, etc.).

In Romania the last term is not widely spread, meanwhile in UK the term is mainly used for adults that have acquired throughout life this deficiency.

In US there is no general agreement regarding the use of the two terms: Multi-Sensory Impairments and Deaf blindness. Every state in the US has developed its own definition, so they differ from state to state. So many authors think that the two terms should be regarded separately, arguing that in MSI we also come across with learning disability associated to a sensory impairment. So the term multiple sensory impairments may be synonymous with "multiple disabilities and visual impairment" (multiple disabilities and visual impairment MDVI-) or "multiple disabilities and hearing impairment" (MDHI - multiple disabilities and hearing impairment) (Etheridge cited 1995 Visual Impairment: Access to Education for Children and Young People - Google Books). However other authors use the two terms synonymously, referring to people with congenital dual sensory impairments (hearing and sight) or acquired early.

When using the term multiple sensory impairment in Romania, we understand that we are talking about a serious deficiency, which assumes a combination of sensorial disability (sight and hearing) and one or more associated sensory deficiencies. A particular case is Deaf blindness, which is a serious deficiency, multisensory (combination of visual and auditory), most often associated with other types of disabilities. We have here a complex picture, because when discussing about Deaf blindness we do not talk only about a deaf a deaf man who sees or hears blind. The fact that a person cannot use their so-called "distance senses", vision and hearing, reflects on the overall development of an individual will affect the entire development of that person, making their situation a very complex one. In the book "Deaf-blind Infants and Children" (McInnes, J.M and Treffry, J.A (1982), we can identify several difficulties that can be encountered in a deafblind child development such as:

- Poor communication with the surroundings
- Distorted perception of their surroundings
- Failure to anticipate certain events
- The lack of many basic extrinsic motivations
- Other medical issues that can lead to failures to development
- Misdiagnosed as retard or mental problem
- Adjusting to a few learning methods to compensate their multiple deficiencies
- Major difficulties in having a social life, namely establishing and maintaining relationships.

Some authors draw attention commonly seen phenomenon, that labelling children with MSI/ Deafblindness as having mental deficiency. This diagnosis should be made with great caution in these children taking account on insufficient stimulation. Oftenwe can be misguided by the fact they can present similar behaviour encountered in the autistic spectrum disorders, difficulty maintaining balance, delays in general motor abilities, etc. Mental deficiency diagnosis to be made with great caution only after the severity of sensory deficiency was known and the child followed an adequate educational programme.

The specialists from Romania have classified the multiple sensory impairment/deaf blindness in a curriculum for early intervention in children with MSI / Deaf blindness. It listed four types, which are found in deafblind people. These persons are:

- 1. Congenital visual and hearing impairment or acquired in early childhood
- 2. Congenital visual impairment, hearing impairment acquired
- 3. Congenital hearing impairment, visual impairment acquired
- 4. Hearing and visual impairment acquired

It should be noted that for each group of the above require different teaching approaches and techniques, depending the degree of damage in one of the senses, the early symptoms, etc. But the same techniques and strategies are also useful in children and young people with multiple sensory impairments cases with:

- 5. Congenital visual impairment or acquired in early childhood showing associated deficiencies like learning disabilities, communication difficulties and impaired neuromotor.
- 6. Congenital hearing impairment or acquired at early childhood showing associated deficiencies like learning difficulties and severe motor impairments.

7. Difficulties in processing visual information and central auditory (in this case we speak of cortical blindness and cortical deafness)

8. Difficulties processing visual information and / or sound associated with other disabilities

3. Legal Framework in Romania

In our country we have a series of norms that recognize deaf blindness as a distinct disability that provides children with MSI / Deafblindness rightst to education and creates the necessary legislative framework that allows the development of early intervention services, educational and vocational education for these children. There are groups/classes for children/students with multiple sensory impairment/deaf blindness in special and integrated special educational system that consist of 2-4 children/students on each group.

Educational activities are conducted with these children based on school documents approved by the Ministry of Education, curricula and plans developed by professional specialists working with children with multiple sensory impairment / deaf blindness and who know the specifics of these disabilities.

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Romanian National Education Law no.1 / 20118

<u>www.ncb.org.uk</u> - Information about multiple sensory impairments



CHAPTER 2. CSEI CRISTAL'S EXPERIENCE IN WORKING WITH MSI/DEAF-BLIND CHILDREN. MATRA AND SENSE PROJECTS

2.1 MATRA project - a new starting out

Author: dr. Mihaela-Adriana MOLDOVAN special education teacher, School Center of Inclusive Education Cristal Oradea, Menumorut 41 mihaela_adrianamoldovan@yahoo.co.uk

In 1998, three towns in western Romania: Arad, Cluj-Napoca and Timișoara, began a Romanian-Dutch project, a project which brought many changes in special education for children with visual impairments in Romania, in the mentality of young professionals, in the lives of many families with visually impaired and blind children. The project was called MATRA - "The implementation of early intervention for children with visual impairment in Romania" and it was initiated by Theofaan International (later, Sensis International) from Grave, Netherlands and was funded by the Netherlands Ministry of Foreign Affairs. The three schools were chosen from three cities: Arad School Centre, The High School for Visually Impaired Cluj-Napoca and The Special School for Visually Impaired Cluj-Napoca.

The work was a complex one, given the objective of putting the basis for a new field of activity in Romania - early intervention for children with visual impairments and blind children. The program started with a training course in June 1998 in the field of early intervention for children with visual impairments, conducted by specialists from the Institute Theofaan from Netherlands (itinerant teacher, social workers, psychologists, teachers). The practical course was completed by another one held at the "Babeş-Bolyai" University of Cluj-Napoca, being prepared and supported by prof. dr. Vasile Preda.



The courses were attended by six teachers from the three centers mentioned above, teachers which were to form work teams for the rehabilitation of visually impaired children between 0-6 years. The project objectives were:

- the assessment of basic life functions;
- the dynamic assessment of psychic potential of each child with visual impairments;
- facilitating and accelerating the overall development of children;
- the collaboration with parents;
- the acquisition of ways to communicate with children and stimulate their development.

Each center had revealed 20-22 children aged 1-7 years, visually impaired and the blind. Some of them showed multiple disabilities. The activity took place both at home and at the "Early Intervention Centre" - specially created for this purpose within each school. In this space each school was provided with

materials / toys needed in the work with children with visual disabilities. They created a space called "black-room" dedicated to visual stimulation of children with low vision. The children included in the program were diagnosed by an ophthalmologist, who made recommendations to teachers about the types of exercises required for visual therapies. The parents were active partners, being informed of the diagnosis, the activities and often participating as co-worker in early intervention activities. Parents were taught to relate with their child in an appropriate manner, they learn about the implications of visual impairement on the overall development of the child. Finally, they were taught in using special toys and material for rehabilitation of their children. During the project there were exchanges of experiences between members of the teams involved. Analysis pioneering work was done by presenting case studies, videos, discussions.

Two years later, in 2001, Matra Project - "Implementation of early intervention for children with visual impairment in Romania" aimed to continue the support for two years implementation of early intervention in our country. This time, along with the other three schools from Arad, Cluj-Napoca and Timisoara, joined a new school, Special Kindergarten for Visually Impaired Children from Oradea (now School Center of Inclusive Education "Cristal"). Also it was recruited for training purposes a new university, The West University of Timisoara. The project goal has remained the same, and the two selected teachers for the implementation team in Oradea, along with ophthalmologist and director of the institution, went through the same stages of preparation and training as their colleagues from other centers and through the same pioneering experiences. I was lucky to be one of the two teachers. What this meant for me? An opportunity to improve my training in the special education field. An opportunity to provide support at the right moment for children with visual impairments and their families. An opportunity to align myself to "normality". A new starting out...

2.2 SENSE Early Intervention Project

Author: Oprea Eva -Magdalena Cristal Inclusive Education School Centre Oradea e-mail: eva.oprea@ymail.com

In 2003, SENSE International Romania Foundation entered into the life of our institution by inviting us to its training courses in multiple sensory impairments (MSI) / deafblindness. Two teachers from our school benefited from these courses, subsequently becoming national trainers in this field, along with 9 other teachers in the country.

In November 2007, our school was included in the "Early detection and early intervention project for infants with multiple sensory impairments/deafblindness" next to the a school from Bucharest. Subsequently, in October 2009, a school from Timişoara was included in this project, succeeding by another school from laşi in 2011.

The project began as a partnership between our school and the Obstetric Hospital in Oradea, Bihor County School Inspectorate, the General Directorate of Social Assistance and Child Protection Bihor. Through this project, the Obstetrics and Gynecology Hospital was equipped with a hearing screening device, so from that moment all newborns could be tested for hearing problems.

After testing, 28 204 newborn children received hearing screening during 2007-2014, 662 children were tested visually between 2009-2014 and 33 children received early intervention services during 2007-2014.



Oraș	2007	2008	2009	2010	2011	2012	2013	2014	Total
București	4371	3789	1961	3995	1679	3250	2943	3109	23335
Oradea	10	4618	3776	3560	4099	4312	3889	3930	28204
Timișoara	0	0	827	3434	2746	2836	2833	3157	15883
lași	0	0	0	0	0	0	2942	5999	8941
Total	4381	8416	6564	9028	8524	10398	12707	16195	76213

Statistical data on hearing screening during 2007-2014

City	2009	2010	2011	2012	2013	2014	Total
București	1076	1852	1714	1556	1684	1520	9402
Timișoara	181	318	339	351	894	341	2424
Oradea	151	100	105	112	117	77	662
lași	0	0	0	0	115	240	355
Total	1411	2270	2158	2019	2810	2178	12843

Statistical data on visual screening during 2009-2014

City	Years	Number of chidren
București	2007-2014	50
Oradea	2008-2014	33
Timișoara	2009-2014	58
lași	2013-2014	14

Statistical data on early intervention services during 2007-2014

Due to the cooperation with Sense International Romania, our center celebrates now each year, the International Day of Helen Keller. This is the day when all professionals who work with MSI /deafblind children can spend some pleasant moments with them and their families in a familiar manner.

For any child with disabilities - either sensory or other type of disability- early intervention is the key to its future.

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CHAPTER 3. THE EARLY INTERVENTION FOR CHILDREN WITH M.S.I / DEAFBLINDNESS.

Author: dr. Mihaela-Adriana MOLDOVAN special education teacher, School Center of Inclusive Education Cristal Oradea, Menumorut 41 mihaela_adrianamoldovan@yahoo.co.uk

Nowadays the "early intervention" is no longer a novelty in the countries where is paid attention to people with disabilities. Fifteen years ago, this concept began to take shape in Romania through various projects/ programs initiated by non-governmental organizations / foundations and the early intervention was implemented as a support service for children with various disabilities.

We are now at a stage where, by the initiative and effort of different non-governmental organizations / foundations supporting disabled people, we strive to shape the legislative part of early intervention. This will allow neonatal screening services and early intervention for children with disabilities from all over Romania to be financed by the state and be closely monitored. In this way a follow-up procedure of every "risk" child has be implemented.

The strongest argument in favor of these changes remains that early stimulation lead to the reduction or even the annihilation of the state of disability. The unidentified disability, not discovered and treated properly, increases with age, so that belated intervention becomes almost useless or, at best, lead to insignificant changes. Meanwhile, the problem it is also about respecting standard rules concerning people with disabilities, developed by UNESCO and UNICEF, the children's rights (1989), the recommendations of the Council of Europe (1992) and matters referred by the Conference on special education (1994).

In literature the term "early intervention" was and is largely used to describe efforts to prevent or ameliorate behavioral or developmental problems caused by environmental influences or biological influences, or both. Early intervention is a term that encompasses a variety of experimental approaches, educational and therapeutic procedures to support training and experiences (Dunst, Snyder, and Mankinen, 1989). Dunst (1985) defines early intervention as providing support services for risk children and their families, by members of a support network, members that will influence directly and indirectly parents, family and child development.

The early intervention is accomplished through teamwork, taking into account the special educational requirements of each child, depending on age, deficiency etiology, severity, dynamics and complexity. The team composition may be stable or may be vary according to the unique characteristics of each child. In general, this team collaborates: the educational psychologist, the specialist on certain types of disabilities and early intervention techniques, the

psychologist, the physiotherapist, doctors and of course, the parents. The early intervention involves several steps: screening, assessment, intervention. The first step, the screening, was not many years ago a very difficult process in Romania for several reasons: the absence or poor functioning of national programs for the neonatal screening of newborn babies, the insufficient understanding by parents or doctors-specialists of the importance of early intervention on child development. Among the major barriers are also poor collaboration between the various organizations involved, including doctors and specialists in education (psychologists) and insufficient databases. Fortunately, there are now national neonatal screening programs to detect hearing and retinopathy of prematurity (RP) which allow detection of hearing or vision problems from birth. Unfortunately these 'national' programs do not cover all cities in Romania. Oradea is, fortunately, among the cities where is carried out both hearing and RP screening for newborn babies.

Once a child with a disability or "risk" child of having a disability or developmental delay has entered the early intervention program he is evaluated. The assessment is the cornerstone of the intervention. The evaluation of children with disabilities in early intervention is generally a complex and involves collaboration of all members of the multidisciplinary team. From the perspective of a early intervention worker the evaluation generally serves several special purposes: identifying and monitoring children who may have delays or problems in development; knowing the diagnosis, which determines the nature of the problem or disability; the achievement of individualized education program that meets the child's needs; review progress. The children with severe and profound disabilities and those M.S.I. / deafblind children are labeled as "difficult to test". And in my opinion, they are. The process involves a fine knowledge of child psychology, and also the diagnostic data.

In Romania we have faced until recently a insufficiency of assessment for certain types of disabilities. Many of the existing instruments may be used only if the child has a good vision and a good hearing. They are not suitable for a child with M.S.I. Gradually, more and more inventories / assessment scales were translated from foreign literature and studied in universities and special schools to meet the needs of special education. Currently, the Oregon Skills Inventory, Callier-Azusa and Portage Scales, are just some of the scales that professionals working with M.S.I. / deafblind children have access and which they can use in making the assessment of these children. We must not forget that for children with severe disabilities, and those with M.S.I. / deafblind evaluation is an ongoing process being achieved often during the every day intervention.

My opinion is that a weakness of the evaluations which are currently conducted in Romania in the early intervention is that the evaluation only addresses child and no family. If we want a family-centered intervention I believe that the evaluation should also cover family.

From the perspective of Carl Dunst, Carol Trivette, Angela Deal (1988), the specialist which provides help to families should assess: their needs and aspirations, the family style, the support and the resources of the family. The family needs and aspirations, the qualities and the capacities, the social support and resources are seen as separate, but related parts of assessment and intervention process. The behavior of the person providing help to families create ways in which it is given to the family the opportunity and the power to acquire and use skills, to find support and mobilize resources to meet the children needs. The needs and aspirations are the first to be identified in order to bring to light things that the family considers important enough to devote time and energy. The needs can be identified by interview, or through a number based needs assessment scale. The way families cope with life events and how they support the growth and development of family members depends to some extent of the unique style of functioning of the family. The family style

refers both to a combination of existing skills and capabilities and the ability to use these skills to mobilize and create resources to meet the needs. The family qualities are seen as a set of resources necessary to face the needs. The social support is defined as "resources provided by others... (and) is different in type and function in different periods of life..."(Cohen and Syme, 1985). The outside family resources and social support include emotional, informational, physical assistance, and also instrumental and material assistance provided by others to maintain the health, welfare, foster adaptation to life events. The social support can be: friends, neighbors, colleagues, family members of the church to which he belongs, an association of which may belong, or organizations with whom the family has direct or indirect contact. Informal support is given to those above and formal support is given by specialists (pediatricians, social workers, therapists, etc.) and agencies (hospitals, early intervention programs, health departments, etc.)

Identifying sources of support and resources for family needs can be done through interview and through scales or inventories. The effective intervention should be centered both on the child and the family. Members of the multidisciplinary team should try to provide aid to the child and his family. The intervention for children with disabilities is often a lengthy process that usually stretches on many years and that requires a lot of knowledge, attitude and skills of those involved in the intervention. The intervention involves a making a personalized intervention plan (P.I.P.) and implement it. The personalized intervention plan can be consulted as a material within this book.

Davis (1993) established a number of objectives of providing help for families with children with chronic diseases or disabilities. He believes that among other things is very important to support parents emotionally during the adaptation process, encouraging them in everything they do; to increase their self-esteem; to make parents able to find their own support systems, if necessary, outside the nuclear family; to help them to communicate adequately with specialists in order to work in partnership; to make them able to decide for themselves.

Every family has resources and if we focus on them, rather than on the change / correction of the weaknesses, the chances of the family to adapt to the situation of having a disabled child will be significantly increased. The specialists should understand very well the process that parents pass during adaptation to disability. When parents reacts with anger, denial or grief, the specialists must be non-defensive and of helping parents to deal with their feelings, thus reaching a mature acceptance of the child's disability. The specialists should have also serious knowledge about the dynamics of these families and the various factors both within and outside the family which influences its functioning. They should realize the effects of the disability on different family members, including brothers and grandparents. The specialists should be aware of the various sources of financial aid for parents (help for the disabled children from the government, other financial support that can come from non-governmental organizations and various associations), the available services and the institutions that offer these services , other possible sources of help for the family, such as support groups in the community. The specialists also must have information about different reactions to disability of different ethnic and cultural groups so that they can be able to adapt the interventions to cultural particularities of the family. But knowledge is not enough for professionals to be able to develop their working relationship with parents. It also needs certain attitudes from specialists and parents, both. Specialists must show sincerity, respect and empathy.

They have to be honest in dealing with parents, to present their qualities and weakness. For example, they should be always prepared to say "I do not know" when they really do not know. In other words, they should relate to the parents as people first and only after as specialists. The hide behind "the specialist" facade is not in anyone's best interest. The specialists should respect parents. Their demands and their opinions should always be given consideration. The parent's wishes must be respected even when they want to gather opinions from various specialists. It is particularly important that specialists be empathetic with parents. Empathy is the ability to perceive each other's feelings and to clear show your understanding. If the specialists develops the empathetic understanding of parent's position, the chances to develop a productive partnership parents - specialist are higher.

Another important aspect is that a specialist gets an optimist but realist perspective on the progress and the eventual outcomes of the child. Parents need them to be optimistic but also objective regarding child's development. They feel the need for the specialist to be open and honest, but to do this with sensitivity. The experts should be oriented towards solving problems, and consider that all situations can be improved, unless completely solved. The specialists need good interpersonal communication skills, listening and counseling skills. Some authors stressed out the importance of using such skills with parents (Seligman, 1979; Turnbull A.P. and Turnbull H.R., 1986). According to Hornby (1994), what is required is the ability to listen, understand and help make decisions about the actions that are supposed to be done. Specialists must listen to what parents have to say, in order to help them clarify their thoughts and feelings. Parents should then be helped to understand the problematic situation or the concerns that they have. The specialists should also the help parents to decide (if they want to achieve something). Specialist skills need to be assertive because assertiveness is necessary for effective communication with parents on various experiences. Combs and Avila (1985) from the University of Florida, researching on the qualities needed by those specialists confirm the above, and adding also several more. They say that the good specialists see people as capable and not incapable, worthy and not unworthy, they see internal reasons more than external ones. The true specialists are more oriented to people than to things and want more to approach the clients in a subjective or phenomenological way, rather than objective or realistic. In the following pages we present a **case study** through which we intend to emphasize the importance of early intervention for deafblind children, but also some realities in our country related to the implementation of this process.

GENERAL FRAMEWORK FOR EARLY INTERVENTION

On first of April 2007, the project "Early detection and early intervention for children with multiple sensory impairments / deafblindness" started in Oradea at School Center of Inclusive Education "Cristal". The project, proposed by Sense International (Romania), with the support of Sense International (UK), intends to continue the efforts to implement an early intervention model for multiple sensory impairments / deafblind children from 0 to 6 years, in order to provide specialized support to a multidisciplinary team for these children and their families. The General Directorate of Social Assistance and Child Protection Bihor, one of the first partners in the project along with School Inspectorate Bihor are the institutions thanks to which the child was found. Sense International (Romania) provided financially support. It also facilitated the examination of the child by various doctors-specialists in Bucharest.

PRIOR TO INTERVENTION. SOME RELEVANT INFORMATION

The attitude of doctors towards the child was a reserved one and even some lack of interest because they gave Denisa no chance of survival. The attitude of other community members was generally normal, with few exceptions, where the mother perceived the "fear" of some people to relate with the child. The mother reported in a letter of gratitude to the organization that started early intervention project in Oradea... "I am a mother of 23 years, my name P.A. and I want to share a life experience that makes my days difficult... Nearly three years ago, on the day that was supposed to be the happiest day of my life, it was in fact the beginning of a big hardship... After a very long period of attempts to find a solution to improve the condition of my daughter, when I was already tired and I felt hopeless, I received a notice by mail from the "Sensory School Center for Inclusive Education" (the old name of our school). (The notice informed the mother about the early intervention project and the opportunity to benefit from free rehabilitation services for Denisa).

CHILD DEVELOPMENT DATA AFTER THE INTERVENTION

Quantitative analysis: The Oregon Skills Inventory has allowed us to create a development profile as the one below. At that time in Romania there were no other tools for the evaluation of a deafblind child.

				L				egenda:	sept. 2	008 🚃	Junearan I							
			COGN	ITIVE	LAN	GUAGE	SO	CI AL	VI	SION	C OMPER	SATORY	SELF	-HELP	FINE	MOTO R	GROS S	MOT OR
Date	Chron . Age	Age Level	∦ of Skills	Perce nt	∦of Skills	Percent	∦ of Skills	Perc ent	∦ of Skills	Percent	∦ of Skills	Percent	∦ of Skills	Perc ent	∦ of Skills	Percent	∦ of Skills	Per cent
	-6 9 mos 1 mos 3 mos	5-6	30	100 75 50 25	18	100 75 50 25	12	100 75 50 25	13	100 75 50 25	17	1 00 75 50 25	17	100 75 50 25	11	100 75 50 25	15	10 0 7 5 5 0 2 5
	9 mos	4-5	21	75 50 25	16	75 50 25	9	75000000000000000000000000000000000000	13	75 50 25	14	75 50 25	15	75 50 25	10	75 10 25	14	75 50 25
	9	3-4	16	75 50 25	17	75 50 25	12	75 100 100 100 100 100 100 100 100 100 10	11	75 50 25	8	100 100 100 100 100 100 100 100	11	100 75 50 25	10	75 100 100 100 100 100 100 100	10	75 50 25
	9	2-3	16	75 50 25	22	75 50 25	9	75 million 25 million 25 million 25 million	10	75 50 25	7	100 million (100 m	23	75	13	75 100 25 100	14	75 100 25 100
	9	1-2	10	75	10	75	13	75 00 100 00 00 00 00 00 00 00 00 00 00 00	10	75	7	75 50 25	11	75 100 100 100 100 100 100 100 100 100 10	12	75	12	75 50 25
	9 mos	0-1	12	75 50 25	14	75 50 25	8	75000000000000000000000000000000000000	13	75 50 25	8	75 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13	75 00 25 00	13	750 m	20	7500000 2500

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The psychological profile table indicates:

The first column - chronological age at the evaluation moment

The second column - the levels of age

The third column - the number of skills assessed at different levels of age, on the cognitive domain

The fourth column - the cognitive development / level of skills achieved on the cognitive domain, expressed in percentage.

Further, the same as columns three and four, we have number of skills and level of development for other areas evaluated: language, socialization, vision, compensation, personal autonomy, fine motor skills and gross motor skills.

Qualitative analysis. Some aspects of the functional assessment

BEGINNING OF THE INTERVENTION	AFTER ONE YEAR				
Visual behavior - examples of bel	haviors				
 she is particularly interested in light stimuli explores toys with lights at close distances (less than 10 cm.) locates a light stimulus at a distance of more than 1 m in dimness conditions shifts her glance from one object to another reaches out with some precision to an object seen at a distance of 20-25 cm. follows a moving light stimulus, more vertical and less horizontal 	 interested in a wide variety of stimuli, not only lights explores visual various objects / toys increased visual attention 				
Language and communication - example	s of behaviors				
 she tries to imitate very simple movements of the hands of an adult recognizes some familiar gestures responds to the gesture (ex.: "come") she accidentally emits some sounds 	 she wants to communicate more developed communication skills and sign language she understands and mimes some conventional signs makes at least 10 signs that adults interpret as communication signs she uses and understands unconventional signs referring to people, familiar objects or actions; she communicates by unconventional signs her desires - she goes to the bathroom door and rubs hands to her cheeks if she wants to be washed she constantly uses some recognizable conventional signs ("I", "we do / play" "papa", "the same") 				
Compensation - examples of beh	naviors				
 she tries to look for a toy that falls in a place that is not in contact with her body she maintains contact with the container while searching for items to place them in 	 she developed tactil-kinesthetic exploration skill she discriminates by touch objects / toys with similar characteristics she sorts two kinds of objects by the criteria of size, texture or color she uses visual, olfactory, tactile clues to move within a familiar space 				

Other comments - examples of I	pehaviors
 low curiosity about the environment when new objects / toys are presented she prefers to begin contact with them trough adult, handling adult' s hand in order to grab and to explore the object/ toy self-aggressive behaviors are manifested in situations of frustration 	 she manifests curiosity about the environment, she interacts more with the environment and with other things around actively exploring the environment participates in games with adults self-aggressive behaviors have disappeared - when she is in bed and wants to call her mother she does it by making noises, she does not hit her head to the bed to make noise and attract such attention

The intervention led not only to changes in the child's quality of life but also to changes in the quality of family life and changes in the attitude of people in the community.

Thus, after a year, the mother lived less feelings of sadness and loss of hope and argued that things were now easier for her because the biggest problem was the communication. Also she reported: "There are many things that we could put into practice... Now I know how to play with Denisa to make her more interested in some games that she refused in the past." The attitude of doctors has changed considerably. If at first their attitude was initially very reserved, even without interest from some, because chances of survival and development were low, after a year, seeing very positive development for a deafblind child, they examined her with more interest and have become more optimistic.

In conclusion, early intervention is an essential component in the effort to improve the quality of life of a disabled child and his family and it is the first step, necessarily, towards the rehabilitation and integration of children into society and family adaptation to their child's disability. Currently, Denisa is in a third class to School Center of Inclusive Education "Cristal" from Oradea, the same institution that ensured eight years ago early intervention services. Between 2009 - 2013 he attended kindergarten and preparatory class. Since 2013 was enrolled in the first M.S.I / deafblind class established in our county.

She knows now all letter signs, she began to write and read, to initiate communication in sign language and has a repertoire of more than 50 signs. Increasingly she began to communicate in sentences. She knows figures from 1-10 and knows how to gather 1 and 2. She has a high degree of personal autonomy in familiar spaces. She uses her vision very well (considering the diagnosis) if she is given the possibility to explore written text and objects at close range and if minor adjustments are made in printed materials. The great impediment in education and rehabilitation is the low resistance to effort due to health problems.

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CHAPTER 4.

CURRICULAR ELEMENTS FOR MSI/DEAFBLIND CHILDREN

4.1 Early intervention curriculum for children with multiple sensory impairments/ deafblindness

Author: Eva -Magdalena Oprea Special education teacher, Cristal Inclusive Education School Center, Oradea e-mail: <u>eva.oprea@ymail.com</u>

In 2012, at the initiative of Sense International Romania Foundation, a team of professionals experienced in working with young children with multiple sensory impairments has developed a curriculum for early intervention for this group. This curriculum was approved by order of Minister no. 3071 from 18 January 2013.

The curriculum addresses teachers, specialists in deafblindness / multisensory impairments involved in Early Intervention (0-3 years). The curricular suggestions can be of great help both to parents and also to all those involved in intervention. It should be noted that there is a difference between chronological age and mental age of a child. For children with MSI / deafblind (and others) often there is a gap in-between, which means that, for example, a child with a chronological age of 3 years can have a mental age of 1 year or less. Mental age / age of development is determined by the developmental scales (Callier-Azusa Scale, G and H editions is especially designed for this category of children).

There is also the need to distinguish between early education and early intervention. Early education refers to the care, education and optimal child development, direct and indirect support given by adults, families, communities and whole societies to perceive infancy as an essential stage in becoming human and social individuals.

Early education, involving the period of 0-6 years (0-3 years period ante preschool, preschool 3-6 years, extendable according to Art. 49, paragraph 4 of the Romanian National Education Law no.1 / 2011) includes the concept of "care" and has several components:

- prenatal family education;
- education of small children (0-1 years);
- education and counseling for parents and family in general;
- 1-3 years child education (often conducted within nurseries);
- pre-school education;
- · health education and nutrition education;

- the education for remediation of learning difficulties and early intervention;
- social education and education for participation and identity construction.

Early intervention activities are made with children aged 0-3 years who present developmental delays in order to develop the full potential of the child and to compensate his deficiency.

Early intervention programs can be applied to children with varying degrees of risk in development.

The risk of developmental problems in newborn preterm infants (gestation <37 weeks) or children born with low birthweight (<2500gr.) is quite high. These children may have:

- cerebral palsy;
- intellectual delay;
- epilepsy;
- visual impairment;
- neuro-motor disabilities;
- hearing loss.

The major consequences of deafblindness / MSI on child's development led to the need for early intervention, involving family, intervention specialist, and various specialty services. Early intervention activities means "one to one" approach. The parents need to be helped to overcome feelings of confusion that may exist, to understand the child's disability, to be informed about the peculiarities of child's development, to participate in assessments, in intervention activities, to be supported to access community services. The specialist has an important part in strengthening parent-child interaction and explain some aspects of it. The responses of the child during play action with the parents have a strong influence on the quality of interaction. Children with MSI for many reasons, including, for example, the lack the ability to see facial expressions or other indicators of parents state of mind, will interact less in a manner that motivates parents. The child's passivity, or lack of responses that parents expect, can damage parent-child relationship.

The activities can take place both in special education institutions or at the child's home. Parent`s presence is absolutely necessary during the process. Involving parents on all stages of early intervention is essential because:

• Parents know best their child and spend the most time with him;

• Effective communication requires consistency from all members of the family;

• Parents should be encouraged to get a positive attitude, be supported and informed about the implications of multi sensory impairment on child's development.

The curricular areas of Early Intervention are:

- 1. Communication;
- 2. Sensory and cognitive education;
- 3. Orientation, mobility and general motor development;
- 4. Emotional and social development,

1. Communication

In the context of MSI communication is a priority area. The lack of an efficient communication system fit for each child makes the whole intervention program doomed to failure.

The communication is based on a secure relationship with other children and their need to adapt to the environment. Early intervention in the area of communication focuses on what the child can do, on how he communicates his needs and interests.

The ways the MSI children can communicate are:

• tactile symbols: miniature objects, parts of objects, arbitrary symbols (a different texture for each day of the week);

"hand on hand" communication (let the child's hands to position the teacher hands while teacher performs signs; after experiencing these signs tactile longer, the child will begin to use them on its own). For MSI children hands are the primary source of information. Some children may be touch-defensive, so the method should be used cautiously allowing the child to withdraw his hand when he feels the need to do so;
visual or tactile symbols that can be used to support the representation, they must be adapted in terms of size, contrast, contour to assure the best visual perception of the child;

• PECS (Picture Exchange Communication System) involves the use of drawings, pictures cut from magazines, icons, photographs, tactile outlines for those who have no residual functional view;

- sign language for children with sufficient scrap of view;
- adapted tactile sign language for children who have low vision;
- speech.

Depending on the context we can use total communication that involves multiple communication systems.

Main goals:

1. Create an adequate communication system functioning level of the child;

2. Using communication skills in various situational contexts.

Secondary goals:

- 1.1. Establishing a secure relationship with the child;
- 2.1. Training skills of communication using signals;
- 2.2. Training skills of communication symbols;
- 2.3. Use of pragmatic communication skills.

2. Sensory and cognitive education

All our knowledge comes from action. The baby acts on objects around them, touches them, overthrows them to his mouth, developing his knowledge about these objects by structuring experience. The knowledge does not appear instantly from the child nor from the objects themselves, but the interaction between those two.

In the absence of sight and/or hearing, the access to knowledge is more limited therefore it is necessary to stimulate specific activities where the child can get in touch with the world.

The creation of correct representation about the world around him is a big challenge for all interveners. Therefore, the activities in cognitive and sensory education must be well planned so that the child's representations about the objects he comes in contact to and the actions / activities to be undertaken will be realistic.

Main Goals:

- 1. Developing the ability to explore the external environment;
- 2. Training and developing the ability of identification and discrimination of stimuli from external environment.

Secondary goals:

- 1.1. Perceptual skills training in sensory stimuli detection developing awareness of their presence;
- 1.2. Developing sensory stimuli attention;
- 1.3. Training and developing the ability of stimuli localization;
- 2.1. Training and developing the ability of exploration and manipulation of stimuli;
- 2.2. Training the ability to identify the stimulus;
- 2.3. Training the ability of stimuli recognition and discrimination.

The methods used in this area are:

1. Visual stimulation using black light

This method is based on using black light. Fluorescent light are very effective in stimulating young children residual view or older children with severe disabilities, MSI, not responding to other stimuli.

The black light is available in several forms, the most common and is the use of fluorescent tubes, neon quartz. One or two such neon quartz, with a power of 15 watt can provide adequate lighting for visual training. They can be mounted in specially arranged rooms to provide total darkness, the ideal is to put them inside of black boxes that do not allow the child to look directly at the neon.

Moore, S, Besinger, S., Frere, S. Dennison, A. (1987) required some precautions in the the use of the black light:

Training sessions will be short (15-30 minutes);

- the black light will be positioned so that the child can not look straight into the fluorescent tube;
- for optimum contrast and for obtaining a bright light, we will work in a room as dark as possible;

• when black light is used for the first time with the child, will be turned into a normally lighted room, then the light will be slowly lowered; the sessions will be short at first, then gradually we will lengthen their duration;

• this technique will be used as a training technique; when possible, we will renounce to make activities only under black light, the same activities will be tested in normal light conditions.

The black box plays a role in the detection of objects. Detection refers to the ability to secure and then follow visual stimulus. It is recommended especially for cortical visual impairment / optic nerve atrophy with or without nystagmus. For those children it is easier to detect an intens lighted object.

The next step after detecting objects is their identification and differentiation, which already involve cognitive processes.

With all the advantages that this method provides, it has also contraindications. Using this method is contraindicated in certain eye diseases such as aphakia, no iris, people who have photosensitivity (or are on drug treatments that can cause photosensitivity), in epilepsy because these lights can trigger seizures.







2. Sensory stimulation in Snoezelen room

Snoezelen method has its origins in the Netherlands in 1970. The etiology of the word "snoezel" comes from the Dutch words "snuffelen" which means" to sniff" and "doezelen" which means "to dose" these words endeavoring to translate the sensory and emotional experience that it is lived in a Snoezel space.

Today, the word Snoezel is used to describe a sensory room found in more and more institutions dealing with persons with severe disabilities and / or MSI a room that is used for a wide variety of educational goals and therapeutic relaxation, sensory stimulation, physiotherapy, psychotherapy (e.g.behavioral

Through Snoezelen rooms and Snoezelen therapy the multisensory stimulation is performed.

The stimulation room is a controlled space, secure and familiar, where we present a series of visual stimuli, auditory, olfactory and tactile stimuli, where the baby lives a learning experience within the zone of his proximal development.

The room is almost magical, the ambience is attractive to children, it is a mixture of colors, sounds, flavors, textures and light effects. The Snoezelen room therapy has dual roles: stimulation and relaxation.

Using Snoezelen therapy in a suitable environment can motivate, stimulate children with sensory disabilities, or soothes, calms children with autism or behavioral disorders.

By applying Snoezelen therapy, they were observed benefits for children with severe disabilities:

- children develop new ways of communication focused on touch;
- it enables children to freely express their preferences;
- it enhances receptivity on the communication with the intervener;
- it calms tension, anxiety and creates a breeding ground for relaxation;
- reduces self-harm and hetero-crises.

Snoezelen therapy has advantages also for the therapists who work with these children:

- lead to a thorough knowledge of the child's personality;
- facilitates the discovery of children's preferences which is a support for new therapeutic approaches.
- stimulates communication between the child and the intervener;
- enables the discovery of children's interests and serves to establish an optimum contact with the therapist;
- facilitates therapeutic activity by reducing states of agitation and aggressiveness.



Snoezelen roomThere isn't a standard technique for multi-sensory stimulation that can be applied to all children with MSI. The program must start from stimuli that the child accepts and from the tolerated level of sensory input. The intensity and variety of stimuli will grow as the child will tolerate these gradually changes.

Flashing lights stimuli, the images with high contrast that change in quick succession, the powerful visual stimuli, the fluorescent lights, can be triggers of seizures for children with epilepsy. Aromatherapy will be used also with caution for these children, some plant oils also trig seizures (eucalyptus, rosemary, sage).

3. Active learning method -"little room"

Little-Room is a method that gives the child possibility of active learning. Active learning revolves around the idea that the learner must be active.

Active learning was initiated by Dr. Lilli Nielsen of Denmark, a world wide recognized expert in teaching children with MSI.

One of his most famous ideas is "the little room." This is a wooden box with Plexiglas ceiling where toys hung with elastic. The toys return to their original position when the child releases them, enabling him to find them again and repeat the action when he wants and as many times as he wants.

The child is placed in the box and he has the opportunity to explore objects. The purpose of "Little Room" is to facilitate the acquisitions necessary for creating accurate representation for blind children and to facilitate communication "(Lilli Nielsen, 1992).

Dr. Nielsen believes that all very young babies learn by being active rather than passive, simple recipients of the stimulus.



4. Wilbarger Deep Pressure and Proprioceptive Technique - DPPT

This technique was developed by Patricia Wilbarger, clinical psychologist and occupational therapist, starting from sensory integration theory and it's recommended for tactile and sensory defensive children.

The technique consists in applying constant and strong pressure on the arms, the hands, the back and the legs of the child with an "up and down" movement using a special surgical brush. Physical contact with the child is kept permanently. The brush should be held horizontally. You can brush directly to the skin or over of the child's clothes. When brushing is performed over clothing you will keep vertical brush for a stronger effect. The procedure is repeated every 90 minutes - 2 hours (six times per day).

The input provided by this method to the nervous system takes about two hours.

Brushing should be followed by compression on the joints (wrists, elbows, ankles, hips, fingers, shoulders), repeating the compression 10 times. The wrists will be kept aligned, the order is not significant compression (Wilbarger, P. & Wilbarger, JL (1991).

This technique can be incorporated into a more complex pattern of sensory stimulation. It contains special considerations, the most important is to never brush face and stomach. Applying the method seeks physical, emotional and behavioral changes.



Pressure by brush



Compression on the joints

3. Orientation, mobility and general motor stimulation

This curriculum area addresses to early intervention specialists. They will cooperate with the physiotherapist, which will deep stimulation and intervention activities.

Orientation and mobility skills begin to form during the first months of life.

Developing an awareness of your own body will determine the extent to which the child will be able to conceptualize the space surrounding him ensuring its long-term improvement in the way he will move in this space. This process is the beginning of the orientation process.

A planned development of orientation and mobility skills is essential for all children with multiple sensory impairments.

The orientation refers to the ability to determine where a person / object in space is, the mobility refers to the ability to travel in space and reach the desired destination.

A child with multiple sensory impairments may follow a program to stimulate motor skills so that they learn from an early age to manipulate and move objects in the environment.

Most MSI children have neuromotor disabilities and need a complex neuromotor education.

The child should experience the feeling of the movement missing in his experience, to be guided towards locomotion by purchasing successive milestones: •rolling;

crawling;

•quadruped walking;

•bipedal walking.

These steps are only possible if the child can adopt and maintain important posts against gravity respecting the ontological development of motor skills:

- prone position (lying on stomach) with support on forearms;
- prone posture with hands support;
- sitting position;
- quadrupeds;
- knee position;
- "knight" posture;
- upright postur

The specialist will focus on obtaining and maintaining these positions and ways of locomotion using different objects, toys that attract the child's attention. The goals of this area are:

Main goals:

- 1. Basic motor skills training;
- 2. Knowing their own body.

Secondary goals:

- 1.1. Establishing a secure relationship with the child;
- 1.2. Training posture and basic motor skills;
- 1.3. Training skills of handling objects;
- 1.4. Acquiring the ability of maintaining balance.
- 2.1. Developing awareness of his own body parts;
- 2.2. Acquiring spatial orientation ability.

The functional assessment of the developmental level of motor skills is achieved through observation and grading activities of motor behaviors for MSI children during routine activities.

The essential elements for an effective program for developing motor skills are:

• the sequence of steps must be respected in motor development, you will not move from one posture to another until the previous step has been stabilized;

- children with visual impairments will not be encouraged to move in seated position;
- the rigorous observation of children's needs and existing motor skills;
- consulting the medical file, discussing with healthcare professionals and other team members, to properly establish goals;
- respect the tolerance level of the child;
- maintaining a relaxed atmosphere and safety;
- co-action activities in a progressive manner from simple to complex;
- respect the child's time to anticipate the following actions;
- carrying many interactions with the child's teacher to create more opportunities for naming and learning different parts of the body;
- the objects used as stimuli during activities will be chosen depending on the lack of vision functionality or lack of hearing functionality;
- using materials with different textures (adhesive strip, textile) and liquids (water, body oil) to attract the child's attention on different parts of his body;

• remove the child from hard surfaces (floors) to other softer and less reassuring support (pillows, mattresses), then to surfaces in motion where the feet or hands can touch the floor, then it will be introduced equipment that do not allow maintaining contact floor (sponge rollers, ball treatment);

- use of noise sources, lights, brightly colored objects, tactile materials to arouse curiosity and encourage movement;
- signaling the beginning and the end of an action by a characteristic sign;
- placing a sign to suggest the habit of walking activity "Go!", "You fell!", "Ready!", "Up! "

1. Equipments for active learning

- A. Resonance Board
- B. "Little Room"
- C. Tactile board
- 2. Basic Stimulation Method

Basic stimulation or sensory-motor integration is an alternative and complementary care technique for people with perceptual disorders. The method consists in a communication which is established by physical contact between intervening and driven person.

This concept of basic stimulation was initiated in the 70's by a doctor, Andreas Fröhlich and it was addressed to children with severe disabilities. The concept is based on the idea that, no matter how troubled the power of perception of a child is, through targeted stimulation you can activate its outstanding potential.

In perception disorders, it is not only about the impairment of the sense organs, but also about the way in which information coming from them are further processed and integrated by the central nervous system (CNS).

The process of basic stimulation must start from the early stages of motor development beginning in the 4th week of life through somatic, vibratory and vestibular stimulation.

Through these early stimulations you can gradually arrive to early perception of body schema, of the body's spatial position and its various segments.

Principles in basic stimulation:

- Intervention "one to one";
- It carries the same stimulation program during a given period;
- Do not force the child by too many positive stimuli;
- Avoid negative stimuli;
- A detailed medical history is required;
- Avoid too many positive stimulations simultaneously;

• The child should be observed carefully; if there are changes in muscle tone, facial expressions, heart rate, respiratory rate, sweating or shivering.

The three fundamental directions in basic stimulation are:

1) somatic stimulation \rightarrow required for charging body scheme;

2) vestibular stimulation \rightarrow facilitates orientation in space;

3) vibratory stimulation \rightarrow helps the perception of body's profound structures.

Auxiliary or additional directions:

- taste stimulation;
- hearing stimulation;
- tactile stimulation;
- visual stimulation;
- olfactory stimulation.

The somatic stimulation:

- aims to acquire own body perception;
- any touch of the body is a somatic stimulation;
- any contact should be done continuously and on a surface as much as possible.

The vibratory and vestibular stimulation:

• gives information about the perception of body structure and develop balance sense.

3. The Sherborne method

This method was developed by Veronica Sherborne, teacher of physical education and dance, and later physiotherapist. The method involves motion games based on different types of relationships:

- "with" relations when the child is working with someone who is attentive to him and cares for him;
- "divided" relations when the roles are split between child and adult;
- "against" relations when the partners resist each other and learn to focus on what they do.

Examples:

•"with"relations Swinging

The participants sit on the floor, the child is between the adult's legs, his back leaning against the adult. The adult embraces the child with arms, legs and torso. Then the adult gently sways from side to side while cradling the baby, using knees, thighs and arms to provide support for the child. Veronica Sherborne recommends that this exercise should be done with closed eyes, so that children can concentrate better on what happens inside their body (for those who do not understand or do not dare to close their eyes the adult will cover their eyes gently with one hand).



• "divided" relations

Boating

The partners sit on the floor face to face with the legs outstretched. The legs of one partner should support the other, sole to sole. Young children will be placed on the legs of an adult. The partners will grab the wrists and for a young child the adult who keeps him on his feet will support the child's elbows. When he turns on, each partner will lean back and then will rise up and will tilt forward while the other partner will lean to the floor. This work has two goals. One is to help the child to lie back so that his head is horizontaly on the floor, a sign of confidence. The other objective is to encourage the child to draw his partner back to the upright position when his partner turns to raise up. In this game at one time the child will be in higher position than the adult and after that the adult will be higher than the child, visual contact will be kept as much as possible. In this game the child demonstrates its confidence in himself and in his partner and contributes to a shared activity.
• "against"relations

The "squashed"child

The adult lies on the floor, face down, over the top of the child's body, perpendicular to it. The child is encouraged to try to escape under the adult's body. The adult leaves his weight on the child just enough as the child can stand and allows the child to have the satisfaction and joy of the performance to escape. The children generally enjoy the feeling of pressure on their body when "crushed" by the partner.

The purpose of this method consists in:

1. Developing confidence in each other and the environment. Trust is built slowly, initially through physical support from adults. The quality of interaction between adult and child has a strong effect on child's development;

2. Awareness of the body - the child becomes aware of his own body through your partner's body;

3. Security - the child discovers that he can trust in a partner, he will gradually move from physical to emotional trust;

4. Communication - shared by movements that can reach different levels of non-verbal communication.

4. Emotional and social development

Every baby is born with a number of features that are his own and then they are strengthen or inhibited by interaction with other persons.

The purpose of this curriculum is:

- Supporting parents in understanding and interpretation of behaviors that occur in children with MSI;
- Establishing a secure relationship with the child and ensuring prosperity;
- Training the child's ability to interact with others and to be an active participant in the completion of a task;
- Acquiring socially desirable behaviors.

The adult is the only one who creates the context in which the child can provide a response, automated response that is subsequently used in similar situations. This cycle is often very difficult to create, but without it, the child can not learn appropriate social behaviors.

Activities included in this curricular area may overlap with activities in other areas of the curriculum (e.g. "developing sensory and cognitive", "communication", "development engine") but the objective here is training the ability of interaction and working with the environment.

Main goals:

- 1. Developing the ability to interact with people in the environment;
- 2. Training and developing the ability to perceive himself;
- 3. Develop the ability to follow rules.

Secondary goals:

- 1.1. Establishing a secure relationship with the child;
- 1.2. Know and make differences between persons who are in contact with the child. Establishing relationships of interaction with adults and children;
- 1.3. Establishing routine behaviors in relationships with people;
- 2.1. Developing self-perception;
- 2.2. Developing the ability to understand their own emotions and others emotions;
- 3.1. Acquiring socially desirable behaviors.

Children need the security of familiar persons, routines and safe environment. Without this security, it is possible for them to become passive, stressed, retreated to themselves.

These routines will grow in complexity as the child's ability to understand grows. Once the child trusts the teacher and gets familiar with the routine, we can introduce small changes in the activity. The goal is recognition of the child's new experiences, but without stressful reactions to change. The stress of children during less familiar activities is interpreted as a signal that they need to be restored in the familiar space and they will be offered an activity of their choice, an activity that calms them before introducing a new change. Each child's unusual response during routine has communicative value and is necessary to identify the significance of the behavior.

Children with MSI use clues to recognize individuals and need to understand the environment routine. Initially, the program will be structured so that the child can operate with people he trusts. Each activity is developed as a routine. The beginning and the end of the work will be done the same way every time (through the use of signs, signals). Before the activity clues are given to the child and he will be helped to put aside at the end of the activity (reference objects, songs, action, flavors), depending on the skills of the child and his preferences.

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4.2 Curriculum for deafblind / multi-sensory impaired students

Author : Eva -Magdalena Oprea Special education teacher, Cristal Inclusive Education School Center, Oradea e-mail: <u>eva.oprea@ymail.com</u>

In 2006-2007, at the initiative of Sense International Romania, a team of Romanian professionals, having experience in working with multiple sensory impaired children, has developed a curriculum particularly created for this category of children. This curriculum was approved by Minister's order no.5243 of September 1st, 2008 and has been applied ever since to classes of deafblind / multi sensory impaired children.

In Romania the curriculum for MSI children is divided into four levels:

- 1. Level I-III corresponding to preschool;
- 2. Level IV corresponding to primary school;
- 3. Level IV corresponding to secondary school;
- 4. Level VI corresponding to high school;

The curriculum for preschool level (I-III) outlines, broadly, the activity of those working with deaf--blind / multisensory impaired children. In an overview, it may seem like having a simplistic structure, but in case of this type of deficiency, the preschool's development priorities are limited in terms of training and development of those fundamental skills that the healthy child learns spontaneously. Therefore, before you teach him /her to broaden the knowledge and express himself/herself, the deaf-blind / MSI child should be helped to form those basic skills of physical and emotional comfort and should be guided to develop means which allow him/her to begin to interact, explore and then, finally ,be familiar with the external environment. It is important for him/her to initially get a knowledge base in order to be able to express it later on.

The Romanian MSI curriculum for preschool, structured according to the main areas, was designed for the following activities:

- 1. Activities for developing sensory and cognitive skills;
- 2. Psychomotor learning activities;
- 3. Communication activities;
- 4. Activities of education and compensation trough play;
- 5. Personal autonomy and social activities;

6. Specific compensation therapies.

Although differentiated by specific goals, these fields / areas of development are interrelated and influence each other, underlining the educational intervention unit.

The curriculum has progressive character and initially focuses on sensory stimulation and development, up to psychomotor development, cognition, communication, compensation, personal and social autonomy. If initially stimulating activities can be carried out independently of each other, the transition to the next stage of forming fundamental psychic capacity requires intercorrelate the subject, theme and framework goals of activities in order to facilitate the transfer of information and tools for handling information.

The learning activities proposed here have an idicative status. The teacher is not required to go through entirely, he/she is free to choose those learning activities that best correspond to the psychological potential of the children he /she works with, or use other examples which he/she finds most appropriate to achieve the objective. Individualizing teaching approach is recommended, in order to find professional solutions for the educational needs imposed by differences in psychological and emotional development of all students with multiple sensory impairments.

Our institution applies the curriculum for pre-school and for primary school.

Ist - 3rd level (pre-school)

1. Activities for developing sensory and cognitive skills

The main goals of this curriculum are:

1. Acquiring and developing the capacity of interaction, exploration and knowledge of the external environment;

2. Acquiring and developing the skills of discrimination, identification and interpretation of external stimuli in the environment;

3. Acquiring the ability of integrating perceptive information into meaningful structures.

The secondary goals of this curriculum are:

1.1 To develop the capacity of response to external stimuli;

1.2 To develop the capacity of observation, surveillance and identification of stimuli;

- 2.1 To develop different forms of attention;
- 2.2 To develop the capacity of discrimination of perceptual attributes of stimuli;

2.3 To develop the capacity of recognizing objects in three-dimensional and two-dimensional plane;

- 3.1 To develop the capacity of analysis and synthesis of information;
- 3.2 To develop the capacity to compare objects;
- 3.3 To develop the capacity to classify objects according to different criteria;
- 3.4 To develop the capacity of mental representation.

Planning activities in these areas of development is carried out through personalized intervention plan (PIP), coordinated by the educational psychologist and developed in cooperation with the teacher and, where appropriate, doctor, psychologist and therapist, assuming the identification of long-term goals (level / school cycle) and of some short-term goals (from a week to 3/6 months).

Face to face activities last up to one hour in order to provide stimulation for all children, and individual or small group activities last a maximum of half an hour, respecting each child's individual pace.

(Re) assessment of the curriculum is made whenever circumstances require (e.g. if the goal was quickly reached or, on the contrary, there is stagnation or regress).

Initial assessment requires the necessity of a global assessment in order to identify all the shortcomings of child's development and not just the "strengths" of his/her development ever since. Although the child reached a certain level, he may not have formed correctly and thoroughly the preliminary abilities, and this situation may foster learning disabilities and regress whenever the pursuit of those activities is discontinued (e.g. vacations).

An important point of intervention is the teamwork of professionals, as well as working with parents and guiding them, their direct involvement in the actual work with the child, not just as observers but also as active participants, is imperative. Only this can ensure continuity of the program and can lay the foundations for genuine and effective learning.

2. Psychomotor learning activities

The main gaols are:

- 1. Acquiring and developing motor behaviors;
- 2. Acquiring and developing the psycho-motor control and coordination;
- 3. Acquiring and developing manual skills.

The secondary goals of the curriculum are:

- 1.1 .Training and development of correct postural control ;
- 1.2 .Training and development of basic motor behaviors;

- 1.3. Establishing the body scheme and self-image;
- 1.4. Training and development of orientation and mobility skills;
- 2.1. Forming and developing the bimanual coordination;
- 2.2. Training and development of hand-eye coordination;
- 2.3. Training and development of eye-hand-foot coordination;
- 3.1. Training and development of basic hand gestures;
- 3.2. Training and development of basic manual skills;
- 3.3. Training and development of laterality;

3. Communication activities

The main goals of this curriculum are:

- 1. Training and awakening the interest in relating and communicating with the external environment;
- 2. Acquiring and developing the abilities of communication by using different forms of communication adapted to the child in question.

The secondary goals of this curriculum are:

- 1.1 Training and development of interest for interaction with elements of the environment;
- 1.2 Training and development of visual and auditory attention;
- 1.3 Training and developing imitation skills;

2.1 Acquiring and developing the ability of communication through the action system and the indicative action system

- 2.2 Training and development of alternative communication systems;
- 2.3 Acquiring and developing the ability of communication through speech;
- 2.4 Training and development of spontaneous communication through specific languages.

4. Activities of education and compensation trough play

The main goals are:

- 1. Acquiring and developing child's interest for games;
- 2. Stimulating the child's development through exploiting his/her sensory-motor acquisitions;
- 3. Stimulating playful and expressive behaviour.

The secondary goals of this curriculum are:

- 1.1 Training and developing child's interest in objects / toys;
- 1.2 Acquiring and developing the capacity of playing with objects / toys;
- 1.3 Training and developing skills for participating in co-action games;
- 2.1 Training and developing playing skills;
- 2.2 Training and developing the primary interest for elementary, symbolic play;
- 2.3 Encouraging the development of interactive game;
- 3.1 Stimulating playful behaviour;
- 3.2 The development of symbolic play;
- 3.3 Transferring of everyday situations in playing activities.

5. Personal authonomy and social activities

The main goals of this curriculum are:

- 1. Acquiring and developing the self-service skills;
- 2. Stimulating interrelation;
- 3. Acquiring of basic skills for adapting to the social environment.

The secondary goals of this curriculum are:

- 1.1 Awareness of his/her own body;
- 1.2 Identifying and signaling the main physiological necessities;
- 1.3 Training and developing skills for personal hygiene;
- 1.4 Training and developing skills for basic nutrition and food hygiene;
- 2.1 Stimulating interrelation with adults;
- 2.2 Stimulating interrelation with children;
- 2.3 Stimulating broad interrelation with the social environment;
- 3.1 Training and developing the skills of spatial orientation and mobility;
- 3.2 Training and developing skills for temporal orientation;
- 3.3 Acquiring socially desirable behavior.

6. Specific compensation therapies

The curriculum is designed for children with multiple sensory impairments and involves the intervention on following areas:

- Perceptive-auditory education;
- Perceptive-visual education;
- Orientation and mobility;
- Speech technology;

- Alternative communication techniques (reference objects, mimic-sign language, mimic-sign language adapted as tactile, Braille reading and writing, PECS, Tadoma method etc.).

The goals of the curriculum, the learning activities and the contents take into account the particularities of each stage of child's development, depending on the degree and on their type of association.

The organization and overall approach of activities, composed of aimed therapies and of compensation therapies, respect the children's particularities. Considering the above, the educational psychologist, specialized in learning activities, as well as in therapy /compensation activities with the deafblind / multisensory impaired child/student, adopts an individualized therapeutic approach, constantly adapting his teaching methods at the psychophysical potential of each child. This individualized plan of intervention is carried out in time, not only steadily and continuously, but also differentially and discontinuously.

Functional assessment of deafblind / multisensory impaired child is a premise in designing the personalized therapeutic approach which involves training in different areas of intervention (e.g. when the sight deficiency is "dominant", the main activities to carry out will be focused on spatial orientation and mobility, as well as on perceptual-visual learning).

The therapy/ learning activities included in the curriculum are only indicative. The teacher is not required to go through entirely, he/she is free to choose those learning activities which best correspond to the psychological potential of the children he /she works with, or use other examples which he/she finds most appropriate to achieve the goal

The main goals of this curriculum are:

- 1. Acquire and development of compensatory mechanisms of adaptive role;
- 2. Acquire and development of the capacity of orientation and mobility;
- 3. Acquiring, practice and development of an effective communication system.

The secondary goals of this curriculum are:

- 1.1 Developing the capacity of grasping and getting fine motor skills;
- 1.2 Acquiring, exercising, developing the bimanual coordination ability;
- 1.3 Acquiring, exercising, developing the tactile-kinesthetic sensibility;
 - Acquiring, exercising and developing the tactile-kinesthetic representations about objects / categories of objects;
 - Acquiring, exercising and developing the tactile-kinesthetic representations about the images of objects;
- 1.4 Developing perception and the ability to distinguish between the vibratory movements of various sound sources;

1.5 Developing the capacity of perception and differentiation of sounds;

- Identification of complex preverbal sounds;
- Identification of simple verbal sounds ;
- Identification of complex verbal sounds;

1.6 Acquiringg the ability to identify and discriminate the basic tastes (sweet-bitter-sour-salty) and odors, in relation to foods / familiar substance;

2.1 Learning the body scheme and fixing the laterality;

- 2.2 Acquiring and developing the motor skills;
- 2.3 Acquiring and developing the ability of orientation organization spatial structuring;

2.4. Learning the mobility and orientation techniques;

3.1 Acquiring and developing some alternative forms of communication;

3.2. Valuing concrete life situations in communication.

LEVEL IV (primary)

This level covers the following curriculum areas:

1. Language and Communication comprising areas - reading, writing, communication;

- acquisition of communication skills;

- 2. Mathematics and Science which includes the following fields:
 - Sensory, motor and psychomotor education;
 - Elements of applied mathematics;
 - Environmental knowledge ;
- 3. Man and society. Religious Education;
- 4. Technologies
- 5. Physical education and sport physiotherapy
- 6. Arts Musical education;

- Art education;

7. Specific and compensation therapies

1. Language and Communication

Reading, writing, communicating

The main goals of this curriculum are:

1. Acquiring and developing the capacity to perceive oral and written messages;

2. Acquiring and developing reading-writing skills, using specific strategies;

3. Using the reading -writing skills in integrating social context.

The secondary goals are:

1.1. Developing listening skills, observing and interpreting of the significance of the nonverbal expressions and of the verbal messages;

1.2. Acquiring and developing skills of intercepting oral and written messages;

1.3. Developing the ability of accomplishment of verbal / signal message - text message;

2.1 Acquiring and developing the pre-lexical and pre-graphic skills;

2.2 Lexical and graphic skills training;

3.1 Enrichment of student communication through complex communication strategies (mini-texts, quotes, short compositions); 3.2 Presenting in written language situations from the own activity/experience; filling in official destination mails;

Communication skills training

The main goals of this curriculum are:

1. Acquiring and developing interest for communication in the external environment;

2. Acquiring and developing receptive communication skills of the messages sent through adapted communication types;

3. Developing expressive communication skills through specialized communication systems.

The secondary goals of this curriculum are:

1.1 Developing interest for communication in the external environment by creating a positive motivation for interaction;

1.2 Developing the skills of listening, observing and interpreting the meaning of facial expressions and body movements;

1.3 Developing the imitation and initiation skills, implementation of simple and complex gestures of communication;

2.1 Acquiring and developing the abilities of receiving messages through the system of co-active communication;

2.2 Acquiring and developing of abilities of receiving messages through systems that are specific to deafblindness, depending on the level and peculiarities of associated deficiencies;

2.3 Vocabulary enrichment and its transformation into functional vocabulary;

3.1 Acquiring and developing the abilities of conveying messages through co-active communication;

3.2 Acquiring and developing the abilities of messaging through systems which are specific to deafblindness, depending on the level and peculiarities of associated deficiencies;

3.3 Vocabulary enrichment through activities of interaction with the social environment.

2. Mathematics and Science

Sensory, motor and psychomotor education

The main goals of this curriculum are:

- 1. Recognizing elements and phenomena of the environment through sensory exploration activities;
- 2. Acquiring and developing general and fine motor skills and coordination of movements;
- 3. Acquiring and developing the capacity of organizing the body scheme and fixing the laterality;
- 4. Acquiring and developing the perceptual-motor structures of shape, size and color;
- 5. Acquiring and developing the perceptual-motor structure of space and time.

The secondary goals are:

1.1 Identification and expression of appropriate responses to sensory stimuli in the environment;

- 1.2 Developing the capacity of sensory discrimination of stimuli in the environment;
- 2.1 Acuiring and developing basic motor skills;
- 2.2 Developing grasping and fine motor skills;
- 3.1 Learning body scheme;
- 3.2 Fixing laterality;
- 4.1 Acquiring and developing the ability of identification / discrimination of basic geometric figures;
- 4.2 Acquiring and developing the ability of identification / discrimination of objects by size;
- 4.3 Acquiring and developing the ability of identification / discrimination of objects by color;

5.1 Acquiring and developing the ability of identification / discrimination of spatial positions of objects;

- 5.2 Spatial orientation in familiar environment;
- 5.3. Acquiring and developing the ability to operate with simple temporal concepts

Elements of applied mathematics

The main goals of this curriculum are:

- 1. Exploring elements and phenomena of environment through mathematical activities;
- 2. Acquiring the capacity of understanding and using mathematical concepts;
- 3. Acquiring and developing the capacity of understanding and solving problems.

The secondary goals of this curriculum are:

- 1.1 Acquiring and developing the ability to observe the qualitative and quantitative characteristics of the environment;
- 1.2 Acquiring and developing skills of sorting and classifying objects / images;
- 1.3 Acquiring and developing skills of ordering and categorizing objects and images;
- 2.1 Familiarizing with pre-graphic and graphic elements involved in writing figures;
- 2.2 Learning the concept of number and numbering;
- 2.3 Understanding and using mathematical symbols "=", "<", ">";
- 2.4 Acquiring the ability of proper use of mathematical operations signs;
- 2.5 Knowing and operating with elementary geometry;
- 2.6 Acquiring the ability of measurement and comparison of weight, length and volume;
- 2.7 Knowledge and use of units for weight, length and volume;
- 2.8 Knowledge and use of time units;
- 2.9 Knowledge and use of monetary units;
- 3.1 Acquiring the ability to solve problems with one or more operations;
- 3.2 Acquiring the ability of using the acquired knowledge of mathematics in concrete life situations.

Environmental knowledge

The main goals of this curriculum are:

1. Developing the ability of knowing, understanding and protecting environmental elements and phenomena through sensory type actions;

- 2. Acquiring the ability of exploration and understanding of the changes occurring in nature;
- 3. Extending the experience from the familiar surrounding elements to integrative activities protecting the environment.

The secondary goals are:

- 1.1 Acquiring the ability to develop appropriate responses to the actions of environmental elements;
- 1.2. Development of exploration and multi-sensory manifestation of behaviors appropriate in the context of the environment;
- 1.3. Developing the capacity of identifying characteristics of the bodies in their physical / natural environment;
- 2.1 Perception of sequence of events, following the objective of his/her way of living;
- 2.2 Developing targeted behaviors related to their basic necessities;
- 2.3 Knowledge and understanding of changes taking place in the immediate environment;
- 3.1. Acquiring knowledge on the evolution of "living organisms";
- 3.2. Developing habits of environmental care;
- 3.3. Acquiring ecological behavior

3. Man and society - Religious Education

The main goals of this curriculum are:

- 1.Getting familiar to religious environment;
- 2. Stimulating love for all beings;
- 3. Compliance with the rules of moral behavior religious situations.

The secondary goals are :

- 1.1 Identifying perceptive attributes of religious environment;
- 1.2 Acquiring the ability of observing religious symbols;
- 1.3 Identifying the main religious holidays;
- 2.1 Developing a positive attitude towards themselves;
- 2.2 Stimulating love for family;
- 2.3 Stimulating love for plants and animals;
- 3.1 Participation in religious festivities;
- 3.2 Making simple religious rituals;
- 3.3 Compliance with the moral-religious values when relating with others.

4. Technologies. Manual abilities.

The main goals of this curriculum are:

- 1. Knowing and coordinating fundamental techniques for the use of various materials and tools;
- 2. Knowledge of techniques and specific procedures for obtaining simple and useful products;
- 3. Developing practical sense in order to be able to better integrate into society.

Secondary goals:

1.1 Exploration and identification of various objects and materials from the environment (natural and synthetic);

- 1.2 Acquiring and training fundamental manual skills;
- 1.3 Developing the capacity of using specific tools for processing materials during work;
- 2.1. Developing the capacity to identify and go through the various stages of creating simple items;
- 2.2 Developing the ability to achieve a finished product;
- 2.3 Using complex techniques in working with materials;
- 3.1 Adapting working techniques according to the variety of selected materials;
- 3.2 Awareness of various options of using the finished product;
- 3.2 Using practical sense for solving various life situations.

5. Physical education - physiotherapy

In our institution, at the request of our students' parents, the physical education activities were replaced by physiotherapy. There is no curriculum for this discipline, the activities are chosen according to the neurological development of each student.

6. Arts

Musical education

The main goals of this curriculum are:

- 1. Acquiring and developing the perception of vibrations emitted by sound sources;
- 2. Developing the ability of perception of sounds through the efficient use of residual hearing;
- 3. Associations between musical, verbal and body expression.

The secondary goals are:

- 1.1 Boosting the ability of perception of vibrations emitted by the sound source;
- 1.2 Differentiation of sound sources through the vibrating- tactile sensitivity;
- 1.3 Using rhythmic vibrations and songs for educational purposes;
- 2.1 Identifying the sounds some objects, musical instruments and human voice make;
- 2.2 Knowledge and discrimination of musical instruments depending on their sound quality;

2.3 Familiarity with human voice;

- 3.1. Acquiring the ability to reproduce rhythmic structures;
- 3.2. Acquiring the ability of coordination between musical rhythm and motion;
- 3.3. Acquiring the ability to associate the song with the corresponding dance.

Art education

The main objectives of this curriculum are:

- 1. Training the visual perception and visual-motor coordination;
- 2. Development of touch sensitivity kinesthetic and bimanual coordination;
- 3. Acquiring and developing the ability to express emotional states through the use of metaphors.

The secondary goals of this curriculum are:

- 1.1 To develop the ability of visual discrimination and visual-motor coordination;
- 1.2 Development of visual-motor coordination by performing artistic works (for children with residual vision);
- 1.3 Developing the ability to organize an artistic space;
- 2.1 Developing the ability of tactile discrimination and tactile-kinesthetic coordination;
- 2.2 Developing the sense of touch and the digital sensitivity by creating practical works;
- 2.3 Developing the ability to perform an artistic work;
- 3.1 Stimulation of free expression through visual language;
- 3.2 Developing the aesthetic sense by making decorative objects and works;
- 3.3 Developing expressive communication skills through creation of artistic works.

7. Specific therapies

This area includes:

- Perceptive-auditory learning;
- Lip reading;
- Speech technology;
- Educational Audiology;
- Sign language;
- Alternative communication techniques.

The main goals of this curriculum are:

1. Acquiring and development of compensatory mechanisms with adaptive role;

- 2. Acquiring and developing the ability of orientation and mobility;
- 3. Training, practice and development of an efficient system of alternative communication

The secondary goals of this curriculum are:

- 1.1 Develop the grasping and fine motor skills;
- 1.2 Acquiring, training, exercising bimanual coordination skills;
- 1.3 Acquiring, training, exercising the tactile-kinesthetic sensibility;
 - Acquiring, training, exercising the tactile-kinesthetic representations about objects / categories of objects;
 - Acquiring, training, exercising the tactile-kinesthetic representations about the images of objects;
 - Acquiring concepts and operating with them;
 - Training and developing the ability of tactile discrimination of symbols (numbers, letters, mathematical signs, etc.);
- 1.4 Perception and differentiation of vibratory movements of various sound sources;

1.5 Acquiring the ability of perception and differentiation of sounds;

- Identification of complex preverbal sounds ;
- Identification of simple verbal sounds;
- Identification of complex verbal sounds;

1.6 Acquiring the ability to identify and discriminate basic tastes (sweet-bitter-soursalty) and odors, in relation to familiar foods / substances;

1.7

- Exercising eye muscles;
- Developing, exercising and developing the ocular-motor coordination;
- Developing perceptive schemes by quickly spotting the essential reference points;
- Increasing the perception speed;

- Increasing the ability of visual differentiation by developing increasingly finer differentiating details and nuances;
- Improving the sense of depth, the possibility of perception of three-dimensional objects;
- Developing chromatic sensitivity;
- Developing attention and visual memory;
- Acquiring skills for using some technical means and tools (technical compensation);
- 2.1 Learning the body scheme and fixing the laterality;
- 2.2 Acquiring and developing motor skills;
- 2.3 Acquiring and developing the ability of spatial orientation, organization, structuring;
- 2.4 Learning mobility and orientation techniques ;
- 3.1 Acquiring and developing alternative forms of communication;
- 3.2 Using concrete life situations in communication

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THE PERSONALISED INTERVENTION PLAN FOR MSI CHILDREN. GENERAL INFORMATION AND EXAMPLES

5.1 The personalized intervention plan for children with multiple sensory impairments - preschool level

Author: dr. Mihaela Adriana Moldovan Special education teacher, School Center of Inclusive Education Cristal Oradea <u>mihaela_adrianamoldovan@yahoo.co.uk</u>

In the last 10 years in Romania, ever more legislative documents gradually occurred, aiming at improving activities in special and integrated special education. One of the phrases which can be found in all these legal documents is "personalized intervention plan". For example, in "Rules of organizing and functioning of special education and integrated special education" issued in 2011, the following clarifications are made:

"Individualised intervention program - a tool for designing and implementing educational-therapeutic activities used to streamline intervention activities and achieve the aims stipulated in the personalized service plan.

Personalized service plan - coherent programming and coordination of resources and individualized services for children / students / young people with special education needs ... "



In the case of special education, the Personalized Intervention Plan (P.I.P.) is a tool whose drafting and implementation sums the continuous effort of the members of a multidisciplinary team, working with children with disabilities. It will take shape under the umbrella of information regarding the child's level of development on different areas, peculiarities of diagnosis data, as well as the child's preferences and parents' wishes. Personalized Intervention Plan requires knowledge of child's *needs*, of child's particular needs, after a functional assessment, as well as formulation of *objectives* to meet the identified needs. It also means planning the activities on units of time and choosing the best strategies for achieving the objectives. Personalized Intervention Plan must provide further details and various other documents which refer to all children.

The drawing up of the plan is based on a comprehensive evaluation of the child with disabilities. This evaluation should consider the child in his/her complexity. The assessment should consider different types of information coming from various sources: family, medical, psychological, pedagogical, etc. The assessment will involve direct observation, interaction with the child in different situations, interviews with significant people in the child's life, implementing development scale or skills inventory. Team members should also asses the child's living environment (Preda, V., 2004).

Assessment of M.S.I. / deafblind children can be a long-term process. For example, the authors of the Callier-Azusa Scale, Robert Stillman and his collaborators, recommend observation of the child for at least two weeks before proceeding to completing the scale.

Any Personalized Intervention Plan, regardless of the structure and design chosen for drawing it up, should contain:

- initial and repeated assessment results;
- what the children with disabilities should assimilate in terms of behaviour and skills;
- types of activities, necessary teaching materials and intervention strategies;
- the expected time interval for the assimilation of those behaviour or for building those skills;

These data will be preceded by information regarding the child's name, age, diagnosis, history of the child (relevant information about the pre-, peri- and early postnatal period of life). Additionally, the educators should get information on educational history of the child, where appropriate.

According to Preda V. (2004), the main purpose of the Personalized Intervention Plan is to ensure the physical and psychological welfare of the child, the compensation, decreasing or elimination of disability, as well as training the existing skills and facilitating integration into the community of children with disabilities.

I stated above that P.I.P is the result of the cumulative effort of the members of a multidisciplinary team. The component of this team may change, most often comprising: the educational psychologist, the group / class educators, the physical therapist and the child's parent. Not in few cases, a practitioner, an ophthalmologist, an E.N.T. specialist, a neurologist-psychiatrist, can bring relevant information to the elaboration of a P.I.P. which enables the professionals to take into account as much as possible the child's particularities provided by the gathered data.

Drawing up and implementing a P.I.P greatly bears the distinguishing seal of the institution where it is applied and achieved, the seal of its philosophy. It bears the seal of theoretical and practical training of team members and their adherence to rigid or flexible theoretical trends and to therapeutic or educational practices (Preda, V., 2004).

The Personalized Intervention Plan must be drawn up in such a way that it can be easily implemented by all personnel working with the child, meaning that it must be very approachable. Any P.I.P is a "living" document that can be submitted to revisions / modifications at any time . Any assessment / reassessment of P.I.P must take into account: the level of development reached by the child / achieved progress (the child being evaluated formatively in relation to himself), the opinion of the members of the multidisciplinary team and that of the parents regarding the priority objectives, the efficiency of the document, information / recent recommendations. The gradual evaluation of the effectiveness of P.I.P. during its application allows the optimization of the project, setting new targets, new ways of dealing with children with disabilities, as well as new methods and ways of working in class (Preda, V., 2004).

Development and implementation of P.I.P to M.S.I. / deafblind children may require a period of exploring, knowledge the real child's potential is a long-term process and a challenge for every professional.

I am going to briefly present below a model of P.I.P for a preschool child with multiple sensory impairments. Before kindergarten he participated in early intervention activities for approximately two years, with few absence periods due to health problems. The P.I.P. below includes only the intervention in one single area, in the field of "Sensory and Cognitive Education" during a month. "Sensory and Cognitive Education" is part of the Curriculum for M.S.I. / deafblind preschool children.

Personalized Intervention Plan - Synthetic model

MULTIDISCIPLINARY TEAM: Special teacher in special education: M. M. Preschool teacher I: R. D. Preschool teacher II: V. D. Physiotherapist: S. T.

CHILD'S NAME: losif

DATE OF BIRTH: 28.03.2010 MEDICAL DIAGNOSIS: chronic sequel encephalopathies, microcephaly flaccid tetraparesis, optical atrophy, microphthalmia, convergent squint, congenital nystagmus

FAMILY DATA:

Organized family consisting of mother, father, losif and two younger sisters; medium to low standard of living. The mother is a housewife and the father is a construction worker. The family is happy that losif receives sustained specialized support for rehabilitation and recovery of developmental delays.

HISTORY:

Born prematurely by cesarean section at 36-37 weeks, weighing 1550 gr. (maternal-fetal infection, stopped development, induced labour), Apgar 8/9, unsatisfactory adjustment to life outside the womb, newborn seizures. He stayed in ICU for 21 days.

EDUCATIONAL BACKGROUND:

Since November 2011 he has been included in an early intervention program for M.S.I./deafblind children founded by Sense International (Romania).

From September 2013 he has attended School Center of Inclusive Education "Cristal" - kindergarten.

INITIAL AND REPEATED ASSESSMENT RESULTS:

The first observations(at the beginning of early intervention)

During the evaluation, I used direct observation and Oregon Skills Inventory (at that time I had no other suitable tools for assessing a M.S.I. child).

At the age of one year and six months, losif presents age-appropriate developmental level of eight-nine months, with small variations in different areas of development.

losif is a curious child, interested in objects / toys in the surrounding environment; he can sit down by himself with very little support; he can grab objects by a palm grip and carry them to his mouth and eyes, exploring them visually but mostly orally, then he throws the toys away; he looks in the direction of sound sources; he is interested in human faces and uninterested in images; sometimes he tries to watch moving objects up to a maximum distance of 30-40 cm; he had a very hard time in with watching them; sometimes he does not even try to watch them; cause and efect behaviour present; he can differentiate familiar people from strangers; he can recognize familiar voices; he can differentiate familiar areas from unfamiliar ones; he recognizes his room and prefers to spend time there; he walks in the go-cart; he expresses his dissatisfaction, protest or desire by crying, but quickly becomes quiet if his needs are met; he babbles and makes vocal sounds; he imitates a few monosyllabic words; he shows some body parts on demand; he eats only minced food.

Re-assessment - after two years - end of early intervention, beginning of kindergarten

Assessed with Oregon Skills Inventory.

In terms of gross motor development, there is a progress regarding postural stability and autonomy in making transfers from one posture to another. As for autonomy in moving, the child can crawl by himself, but still in an incorrect manner. He manages to rise by himself from sitting to standing without assistance and can maintain this posture. Also, he can walk in two feet held by one hand and leaning by himself, he can walk sideways from one toy to another. In terms of fine motor development plan, there is a remarkable progress on abilities of grabbing, pulling out, asking. A noticeable progress is also noticed in terms of visual skills: to locate and watch, hand-eye coordination improvement, increasing interest for images. Moreover, imitation abilities are greatly improved. Great progress in compensation skills - the highest level of acquisition/ skills covers this area - development level 2-3 years. The smallest progress is recorded in personal autonomy - at the time of present assessment under one year. On other areas of interest - the age-appropriate developmental level of about two years. In conclusion, there are still significant delays in all areas of development in relation to chronological age.

Area of Intervention: Sensory and cognitive education activities Period: October 2013

Objectives:

- To form and to develop the capacity of observing, watching and identifying stimuli
 - To recognize and watch various visual stimuli
- To identify and recognize images representing objects in three-dimensional and two-dimensional plan;
 - To visually identify and recognize objects / toys
 - -To identify and recognize images of familiar objects / toys
- To form and develop the capacity of differentiation of perceptual attributes of stimuli - Differentiation of various colors and shapes
- To form and develop the capacity of analysis and synthesis of information
 - -To associate an object to its corresponding image



PER.	PRIORITARY OBJECTIVES	LEVEL OF ACHIEVENT AT THE END OF THE LEARNING PROCESS			
			8	٢	0
	Initial assessment Obs. Officially, initial assessment tak deafblindness, especially in the case extended, depending on the situation	kes place during two weeks. In childre of new entrants into the system, this n.	n with period	MSI / may be	e
07.10 - 11.10	Forming and developing the ability of observing, recognizing and identifying stimuli -to locate and to watch various visual stimuli	Playing with familiar objects, moving toys and bright toys. Games - exercises for raising the interest in visual stimuli Computer assisted games. (e.g.: SensWitcher - <u>http://www.senteacher.org/down</u> <u>load/10/SwitchAccessibility.html</u>)		٢	

14.10 - 18.10	Forming the ability of recognizing the object in tridimensional and bidimensional plan. - to visually identify and recognize objects/toys. Forming and developing the ability of discrimination of perceptual attributes of stimuli To differentiate between various colours and forms	Games of differentiation on demand between various familiar objects/toys(ball, tin,duckling,dolly,banana,tooth brush,horsy etc. The troublesome duck The sleepy doll etc.	٢	
21.10 - 25.10	Building the capacity of recognizing objects in three-dimensional and two-dimensional plan -To visually identify and recognize objects / toys -To identify and recognize images of familiar objects / toys To build and develop the capacity of analysis and synthesis of information -To associate the object to its corresponding image	Games of differentiation on demand between various familiar objects/toys - accompanied by text, song and movement. Games using lifelike images of familiar objects / toys. Games of image recognition and association of the image to the corresponding object.	٢	

28.10 - 01.11	To build and develop the capacity of observing, watching and identifying various stimuli -To locate and watch the various visual stimuli Forming the ability to recognize objects in two- dimensional plan -To identify and recognize images of familiar objects / toys To develop the capacity of discrimination of perceptual attributes of stimuli -To differentiate between various colors and shapes	Various games of localizing and watching objects / toys (ball games, car games drones, other mobile toys). Computer assisted games http://www.senteacher.org/down load/10/SwitchAccessibility.html) Games using images (e.g: Association of a simple image to its corresponding sound, games of discovering a simple picture in a book, etc.) Games of discovering a certain toy from many others. Games of grouping on categories. Games of grouping after certain criteria: color or shape		٢	
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😕 - The educational psychologist is required to tick right next to this emoticon if the child has not assimilated the expected behaviour or has not developed the ability listed under "priority objectives"

• The educational psychologist is required to tick right next to this emoticon if the child has partially assimilated the ability or if the ability is not fully consolidated; Supplementary learning activities are needed.

The educational psychologist is required to tick right next to this emoticon if the child has assimilated the behaviour or has developed the ability listed under "priority objectives"; behaviours / abilities are fully formed / strengthened

Bibliography:

Preda, V. (2004) The Essence of Personalized Educational Project for People with Special Needs, Journal of Psychology, 1, p. 50-60 Guide for Support Teachers (CDS) (2005) RENINCO Association Romania, Ministry of Education, UNICEF, Vanemonde Publishing House Teaching-Learning Guide for Children with Special Educational Needs (1999) RENINCO Association Romania, Bucharest

5.2. Personalized Intervention Plan in

Early intervention

Authors: Eva-Magdalena Oprea Special education teacher, Cristal Inclusive Education School Center, Oradea e-mail: <u>eva.oprea@ymail.com</u>

> Rodica Stela Todea Physiotherapist Cristal Inclusive Education School Center, Oradea e-mail: todea.stela@yahoo.com

In the following, we are going to present a model of personalized intervention plan. Intervention activities are made in a team, composed by a special education teacher, a physiotherapist and a parent. All areas of intervention involve close cooperation between specialists and parents. The goals of the intervention are set for a period of three months.

Special education teacher	Oprea Eva
Physiotherapist:	Todea Stela
The child's first and last name:	Z.A.D
Date of birth:	14.04.2012
	Hypermetropia, astigmatism;
Ophthalmological diagnosis	Alternating convergent strabismus;
	Horizontal nistagmus.
Medical diagnosis	Mixed diparesis;
	Epilepsy.

Handicap level	Serious-assisted by a personal assistant
The medical history of the case / Family data:	 The child came from a birth by Cesarean delivery at 36 weeks with acute fetal distress; Fetal position : cranial ; The surgical indication for caesarean section : fetal distress caused by bradycardia associated with fetal ascites and pleural effusion fetal; Birth weight 3000 gr; Apgar score 1-1; Cardiac arrest, resuscitated; The cause of prematurity: fetal hydrops, caused by Parvovirus B19 - positive.
Results of psycgological assessment :	After the assessement using the Oregon Skill Inventory, the following have been observed: February 2013 (9 months old) • Cognitive development: 3 months; • Language: 5 months; • Social skills development: 7 months; • Vision: 6 months; • Compensatory skills development: 3 months; • Autonomy development: 5 months; • Fine motor skill development: 0 months; • Gross motor skills development: 2 months. Age / scale: 3 months There is a 6 months delay in development.

April 2013 (12 months old)
 Cognitive development: 6 months; Language: 7 months; Social skills development: 8 months; Vision: 9 months; Compensatory skills development: 6 months; Autonomy: 6 months; Fine motor skills development: 2 months; Gross motor skills development: 4 months. Age / scale: 6 months
September 2013 (1 year and 5 months old)
Cognitive development: 7 months;
Language: 11 months; Social skills dovelopment: 12 months;
 Social skills development: 12 months; Vision: 9 months;
Compensatory skills development: 6 months:
 Autonomy: 7 months;
• Fine motor skills development: 4 months;
Gross motor skills development: 5 months.
Age / scale : 7 months There is 10 months a delay in development.

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Physiotherapist assessment	1. Neonatal reflexes examination - reflexes persistence (cervical tonic reflexes, palm grasping, Galant reflex) The absence of "ready for jump"defensive reflex;
	2. Spontaneous motor activity - Flinching frequently ;
	3. Muscle tonus - Spasticity (elbow extensors -2, abductor-2, planting flexors-2, wrist flexors - 1, thumb-3) modified Aschort Scale Slight axial hypotonia (trunk flexion test);
	4. Gross motor function - Level 3 - rated by the System of gross motor function classification for infantile cerebral palsy (GMFCS);
	5. Motor function level - 6 months (Tardieu table);
	6. Locomotion - rolls with help , he drags himself and sometimes transfers himself from prone to quadruped position;
	7. Posture control Maintains high and low "puppet" posture with minimal help; Keeps seated position for a short period; Improved head control, stretching his hand toward a toy;
	8. Prehension (Le Metayer table) -2 months - opens fist and catches toys in an incorrect manner;
	9. Levels of motor evolution - he maintains seating position with hands support, he maintains low and high "puppet" posture, quadruped position.

Neurological evaluation	•30/04/2012 - Cardiomed Cluj - mixed palsy , pyramidal and extra pyramidal, more accentuated
	on the left;
	transfontanelar ultrasound - light enlarged ventricles probably corpus callosum atrophy;
	• 11/06/2012 - Pediatric neurology Clinic Cluj - central coordinating delay, spastic development
	tendency, spastic motor delay, sensory delay;
	• 11/23/2012 - "Gavril Curteanu" Municipal Hospital Oradea - transfontanelar ultrasound, corpus callosum present :
	• January 2013 - ophthalmological control at CSEI "Cristal" Oradea by dr. Lazar Cosmina
	• 02/18/2013 "Transylvania"- Diagnostic Center - transfontanelar ultrasound - inconsistent corpus callosum impossible to measure, probably corpus callosum agenesis:
	• 01/05/2013 - Pediatric neurology Clinic Cluj - mixed pyramidal-extra pyramidal cerebral palsy,
	• 01/06/2013 - Pediatric neurology Clinic Cluj - mixed tetra paresis, extra pyramidal dominant,
	nore pronounced on the left, oral-racial-inigual dyspraxia, motor delay,
	• 09/21/2013 - Pediatric fieurology clinic ciuj - cerebrar parsy pyramidal-extrapyramidal mixed
	dyspravia (nourological ovam double spastic bominaresis)
	• 16 06 2014 Podiatric nourology Clinic Clui Enilogy
	• 16.06.2014 Pediatric neurology chilic Ciuj - Ephepsy.
Ophthalmology evaluations	04.02.2012
1 35	Convergent squint:
	Cortical visual impairment
	10 04 2013
	Hipermetronic astigmatism:
	 Altornating convorgant strabismus:
	Horizontal pystamus
Other types of therapies used:	Voita Thorapy
Other types of the apres used.	• Vojta merapy
	Deveny Therapy
	Bobath Therapy

Intervention field:	Communication
Main goals:	Acquiring a communication system appropriate to the functioning level of the child
Secondary goals:	 1.1 Acquiring communication skills by using signals Introducing signs marking the beginning and end of the activity - the song "The wind blows the leaves"
Achievement period :	0 1.1 →01 October 2013 - 20 December 2013

Intervention field:	Cognitive and sensory education
Main goals:	1.Acquiring and developing the ability to explore the externel environment
Secondary goal	 O1. Development of attention to sensory stimuli by: Activities of auditory stimulation ,the child is paying attention increasingly in longer periods of time to sounds of various intensities, activities during which the child perceives vibrations from different sources (drums, sounding board, floor speakers); Taste stimulation activities by introducing the main food tastes: sweet, sour, salty; Activities of tactile stimulation by touching the child's little hands with materials of different textures: soft, rough, foam rubber, vibratory; activities of self touch and awareness of the big parts of the body; co-action exercises.
Achievement period :	O 1.1 →01 October 2013 - 20 December 2013
Intervention area:	Orientation, mobility and general motor stimulation
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Main goals:	1. Acquiring postures and fine motor skills
Secondary goals:	O 1.1 Basic motor skills training - Stimulating lifting forearms in prone (prone to rise from forearms to look at a toy); - Stimulating the head movements of "doll" posture
Achievement period :	0 1.1 →01 October 2013 - 20 December 2013

Intervention area:	Emotional and social development
Main goals:	1. Developing the ability to interact with people surrounding him
Secondary goals:	 A 1.1 The identification and differentiation of the people the child makes contact with. Establishing relationships of interaction with adults and children. - Activities through which the child will learn to differentiate between people he makes contact with (therefore, each person who comes into contact with the child should always wear an invariable distinctive mark);
Achievement period :	O 1.1 →01 October 2013 - 20 December 2013

Polaņd

Methodological Conference titled Specificity of SE European teachers' work. Student's profile and characteristic shown in Individual Programs.

Training session about Biofeedback

- Training session about Art therapy
- Clay used in therapy- presentation.
- Horse therapy used in the SOSW- theoretical and practical session

The main activities provided during Polish visit

Methodological Conference titled Specificity of SE European teachers' work. Student's profile and characteristic shown in Individual Programs.

Training session about Biofeedback

Training session about Art therapy

Clay used in therapy- presentation.

Horse therapy used in the SOSW- theoretical and practical session

1 Methodological Conference titled Specificity of SE European teachers' work. Student's profile and characteristic shown in Individual Programs.

The conference was organize to familiarize teachers with various versions of IEP across Europe. In the conference took part 40 teachers from Podkarpacie province, they were representatives of mainstream and special schools. In the meeting also took part a representative of local authorities. The conference was an occasion to sum up the project in the first year of realizations, its achievements were presented by Cate Bason. All representatives presented power point presentations- the presentations were translated into Polish or English (Polish version) and handed in to all participants.

2 Training session Biofeedback and Art therapy

Divided into two working groups, teachers from partner schools participated in two work-shops. The first one was on Biofeedback therapy. A method of treatment that uses a monitor to measure pupils' physiologic information of which they are normally unaware. By watching a monitor, students can learn by trial and error to adjust their thinking and other mental processes in order to control 'involuntary' bodily processes such as blood pressure, temperature, gastrointestinal functioning, and brain wave activity. Biofeedback is now used to treat a wide variety of conditions and diseases, including alcohol and other addictions and disorders, epilepsy, respiratory problems, muscle dysfunction caused by injury, headaches, hypertension, and a variety of blood vessel conditions. EEG therapy is provided in our school by certified teachers, it is mostly used to lower students' anxiety, over activity, stress level. The method is used to lessen the level of children's stress to train attention and to learn how to higher and extend the time of children's concentration. Students qualified to such therapy get ten sessions per year. During the meeting teachers had occasion to be familiarize with this therapy, used in SOSW for several years.

The second workshop, offered by Mrs. Aneta Szpila gave a lecture and explained to the participants different ways of art therapy used in our school. During the session teachers tried making salt dough figures. The teachers could gather knowledge in what the way our children can master their art abilities, creativity, socialize, and relax.

In the second part of the day, those present attended Teachers Day Party, where whole school community- teachers, staff was present.

3. Presentation of horse therapy

Teachers had an unforgettable occasion to travel form hotel to the Stable on two horse- drawn carriages. On a stud a session of horse therapy was presented.

Horse therapy is a form of therapy that makes use of horses to help promote emotional growth. therapy is particularly applied to patients with ADD, anxiety, autism, dementia, delay in mental development, down syndrome and other genetic syndromes, depression, trauma and brain injuries, behaviour and abuse issues and other mental health issues.

In many instances, riders with disabilities have proven their remarkable equestrian skills in various national and international competitions. This is the reason why equestrian therapy has been recognized as an important area in the medical field in many countries. Teachers could realize how enjoyable it is, how relaxing for children and for them it could be. Every teacher had an occasion to take part in some horse therapy exercises.

4. Clay therapy work-shop. OSW is equipped with 4 potter's wheels. Teachers use them during the art lessons and during the common classes in boarding house. Clay is a great material to revalidate children's hand's motor skills and abilities. Teachers could take part in the work-shop observe how our students paint.