

# Educational for Mildly Retarded Students

There are many ways of arranging the educational program for mildly retarded children, but most school systems have the following divisions: preschool classes, elementary primary classes, elementary intermediate classes, and secondary classes.

In addition, many schools often infant stimulation classes and postschool programs. The former focus on encouraging the sensory and intellectual development of the child from birth to 3 years, and the latter concentrate on providing the older teenager and young adult with skills for employment, independent living, and community adjustment. (Hallahan & Kauffman, 1988: 70).

Education for mildly retarded children also provides training in socially adaptive behaviors. Researchers have formulated a number of techniques for improving the social skills of retarded students. Goldstein (1974) for example, has developed the Social Learning Curriculum, which is meant to be introduced as early as possible, Walker and his colleagues have published the ACCEPTS (A Curriculum for children's Effective Peer and Teacher Skill) social skills curriculum for use with young elementary children (Walker, Mc Connell, Holmes, Toctis, and Golden, 1983). The ACCEPTS curriculum, a tightly structured and sequenced set of activities, focuses on five skill areas as: (1) classroom skills (e.g following directions), (2) basic interaction skills, (3) getting along, (4) making friend, and (5) coping skills. (Hallahan & Kauffman, 1983: 70-78).

## 1. Preschool classes

The early childhood years are viewed by many educators and developmental of any child, especially one who is a likely candidate for identification as mentally retarded once he or she reaches elementary school age. When the possible degree of retardation is in the mild range, however, professionals prefer to take a conservative approach in identifying young children. They often refer to these children "at risk", the idea being that they are at risk to become classified as mentally retarded once they attend elementary school. (Hallahan & Kauffman, 1988: 70).

The preschool period is also a good time to begin to involve parents in the education of their children. Some research indicates that parents can be effective teachers of their preschool children. Karnes, Teska, Hodgins, and Badger (1970) trained mothers of disadvantaged preschoolers to stimulate cognitive and verbal development in their children. The IQ's of these children 16 points higher than the IQ's of control group whose mother did not under go training (Hallahan & Kauffman, 1983: 71).

Programs vary according to how services are delivered. Ramey and Bryant (1983) note that some of the most common forms of program delivery are educational home visit/day care combinations, and parent group sessions. Some programs have also offered job training for parents and medical care for children. Although all such programs have the ultimate goal of reducing the risk that infants and young children from disadvantaged backgrounds will become mentally retarded, they differ considerably with regard to curriculum emphasis. For example, some stress sensorimotor infant exercises; others focus on changing parent teaching styles. (Hallahan & Kauffman, 1983: 70).

Many classes for mildly retarded preschoolers emphasize what are commonly referred to as readiness skills, prerequisites for later learning. Kindergarten classes for non handicapped youngsters also focus these types of activities, but preschool classes for mildly retarded children start at a lower level, and the training may take as long as two or three years. Readiness skills include the abilities to:

1. Sit still and attend to the teacher.
2. Discriminate auditory and visual stimuli.
3. Follow directions.
4. Develop language.
5. Increase gross and fine motor coordination (holding a pencil, cutting with a pair of scissors).
6. Develop self-help skills (tying shoes, buttoning and unbuttoning, zipping and unzipping, toileting).
7. Interact with peers in group situations.

(Hallahan & Kauffman, 1980: 70-71).

## 2. Elementary Primary Classes

Early primary classes are also heavily oriented toward providing mildly retarded children with readiness skills. With chronological ages from about 6 to 10 years and mental ages from about 4 to 6 years, most of these children need to be given classroom experiences typical for nonretarded kindergarten children. To a great extent, then the curriculum of elementary primary classes is an extension of that of preschool classes with continued emphasis on language development and concept formation. How much academic activities are stressed depends to a great degree on the quality and extent of the preschool programming the individual child has had. It is this point that the rudiments of reading math, and handwriting begin. (Hallahan & Kauffman, 1983: 71).

## 3. Elementary Intermediate Classes

Intermediate classes for children between the ages of about 9 and 13 years (mental ages from about 6 to 9 years) are more common than primary classes for mildly retardation children (Robinson and Robinson, 1976). This is primarily because mildly retarded children are often not identified until they have been in school for a few years. Although readiness training may continue to some degree the intermediate class is where academics as sure a more important role, the academics taught, however, are frequently classified as functional academics. Where as the nonretarded child is taught academics, such as reading, order to learn other academic content, such as listing, at a later stage, the retarded child is often taught reading in order to learn to function independently. In functional academics the individual is taught academics in order to do such things as read the newspaper, read the telephone book, read labels on goods at the store, make change, and fill out job applications (Hallahan & Kauffman, 1983: 72).

## 4. Secondary School Classes

By the time the mildly retarded youngster reaches junior or senior high school, the need for readminess training should be almost entirely eliminated. At this point, the likelihood of a curriculum stressing functional academics is much greater than at younger age levels. Social and

occupational education are also now very important and transitional programming or the preparation of retarded students for the world of work after secondary school becomes critical.

One of the keys to mentally retarded students achieving a successful transition after secondary school is the degree to which they have developed appropriate social skills. Such skills allow them to form meaningful and lasting social friendships. Brodin's (1982) career education model is an example of how curriculum content at the secondary level stresses the development of personal social skills, as well as the order "real world" skills related to daily living and occupational preparation.

## 5. Brodin Career Education Model

### Daily living skills

- a. Managing family finances.
- b. Caring for home furnishings and equipment.
- c. Caring for personal needs.
- d. Raising children family living.
- e. Buying and preparing food.
- f. Buying and making clothing.
- g. Engaging in civic activities.
- h. Using recreation and leisure.
- i. Getting around the community.

### Personal Social Skills

- j. Achieving self awareness.
- k. Acquiring self confidence.
- l. Achieving socially responsible behavior.
- m. Maintaining good interpersonal skills.
- n. Achieving independence.
- o. Making good decisions problem-solving.
- p. Communicating adequately with others.

## Occupational Guidance and Preparation

- q. Knowing and exploring occupational opportunities.
- r. Making appropriate occupational decisions.
- s. Exhibiting appropriate work behaviors.
- t. Exhibiting sufficient physical and manual skills.
- u. Acquiring a specific salable job skill.
- v. Seeking, securing, and maintaining satisfactory employment.

## 6. WORK STUDY PROGRAMS

One of the most frequent service delivery models for developing social, occupational, and transition skills in mildly retarded students is the work study program. Student are placed in work situations in the community and their academic program is oriented to supplement the work experience. Beirne, Smith, Coleman, and Payne (1986) conceptualize work study programs as containing five phases: vocational exploration, vocational evaluation, vocational training, vocational placement, and follow-up.

In vocational exploration, the goal is to acquaint student's with a variety of occupations and their skills requirements the vocational evaluation phase allows the teacher to determine abilities and preferences for different jobs. In vocational training, the goal is to develop specific job skills in a general area of preference. To ensure broad-based training, the training at this stage involves a variety of job skills (usually at the semi-skilled level). Vocational placement consists of placing students in jobs after graduation from high school. During follow-up, former students having difficulty are counseled. In addition, this phase may retraining and/or placement in other jobs.

## 7. Education for Moderately Retarded Student

### Preschool Classes

Because moderate retardation is easier to diagnose than mild retardation, preschool programs are relatively common for moderately retarded children, unlike preschool programs for at-risk children, in which the goal is to prevent retardation from developing, programs for

moderately retarded preschoolers are designed to enable them to achieve as high a level as possible. A great deal of emphasis is placed on language and conceptual development. In addition, because these children often have multiple disabilities, other professionals. For example, speech the rapists and physical therapists are frequently involved. Also many of these programs include opportunities for parent involvement.

### Elementary and Secondary Classes

The educational program for moderately retarded individuals is in general less academically oriented than that for the mildly retarded, and the academics that are taught are even more likely to fall under the rubric of functional academics. Much more emphasis is placed on providing students with skills that will enable them to function independently in a social and work environment. Two very important curriculum content areas are self-help skills and vocational skills.

## 8. Self-Help Skills

Authorities agree that the teaching of self-help skills is vital. Self-help skills vary in complexity. They include such things as toileting, self feeding, dressing, and grooming. In a sense, these are the rudiments upon which other aspects of the curriculum are built, in order for an individual to be employable, for example, he or she will need to have attained a great self-help skills.

Reid, Wilson, and Faw (1983) note that most approaches to training self-help skills have been based on behavioral principles. Since the 1960's there has been along line of investigations using behavior modification to train self-help skills in the retarded. Reid et al. note that such self-help skills as toileting, self-feeding, dressing, and personal hygiene have been successfully taught to severely and profoundly retarded as well as moderately retarded individuals.

Vocational skills in order for moderately retarded individuals to become independent, functioning members of society, they must learn skills that will enable them to obtain and keep a job. The kinds of jobs available vary according to each individual's adaptive behavior skills and mental age level. The potential variety and member of jobs that moderately retarded individuals can fill is limited to a great degree by their training and motivation and the cooperation and understanding of the nonhandicaped population.

Bates, Renaglia, and Wehman (1981) (dalam Hallahan & Kauffman, 1998: 80-81) maintain that there are twelve essential characteristics often appropriate educational program for severely and profoundly handicapped individuals. They are:

1. Age-appropriate curriculum and materials.
2. Specific objectives.
3. Functional activities.
4. Consistent cue hierarchy.
5. Regular data collection.
6. Periodic IEP (Individual Education Program) revision.
7. Detailed classroom schedule.
8. Instruction outside the classroom.
9. Integrated therapy.
10. Small-group instruction.
11. Interaction with the nonhandicapped.
12. Family involvement.