

ETH306W - EXAM QUESTIONS				
Inclusive Education				
Example				
Chapter	Pg. Ref.	Exam	Question	Mark
		May/June 2016 - True and False	Learner with myopia prefer to be seated at the back of class _FALSE	
		May/June 2016 - True and False MAY/JUNE 2015 MAY/JUNE 2014 MAY/JUNE 2013	Langauge consists of a random series of speech sounds _FALSE	
		May/June 2016 - True and False MAY/JUNE 2015 MAY/JUNE 2014 (twice) OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	Epilepsy is a discharge of normal electric activity in the brain - FALSE	
		May/June 2016 - True and False MAY/JUNE 2015 MAY/JUNE 2014 MAY/JUNE 2013	Learners who grow up in an authoritarian family are likely to develop antisocial behaviours _TRUE	
		May/June 2016 - True and False MAY/JUNE 2015 MAY/JUNE 2014 MAY/JUNE 2013	Disguised epilepsy may manifest in children through sudden spells of aggression , vandalism, or bad temper. _TRUE	
		May/June 2016 - True and False	Inclusive education is based on the philopsopy that all learners can learn and all learners need support _TRUE	
		May/June 2016 - True and False	Learners with myopia and cataracts should be seated in the front near the teacher _TRUE	
		MAY/JUNE 2014 OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	Learners with hyperopia would prefer to sit at the back of the class _TRUE	
		May/June 2016 - True and False	Inclusive education is a policy that deals with disability and special schools in South Africa only.	
		May/June 2016 - True and False	Physical impairment is an example of an extrinsic barrier _FALSE	
		May/June 2016 - True and False	Learners with auditory impairments usually rely heavily on gestures. _TRUE	
		MAY/JUNE 2015 MAY/JUNE 2014(twice) OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	Learners with intellectual disabilities do not perform in line with their potential at school. _TRUE	
		MAY/JUNE 2015	Learners with myopia prefer to sit at the back of the class _FALSE	
		MAY/JUNE 2015 MAY/JUNE 2014(twice) MAY/JUNE 2013	People suffering from tinnitus tend to lower their voice and speak very softly _FALSE	
		MAY/JUNE 2014	Crowded classrooms cannot be regarded as a causative factor of barriers to learning as the teacher can pay individual attention to learners in groups. _FALSE	
		MAY/JUNE 2014	Pringle maintains that apart from the parent, the teachers with whom the learner spends many hours of the day are among the most important role players withing the life world of the learner _TRUE	

		Oct/Nov 2015 - True and False	According to the ducation White Paper 6, incluive education and training do not acknowledge and respect differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV status or other infectious diseases. FALSE									
		Oct/Nov 2015 - True and False MAY/JUNE 2015 MAY/JUNE 20149(twice) MAY/JUNE 2013	Factors during birth, such as oxygen deficiency, the use of intruments and the Rh factor, cannot cause deafness. _FALSE									
		Oct/Nov 2015 - True and False MAY/JUNE 2014	In some cases, antisocial behaviour in learners can be directly ascribed to authoritarian and prescriptive parents_TRUE									
		Oct/Nov 2015 - True and False MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	Handwriting, spelling and composition are the elements of written language_FALSE									
		Oct/Nov 2015 - True and False MAY/JUNE 2015 MAY/JUNE 2014(twice) OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	The stigma attached to learners who have a physical or physiological impairment is worse in rural areas because everybody knows everybody else. _FALSE									
		MAY/JUNE 2014	Researchers such as Turnbull believe that the father is more adversely affected by a son who expereinces a physical and/or physiologica impairment, than he is affected by a daughter expereincing such an impairment- TRUE									
		MAY/JUNE 2014	The request to stop discrimination is only relevent to constitution and not to the white paper 6 _FALSE									
		May/June 2016	Use a simple table to illustrate the differences between the following concepts inclusion and mainstreaming	8								
			<table border="1"> <thead> <tr> <th>Mainstreaming or integration</th> <th>Inclusion</th> </tr> </thead> <tbody> <tr> <td>Getting learners to fit into a particular kind of system or integrating them into an existing system</td> <td>Recognising and respecting differences between all learners and building on the similarities.</td> </tr> <tr> <td>Giving some learners extra support so that they can fit into or be integrated. Assessed by specialists who diagnose and prescribe technical interventions, placement of learners in programmes.</td> <td>Supporting all learners, educators and the system as a whole so that the full range of learning needs can be met. Focus on teaching and learning, emphasis on the development of good teaching strategies.</td> </tr> <tr> <td>Focus on changes that need to take place in learners so that they can fit in. Focus us on the learner.</td> <td>Overcoming barriers in the system that prevent it from meeting the full range of learning needs. Adaption of support systems available in the classroom.</td> </tr> </tbody> </table>	Mainstreaming or integration	Inclusion	Getting learners to fit into a particular kind of system or integrating them into an existing system	Recognising and respecting differences between all learners and building on the similarities.	Giving some learners extra support so that they can fit into or be integrated. Assessed by specialists who diagnose and prescribe technical interventions, placement of learners in programmes.	Supporting all learners, educators and the system as a whole so that the full range of learning needs can be met. Focus on teaching and learning, emphasis on the development of good teaching strategies.	Focus on changes that need to take place in learners so that they can fit in. Focus us on the learner.	Overcoming barriers in the system that prevent it from meeting the full range of learning needs. Adaption of support systems available in the classroom.	
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		May/June 2016 oct/nov 2015	The barriers to learning and development emanate from two sources, namely, the intrinsic and the extrinsic factors. Use a simple table to indicate five intrinsic and 5 extrinsic barriers	10								

Intrinsic	Extrinsic
Sensory impairments	Environment
Physical impairments	Education
Mental or intellectual impairments	Language
Multiple impairments	Culture
Physiological impairments	Job prospects
Developmental problems	Emotional problems
Genetic factors	Behavioural problems
Personality problems	
Learning problems	
Underachievement	

	May/June 2016	<p>name 5 manifestations of each of the following impairments: Visual Impairment and Auditory impairment:</p> <p>Auditory Characteristics:</p> <ul style="list-style-type: none"> - often misinterprets instructions - turns head to listen - watches the teachers lips - speaks too soft or too loud - speaks too quickly or too slowly - speaks monotonously - relies heavily on gestures - avoids oral activities - is often inattentive - find it difficult to retell a story - difficulty in hearing the bell ring - difficult to associate with friends - can't follow what is said in noisy crowds - experiences problems with auditory memory - turns up the volume when listening to audiovisual aids <p>Visual Characteristics</p> <p>Behaviour</p> <ul style="list-style-type: none"> - rubs eyes excessively - shuts or covers 1 eye; tilts head or thrusts it forward - difficulty with reading or other work that requires close use of eyes - blinks more than usual or is irritated when doing close work - is unable to see distant things clearly - squints eyelids together or frowns - refuses to participate in ball games - has poor spacing when writing - holds reading material unusually close/far from eyes <p>Appearance</p> <ul style="list-style-type: none"> - Crossed eyes 	10

			<ul style="list-style-type: none"> - Red-rimmed, encrusted or swollen eyelids - Inflamed or watery eyes - Recurring sties - White pupils - Learners of uneven size - Drooping eyelids - Eyes that move excessively <p>Complaints</p> <ul style="list-style-type: none"> - Itching, burning or scratch feeling in the eyes - Inability to see well - Dizziness, headaches or nausea, following close work - Blurred or double vision - Inability to see in bright light 	
		<p>May/June 2016 MAY/JUNE 2015 MAY/JUNE2014 OCT/NOV2014</p>	<p>In your classroom , one of your learners has an epileptic seizure while you are teaching. How can you support this learner? Discuss any 5 stratgies:</p> <p>Slight seizures</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Teacher to be alert and record incidence (absence) <input checked="" type="checkbox"/> Don't oppose the child or force him to act differently <input checked="" type="checkbox"/> Guided 9lead them to their chairs, don't force them back there) <input checked="" type="checkbox"/> After seizure may complain of headache and nausea, let them lie down and pamper <p>Tonic-clonic seizures</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Prepare other learners (dramatise fainting, don't use the word 'epilepsy) <input checked="" type="checkbox"/> Look out for aura to take learner to isolated and safe place to lie down <input checked="" type="checkbox"/> No warning, push harmful objects away from learner. Don't hold any part of the body = injury <input checked="" type="checkbox"/> Turned on one side for excessive saliva does not clog the airway (no object) <input checked="" type="checkbox"/> Clothes loose esp. around neck <input checked="" type="checkbox"/> Medical assistance : frequent intervals, choking, injured during seizure <input checked="" type="checkbox"/> Inform parents immediately 	10
		<p>May/June 2016</p>	<p>Cerebral Palsy can be classified in terms of an individual's motor function (physiological classification) Write the name of each type of CP in this classification and one sentence that describes each type.: Classification of cerebral palsy The topographical classification (part of the body which is affected):</p> <ol style="list-style-type: none"> 1. Monoplegia. One limb is affected. 2. Hemiplegia. One side of the body is affected. 3. Paraplegia. The lower limbs are affected. 4. Triplegia. Three limbs are affected. 5. Quadriplegia or tetraplegia. All four limbs are affected. When the legs are more severely affected than the arms, the term is diplegia. 	8

		<p>May/June 2016 Oct/ Nov 2015 MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014(twice) MAY/JUNE 2013</p>	<p>Describe what Cerebral Palsy is: Cerebral Palsy: A section of the brain has been damaged / failed to develop before brain is fully grown ☑ There are observable signs that the motor system has been affected ☑ Disability may vary in degree from mild to severe ☑ Condition is complex because there are usually other malfunctions It is a persistent but not unchanging disorder of posture and movement due to a dysfunction of the brain before its growth and development are completed.</p>	2
		<p>May/June 2016</p>	<p>Do you think CP can be cured? State one reason to support your answer: ☑ Neurological condition ☑ Brain affected ☑ Causes at work pre, peri & post natally ☑ Permanent condition ☑ A persistent but not unchanging disorder of posture and movement due ot to a dysfunction of the brain before its growth is complete.</p> <p>Causes:</p> <ul style="list-style-type: none"> • Damage to brain areas concerned with movement • Areas affected are motor cortex, basal ganglia & cerebellum <p>Classification:</p> <ul style="list-style-type: none"> • Topographical – part of the body affected ☑ Monoplegia – one limb ☑ Hemiplegia – one side of the body ☑ Paraplegia – lower limbs ☑ Triplegia – three limbs affected ☑ Quadriplegia or tetraplegia – all four limbs affected <p>If legs are more severe - Diplegia</p> <ul style="list-style-type: none"> • Physiological classification – movements affected/motor dysfunction ☑ Spasticity – most common form (motor cortex) ☑ Athetosis – (basal ganglia) ☑ Cerebral ataxia – (cerebellum) ☑ Rigidity & tremor – 2 rare forms of CP 	2
			<p>☑ Mixed group – combinations of any of the above – 10 % belong to this group</p> <p>Disabilities of Cerebral Palsy:</p> <ul style="list-style-type: none"> • Not necessarily additional disabilities, but can be • Brain damage may occur singly or in combination in same child • Retardation, visual impairment, hearing, speech, epilepsy, perception can be affected • No direct relationship between intelligence and degree of CP • Can be mentally gifted • Can be mentally retarded too • Don't judge intelligence by physical appearance • Lack of control of mouth & throat muscles – difficulty chewing, swallowing, speaking. Can drool, no control over facial muscles – appear to be grimacing <p>Early childhood education:</p> <ul style="list-style-type: none"> • Limited mobility – deprivation of life experiences • Parents do too much for them (in a hurry) • Psychosocial disability results mainly from impact of society's reaction 	

		MAY/JUNE 2015	<p>What is epilepsy : Epilepsy is more common than most other physical disabilities. It may occur invisibly with no observable external manifestations.</p> <p>Epilepsy originates in the brain, but effect is observed during bodily seizures. It is the discharge of abnormal electrical activity in the brain (a momentary electrical storm in the brain).</p>	
		May/June 2016	<p>Behavioural difficulties can be a barrier to learning and teachers should be able to identify and address the challenge in earlier grades. Discuss the behavioural difficulties of young learners with reference to the following: Manifestations of behavioural difficulties, strategies you as a teacher can you to support a learner who displays behavioural difficulties in your classroom. :</p> <ul style="list-style-type: none"> ✓ talking out of turn ✓ hampering other learners ✓ attention-seeking ✓ disruptive behaviour ✓ fighting ✓ aggressive acts ✓ negativism ✓ refusal to work or to work with others ✓ lack of motivation and interest ✓ boredom <ul style="list-style-type: none"> • intervene immediately, remove troublemaker/administer a warning • analyse group influences and dynamics and identify leaders • don't blanket blame – speak to guilty ones directly after class • give benefit of the doubt if offer excuses that cannot be controlled (stomach ache) • defuse potential explosive situation by telling a joke • think twice about becoming angry about learners who eat in class • prevent becoming too involved with learner's problems/home circumstances • be aware of your own feelings and not to overreact 	20
			<ul style="list-style-type: none"> • change the school timetable so that same teacher not exposed to difficult group • avoid too rigid structures • axis is attitude and actions of the teacher 	

		May/June 2016	<p>Choose one area of learning from the list below and discuss only 5 strategies that a teacher in FP/ECD can use to support learners who display difficulties in this area. A) Spelling difficulties in respect of young learners:</p> <ol style="list-style-type: none"> 1. Emphasize word rhythm – by letting them sing songs, a awareness of the different syllables in words can be nurtured, like lo-co-mo-tive 2. Let them use & write words they have to learn in full sentences as this provides a context for understanding 3. Never teach b & d in the same session, shapes & sounds are too similar. Concentrate on one letter in a session. 4. Use repetitive exercises to establish the link between letters or letter groups. Example of this mnemonic technique: LOOK AT THE COOK BOOK 5. Use a mirror to make them aware of the differences between rounded & unrounded vowels (i & u) if they struggle to differentiate them. Look at the shape of their mouths when they pronounce these letters & note the difference <p>or B) Reading difficulties in respect of young learners or:</p> <ol style="list-style-type: none"> 1. Reading lessons must always take place in a relaxed atmosphere – purpose of enjoyment. 2. Learners must experience success (passages initially short, gradually lengthened, recognize every attempt that improves on the last) 3. Don't let them fall behind the rest of the class in the reader (rather give shorter texts, so they don't lose thread of the story) 4. Reading together & reading aloud - for a change 	10
			<ol style="list-style-type: none"> 5. Schools should make provision for reading periods (to practice reading in a controlled manner). Classroom should contain a collection of reading material – fiction & non-fiction 6. Obtain parents' co-operation – they should motivate & stimulate children to read by themselves <p>C) Difficulties in respect to mathematics:</p> <p>help learners as soon as possible. If learners do not master certain concepts fully, then they will have problems understanding concepts that follow the next year</p> <ul style="list-style-type: none"> - plan thoroughly: mathematics should be taught in a systematic, sequential and structured way. - foster interest and enthusiasm - teacher should try hard to foster interest and enthusiasm for other students - use group work : resort to group work so that learners are able to learn from each other. They have the chance to learn from each other but also derive encouragement from each other. - show empathy and be patient : avoid negative remarks about test results. • Stress Utilitarian value of mathematics: learners should work with general information they come across daily. If mathematics is proven to be useless on a daily basis, they will quickly understand the value and relevance of maths in daily lives • Plan Thoroughly: maths should be taught in a systematic, structured and sequential manner. • Foster interest and Enthusiasm: teachers should and foster enthusiasm and interest of maths in learners by giving assignments and goals, provide learners with opportunity of self-discovery 	

		<p>Oct/Nov2016 MAY/JUNE 2017</p>	<p>Inclusive education is the policy target of White paper 6 on Special Needs Education. Provide 10 reasons why South Africa adopted this policy. : • Human right</p> <ul style="list-style-type: none"> • Educational sense • Social sense • Learn & live together • Acceptance of diversity • Builds respect • Uniform & responsive system • Removal of discrimination • Positive interaction & learning • Rehabilitative supportive society 	10
		<p>Oct/Nov2016</p>	<p>You have been asked to write a parent newsletter on the topic , "Learners with Hearing impairments". Describe the characteristics of learners with hearing impairments(5): a. Conductive hearing loss:</p> <ul style="list-style-type: none"> ☒ Speak softly, better conduction through bone than air) ☒ Can follow speech which is loud enough – volume NB ☒ Same loss for all frequencies ☒ Often complain of tinnitus – buzzing sound in ears & head ☒ Hear better in noisy surroundings – paracusis Willisii <p>b. Sensory-neural hearing loss:</p> <ul style="list-style-type: none"> ☒ Not all cells & nerves affected simultaneously ☒ Usually start at high frequencies & gradually spreads to low frequencies ☒ Can easily hear speech (low frequencies) but have difficulty understanding speech (many words sound the same) ☒ Distinguish sounds on very small differences ☒ Cannot hear in noisy surroundings ☒ Amplification/volume does not help (its not hearing, but understanding) – clear, slow speech NB ☒ Slight differences between sound which cannot be heard & one that is unpleasantly loud – recruitment factor ☒ Tinnitus can occur due to degeneration of hair cells or nerves 	

			<p>3. IDENTIFYING AURAL DISABILITY</p> <ul style="list-style-type: none"> • Misinterprets instructions • Turns head to listen • Watches lips • Cant understand teacher if head is turned away • Difficult to locate sound source • Speaks too softly/loudly • Monotonously • Speaks too quickly/slowly • Unusual emotional problems • Inattentive • Otherwise occupied if cannot see teacher giving instructions (stares out window) • Hearing bell ? • Associating with friends is difficult • Cant follow instructions given in large hall • Cant follow whats said in noisy group • Problems with auditory memory • Cant retell stories • Pairs of words starting & ending with different consonants are hard to discriminate (rug, rub pool, tool) • Relies on gestures • Avoids oral activities • Asks teacher to repeat • Turns up volume of audio aids 	
		Oct/Nov2016	Provide advice to teachers on how they could support learners with auditory impairments. See below	10
		MAY/JUNE 2015	<p>You are a teacher in the FR/P. You notice that there are two learners in your classroom with hearing and visual impairments. Discuss how you as a teacher would support these learners in the classroom in term of each learner's specific type of barrier to learning.</p> <p>Name 5 characteristics of each of these types of impairment as they may manifest in the classroom.:</p> <p>Hearing impairment</p> <ul style="list-style-type: none"> - Face them when speaking - may be able to lip read or gain meaning from hand signs or gestures & facial expressions. - Use an overhead projector instead of a blackboard so you don't turn your back on them - Ask questions/rephrase content for adequate understanding - Use lots of visual aids during oral lessons - Give test directions and assignments in writing as well. - Provide outlines, assignments and vocabulary lists before introducing new work. - Present spelling & vocab words in sentences - it could enhance meaning for them. - Encourage learners to look up difficult-to-pronounce words in the dictionary. - Make use of visual signals to get the learners' attention - Speak clearly in a normal tone of voice and at a moderate pace - Agree on visual cues to use for certain things, for eg, when a message is being announced on the intercom or to alert them of any dangerous situations 	

			<ul style="list-style-type: none"> - Involve some of the other learners in the class by asking someone to take notes using carbon paper and to point to speakers during a group discussion. - Others can ensure that impaired learners are in the correct place at the correct time. - Work together as a class to limit unnecessary gestures & movement in the class - Have enough knowledge about hearing impairments to provide for their needs - Communicate with the parents regularly & have an open channel of comm with them. - Make contact with the nearest school for the deaf in the area and ask for advice on suitable teaching methods and strategies. <p>Characteristics:</p> <ul style="list-style-type: none"> often misinterprets instructions - turns head to listen - watches the teachers lips - speaks too soft or too loud - speaks too quickly or too slowly - speaks monotonously - relies heavily on gestures - avoids oral activities - is often inattentive - find it difficult to retell a story - difficulty in hearing the bell ring - difficult to associate with friends - can't follow what is said in noisy crowds - experiences problems with auditory memory 	
			<p>Visual impairment:</p> <ul style="list-style-type: none"> - The type of eye condition will determine the assistance given to a learner in class: <ul style="list-style-type: none"> o Myopia & cataracts <ul style="list-style-type: none"> ☑ Keep them seated in front of the classroom in order to optimise their vision. ☑ Repeat what's written on the board to help them check their own written work. ☑ Have a magnifying glass handy in the classroom for books with small print ☑ Ensure that the lines in their work books are clear & not dull - difficult to see. ☑ Ensure that printed materials are clear at all times, using white paper and black writing as the contrast in print and background makes it clearer to see. ☑ Ensure that printed mats are printed in larger letters & good spacing is used. o Hyperopia <ul style="list-style-type: none"> ☑ Sit at the back of the class o Albinism <ul style="list-style-type: none"> ☑ Sit in a darker place in the class – away from window or a glare ☑ They should wear long sleeves and trousers and hats with wide rims 	

			<p>o In General</p> <ul style="list-style-type: none"> ☑ Record textbooks for those that find it difficult to read their textbooks. ☑ Questions could be recorded onto tape to ensure comprehension. ☑ Keep doors either opened or closed as these could be a safety hazard. ☑ Pathways between the desks should be clear to prevent any of the learners from stumbling over objects and hurting themselves or others. <p>Characteristics</p> <p>Behaviour</p> <ul style="list-style-type: none"> - rubs eyes excessively - shuts or covers 1 eye; tilts head or thrusts it forward - difficulty with reading or other work that requires close use of eyes - blinks more than usual or is irritated when doing close work - is unable to see distant things clearly - squints eyelids together or frowns - refuses to participate in ball games - has poor spacing when writing - holds reading material unusually close/far from eyes <p>Appearance</p> <ul style="list-style-type: none"> - Crossed eyes - Red-rimmed, encrusted or swollen eyelids - Inflamed or watery eyes - Recurring sties - White pupils - Learners of uneven size - Drooping eyelids 	
			<ul style="list-style-type: none"> - Eyes that move excessively <p>Complaints</p> <ul style="list-style-type: none"> - Itching, burning or scratch feeling in the eyes - Inability to see well - Dizziness, headaches or nausea, following close work - Blurred or double vision - Inability to see in bright light 	
		Oct/Nov2016	<p>Bongani is partially sighted and has recently joined your class. Describe the challenges that Bongani may experience: Take into account the particular eye condition & degree of residual vision. Encourage them to combine vision with nonvisual methods which leads to heightened efficiency.</p> <p>The more the eyes are used, the better they function.</p> <p>Partially sighted learners are inclined to see only globally, must be taught to observe details Encouraged to use hearing & touch simultaneously to reinforce visual impressions.</p>	5

		Oct/Nov2016	<p>Explain what you will do in order to accommodate Bongani during your class activities: Type of condition & amount of residual vision determines assistance.</p> <p>Myopia & cataracts – sit in front of class near board, repeat what’s written to them.</p> <p>Use large print books or magnifying glass, bolder lines than normal classwork books. Darkest copies. Clear, attractive & meaningful printed materials.</p> <p>Hyperopia – sit at back of the class, enjoy outside play.</p> <p>Albinism – sit away from windows, or facing away from them, with curtains regulating light. Clothing for sunburn & skin protection lotions.</p> <p>Record books on tape, more than one copy as they may misplace.</p> <p>Keep doors open or closed – safety hazard. Clear passages between desks.</p>	5
		Oct/Nov2016	Write an essay on down syndrome: discuss the implications of teaching learners wuth Down Syndrome, with specific refercne to their unique characteristics	25
		Oct/Nov2016	<p>Write an essay on autism. Describe the behaviours that may indicate that a learner is autistic : When childhood autism was first identified, one of the theories about it suggested that the family’s style of interaction might be an important factor in the development of the symptoms. Over recent year it has, however, become evident that autism has a biological origin. Therefore, professionals, including teachers, should refrain from suggesting that parents’ manner in handling a child may be the cause of his or her strange behavior and social isolation.</p> <p>Teachers in pre-school classes and teaching in the Foundation Phase play a very important role in identifying that a young learner could possibly have a social interpersonal problem related to autism. The detection of learners with autism in their formative years is vital. However, never ever tell parents, guardians or caregivers that a child is autistic, but help them to seek advice from professionals. It is only professional people who will really be able to tell whether a child has autism or not. It is, therefore, important that you, as a teacher, know the symptoms, which can indicate that a young person suffers from autism. Keep the contact details of societies and schools for autism (and other forms of impairments, with which you were provided in your study guide) where professional help can be sought.</p> <p>Teachers teaching at schools for autistic learners do wonderful work, and with their help and dedication some learners who have certain forms of autism can be placed back into mainstream education.</p>	25

			<p>The following information was taken from a booklet provided by Autism South Africa: Could this child in front of me be manifesting autistic spectrum syndrome? (Information for teachers).</p> <p>Autism or Autistic Spectrum Disorder (ASD) is a lifelong, complex, pervasive developmental impairment, which appears to have a genetic predisposition and stems from a multi-faceted origin, causing disturbances in brain development and functioning. It is found to occur in four times as many boys as girls and the incidence of ASD seems to be on the increase.</p> <p>The onset of autism is from birth or before the age of three years. Various subgroups are referred to within the autistic spectrum disorder, the best of which are childhood autism, early infantile autism and Asperger Syndrome. Asperger Syndrome presents with a more subtle display of difficulties, but has enough distinct features to be classified separately.</p> <p>Learners with ASD often have accompanying learning difficulties, and the range of intellectual abilities amongst learners with ASD is vast. The presence of additional impairments such as epilepsy, sensory impairments and intellectual impairments can co-exist with ASD.</p> <p>Learners with ASD present with many different levels of severity. They also display a wide range of individual characteristics, as they are all affected by what is known as the 'triad of impairments'. The triad is typically associated with a narrow, repetitive pattern of activities and</p>	
			<p>resistance to change in things, which may directly affect the individual person. It manifests with an impairment in the quality of development in the following areas:</p> <p>5.1 Social interaction</p> <p>☒ Little awareness of the existence of others or their feelings ☒ A poor or absent ability to make appropriate social contact ☒ The most severe form is aloofness and indifference to others, although most learners with autism show an attachment on a simple level with parents or caregivers. ☒ Indifference to or a dislike of being held, cuddled or touched ☒ Difficulty in forming appropriate relationships with peers or others ☒ In less severe forms, an individual person accepts social contact, even showing some pleasure in this, though he or she may not make spontaneous approaches. ☒ Prefers to play alone</p> <p>5.2 Language and communication</p> <p>☒ The development of speech and language may be abnormal, delayed and absent. ☒ A person shows minimal reaction to verbal input and sometimes acts as though deaf. ☒ The presence or the understanding of facial expressions and/or gestures may be unusual or absent. ☒ The repetition of words, questions, phrases and/or sentences over and over again ☒ Endless monologues about their special interests without adapting to the needs of the listener ☒ Words and phrases may be used incorrectly. ☒ The production of speech may be unusual. A flat monotonous tone or inappropriate variations in tone are often noted. ☒</p>	

			<p>Those who are verbal, may be fascinated with words and word games, but do not use their vocabulary as a tool for social integration and reciprocal communication.</p> <ul style="list-style-type: none"> ☒ They have difficulty in initiating or taking part in conversations. <p>5.3 Behavior and imagination</p> <ul style="list-style-type: none"> ☒ Imaginative play may be limited or poor; for example, they cannot play with a wooden block as if it is a toy car. ☒ A tendency to focus on minor or trivial aspects of things in the environment instead of an imaginative understanding of the meaning of the whole scene ☒ They may display a limited range of imaginative activities, which a teacher may well find have actually been copied off the television or elsewhere. ☒ They pursue activities repetitively and cannot be influenced by suggestions of change. ☒ Their play may appear complex, but close observation shows its rigidity and stereotyped pattern. ☒ Unusual habits such as rocking, spinning, finger-flicking, continual fiddling with objects, spinning objects, tapping and scratching on objects, or arranging objects in lines or patterns ☒ Inappropriate use of toys in play ☒ Holding onto objects; for instance, carrying a piece of wool the whole day ☒ Noticeable physical over-activity or extreme under-activity ☒ Tantrums may occur for no reason. ☒ Changes in routine of environment; for example, a change in the route to the school or altering the placement of equipment in the classroom may cause distress. ☒ Interests and range of activities may be limited; for example, they are only interested in puzzles. ☒ A small percentage of learners have abilities that are outstanding in relation to their overall functioning; for example, exceptional memory in a specific field of interest or exceptional art ability. 	
			<p>The following features may be observed:</p> <ul style="list-style-type: none"> ☒ Little or no eye contact ☒ No real fear of danger ☒ Abnormalities in the development of cognitive skills; for example, poor learning skills or resistance to normal teaching methods ☒ Abnormalities of posture and motor behavior such as poor balance ☒ Poor gross and fine motor skills in some learners ☒ Odd responses to sensory inputs, such as covering the ears ☒ Sense of touch, taste, sight, hearing and/or smell may be heightened or diminished ☒ Bizarre eating patterns ☒ High pain threshold ☒ Crying or laughing for no apparent reason ☒ Self-injurious behavior such as head banging, scratching and biting ☒ Abnormal sleep patterns 	
		MAY/JUNE2014	<p>Discuss any 5 of the emotional needs of young people as described by Howells, Mitchell, Pringle, Rath, Thompson and Poppen. Describe how each of these needs manifest at home and at school. Indicate with reference to each of the five emotional needs what a teacher can do to meet the emotional needs to the learner.: Pringle maintains that unmet emotional needs like the need to be loved, need for security, for responsibility, new experiences & the need to be praised & recognized, trigger behaviour problems</p>	5

		MAY/JUNE2014	<p>You are a grade 5 teacher . Two learners in your classroom are exhibiting the following manifestations of barriers.</p> <p>Learner 1 Rubs the eyes excessively moves the head when looking at pictures or when reading has poor spacing when writing refuses to participate in ball games</p> <p>Learner number 2 often misinterprets what has been said speaks too slowly or too fast is often inattentive finds it difficult to associate with peer group friends</p> <p>Identify the barriers to learning that each of these two learners are experiencing: Learner 1 has a Visual Impairment</p> <p>Learner 2 has a Auditory Impairment</p>	
			<p>Name four more characteristics of each of these types of barriers as they may manifest in the classroom,:</p> <p>Learner 1 – Visual Impairment</p> <ul style="list-style-type: none"> - is unable to see distant things clearly - has difficulty reading or other work requiring close use of the eyes - squints eyelids together or frowns - is clumsy in movement, drags feet and appears to feeling the ground <p>Learner 2 – Auditory Impairment</p> <ul style="list-style-type: none"> - Watches teachers lips - Finds it difficult to locate source of sound - May have difficulty hearing the bell - Cannot understand if teachers is turned away or teacher lips are covered <p>Discuss how you as a teacher would support each of these learners in the classroom in term of each learners specific type of barrier to learning. :</p> <p>Visual Impairment:</p> <ul style="list-style-type: none"> - Learners with myopia or cataracts can sit in the front of the class near chalkboard - a magnifying glass can be used if large print books are not available - Learners with hyperopia would sit in back of class as their far sight vision is better than near vision 	

			<ul style="list-style-type: none"> - learners with albinism should be placed in a darker part of classroom and away from windows - textbooks can be recorded for learners who find it difficult to read text books. <p>Auditory Impairment</p> <ul style="list-style-type: none"> • overhead projector • speak clearly in a normal tone • use visual signals to gain learners attention • rephrase questions or content • test directions, lectures in writing • que learner to show someone is talking over the intercom • present words and spelling in sentences • visual signal to alert dangerous situations • limit movement and unnecessary gestures • look up difficult-to-pronounce words in their dictionary 	
		OCT/NOV2014	<p>What is hidden epilepsy and what are the possible signs? :</p> <ul style="list-style-type: none"> • Learners show no outward symptoms but merely present the particular problems associated with learning disabilities / show behavioural problems • Sudden spells of bad temper, aggressiveness, vandalism, swiftly changing moods, fidgety • Behaviour improves when treated for this condition • Pay attention to suspicious signs, notify parents 	5
		OCT/NOV2014	<p>Why is it important to detect hidden epilepsy in the classroom?</p>	5
		Oct/Nov 2015	<p>List 10 behavioural signs that could alert teachers to a learner's visual problems :-</p> <ul style="list-style-type: none"> - rubs eyes excessively - is unable to see distant things clearly - has difficulty reading or other work requiring close use of the eyes - squints eyelids together or frowns - is clumsy in movement, drags feet and appears to feeling the ground - refuses to participate in ball games - has poor spacing when writing - loses place frequently when reading - steps too high or too low when going up or down stairs - holds reading material unusually close to the eyes or unusually far away 	10
		Oct/Nov 2015	<p>The type of eye condition and the amount of residual vision would determine the support given to a learner in the classroom. Discuss this statement:</p> <ul style="list-style-type: none"> - Partially sighted learners have use of all their senses even if vision is imperfect - Blind learners can be taught to make better use of the remaining senses while partially sighted learners should be taught to use vision together with other senses - If its not addressed at an early age, blind an partially sighted learners will lag behind in their total development - Partially sighted learners should be encouraged to combine vision with nonvisual methods - They should be taught to notice the finer details, attention drawn to shapes and objects 	10

		Oct/Nov 2015 MAY/JUNE 2015 MAY/JUNE2014 OCT/NOV2014	Describe inclusive education in your own words: Inclusive education is about practices that allow each student to feel respected, confident and safe so he or she can learn and develop to his or her full potential. It does not require that the curriculum level be decreased or that academic expectations be dropped down, but enhances learning for learners with or without special needs. This promotes social cohesion, the feeling of belonging, active participation in learning, a holistic school experience and positive interactions with peers and others in the community.	2
		Oct/Nov 2015 MAY/JUNE 2015 MAY/JUNE2014	What is the difference between mainstream education and inclusive education: Mainstream education: - get learners to fit into a particular system - give extra support so learners can fit into a normal classroom routine - focus on changes that need to be made in learners so they can fit in Inclusion: - recognise and respect differences in learners and build on their similarities - focus on learners, teachers and program as a whole to meet the needs of learners - focus on adaptations and support systems in the classroom	8
		Oct/Nov 2015 MAY/JUNE 2015	Various factors in our schools give rise to different learning needs. Name and discuss the school factors that can cause barriers to learning.: 7.1 INFLEXIBLE CURRICULUM 3 <ul style="list-style-type: none"> • An inflexible curriculum is rigid and non-inclusive, failing to provide for the diverse group of learner needs in schools today, causes learners to fail. • What is taught by the curriculum is not applicable to the situation in which the learners find themselves. • Inadequately trained teachers may use teaching styles which handicap the involvement & initiative of the learner 7.2 POOR TEACHING 3 <ul style="list-style-type: none"> • Lack of good qualifications • Don't have expertise to teach English, Maths & Natural Science • Unmotivated, lazy teachers (not enough time preparing) • Lack of dedication, responsibility & positive attitude towards learning • Stereotyped teaching methods – passive process, learner finds no meaning in it 7.3 LACK OF RESOURCES 3 <ul style="list-style-type: none"> • Lack of human resources – ongoing in-service training of teachers • Lack of safe buildings and equipment • Lack of support services to address barriers to learning 	10

		<p>7.4 SCHOOL ENVIRONMENT 3</p> <p>At risk schools are the following:</p> <ul style="list-style-type: none"> • Learners and teachers are estranged • Standards are low & quality is poor • There are varying expectations of the same learners • Most do not complete their studies • Truancy & disciplinary problems are common • Learners needs are not accommodated • Learners not adequately prepared for the future • Teachers feel isolated & suffer burnout <p>7.5 LANGUAGE OF LEARNING AND TEACHING 3</p> <ul style="list-style-type: none"> • Takes place in 2nd or 3rd language • Teachers not always fluent in the language of instructions • Particularly in rural areas • Virtually no benefit derived from tuition as basic knowledge of English is so bad • Little exposure to English in rural areas so not possible to reinforce what they learn at school • Foreign language – English • Culture reflected in prescribed books is unfamiliar 	
		<p>7.6 SCHOOL ORGANISATION 2</p> <ul style="list-style-type: none"> • Poor management • Teachers not in class • Inconsistent discipline • general laxness • no culture of learning • autocratic vs democratic (authority is delegated so all concerned can participate) <p>7.7 CROWDED CLASSROOMS 3</p> <ul style="list-style-type: none"> • Ltd contact with teacher • Ineffective teaching strategies – repetition, rote learning • Autocratic styles 	
	<p>Oct/Nov 2015 MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014 MAY/JUNE 2013</p>	<p>What is the difference between paraplegia and quadriplegia :</p> <p>Paraplegia: affects 2 limbs</p> <p>Quadriplegia: affects all 4 limbs</p>	8

		<p>Oct/Nov 2015 MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014 (twice) MAY/JUNE 2013</p>	<p>As a teacher what assistance would you give to a learner with a physical impairment in your classroom. : • Arrange the furniture in the class in such a way that a child with cerebral palsy can move around with ease.</p> <ul style="list-style-type: none"> • All toys and equipment must be placed in such a way that it is accessible to these learners. • Ensure that the toilet and basins in the bathroom is accessible to these learners. • Games and activities can be placed on the floor and table so that a child with cerebral palsy can be able to participate. • Help and encourage learners with cerebral palsy to help themselves, think of practical solutions to problems to enable this child to help themselves, for example stick the paper and paint holder to the table with prestik so that it cannot be bumped over easily and at the same time it allows the learner to participate freely with the activity. • Allow these learners to try things for themselves and feel independent. • Give them special jobs to do in the class so they can experience responsibility. • Learners with cerebral palsy often ignore their disabled limbs, so it is important to do activities where the child is required to make use of the disabled limb. • Allow all learners to participate in all activities so everyone feel they belong in the class. • Create a class atmosphere where everyone feels safe and secure in a physical and emotional way so that they can explore, experience success and enjoyment. 	8
			<ul style="list-style-type: none"> • Always build up the learners self-esteem so they can know their abilities and feel worthy. • If a child wears prosthesis make sure they are comfortable with their prosthesis and explain it to the rest of the class so that everyone can understand and accept the learner. • Also ensure that medication is taken at the right time and the right amount is taken. • Be creative and always look for new ways to handle situations in an effective and friendly way. 	
		<p>Oct/Nov 2015 MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014</p>	<p>What is down syndrome and why should a teacher know about it : • Result of an oddity of genes in 21st chromosome</p> <ul style="list-style-type: none"> • Slow rate of learning • Other physical symptoms • Learning difficulties 	2
		Oct/Nov 2015	<p>Name the types of visual perception problems that a learner with down syndrome might have: > Ordering – model pattern concrete objects matching directly > Reversal of images – over learning using visual/tactile/verbal cues > Random visual – rote learns (telephone number), scan from right and down the page</p>	6

		Oct/Nov 2015	<p>What strategies can a teacher use to support a learner with Down Syndrome who experiences visual perception problems: - Difficulty - ordering & patterning</p> <ul style="list-style-type: none"> - Reversal of images - Difficulty reading info presented in a random way - Difficult to perceive and predict a pattern or sequence - Unable to reliably read a number eg: 43 becomes 34 - Will miss info when presented in a cluttered or random manner <p>Strategies a teacher can use to support learner</p> <ul style="list-style-type: none"> • Difficult to perceive and predict a pattern or sequence • Unable to reliably read a number eg: 43 becomes 34 • Will miss info when presented in a cluttered or random manner 	6
		MAY/JUNE 2014	<p>What strategies can a teacher use to support a learner with Down Syndrome who experiences motor skill problems: Motor Skills Problems</p> <ul style="list-style-type: none"> - Hypotonia – low muscle tone in arms and hands - Shorter limbs and digits - Reduced Stamina <p>Strategies a teacher may use</p> <ul style="list-style-type: none"> - Use alternative task for recording e.g cut and paste, multiple choice etc - Use large /adapted equipment (ruler with ridge for gripping, blackboard compass) - Reduce the amount of activities/work expected - Provide proformas in a large size with some information already recorded 	
		Oct/Nov 2015	<p>Name and give cognitive characteristics of a learner with down syndrome:</p> <p>Comprehension</p> <ul style="list-style-type: none"> - interpretation of verbal written instructions appear to be more advanced than actual ability level - Literal understanding of vocab - Abstract thinking is limited - Unable to transfer knowledge to a new situation - Unable to separate pieces of information to form links <p>Implications:</p> <ul style="list-style-type: none"> • May be more skilled in reading than maths. • Comparisons are difficult as they vary in their abilities and skills • Working pace is slow • Appear/confirm to understand but fail to comprehend the task • Misinterpret words with more than one meaning eg light • Unable to interpret and complete a task 	6
		MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014	<p>Name the types of motor skill problems that a learner with Down's Syndrome might have. : Motor Skills :</p> <ul style="list-style-type: none"> ➤ Handwriting may be oversized/undersized, sketchy/light – use alternate tasks for recording, ➤ Manual skills may be less accurate – use large/adapted equipment ➤ Slow at drawing up tables – reduce amount of work expected, provide proformas in a larger size 	3
		Oct/Nov 2015 MAY/JUNE 2014 MAY/JUNE 2013 OCT/NOV 2013	<p>How would you explain autism to a parent :Under no circumstances should a teacher ever tell a parent that a child is autistic, but instead should help them seek advice from professionals. Autisms is a biological disorder, therefore teachers should never suggest that a parent's manner of handling a child may have caused his/her strange behaviour & social isolation.</p>	2

	<p>Oct/Nov 2015 MAY/JUNE 2013 OCT/NOV 2013 OCT/NOV 2014</p>	<p>Describe how a young learner's quality of development with regard to behaviours and imagination - as part of the so-called triad of impairments - can indicate to the teacher that the learner is autistic.:Triad of Impairments: typically associated with narrow, repetitive patterns of activities, and resistance to change that may directly affect the individual:</p> <p>1. Social Interaction</p> <ul style="list-style-type: none"> • Little awareness of existence of others/feelings • Poor/absent ability to make apt social contact • Severe aloofness/indifference to others (simple attachment to parents/caregivers) • Difficulty in forming apt relationships with peers & others • No spontaneity in social contact • Prefers to play alone <p>2. Language & communication</p> <ul style="list-style-type: none"> • Devt of speech & language may be abnormal, delayed, absent • Acts as though deaf – minimal reaction to verbal input • Understanding of facial expressions/gestures may be unusual/absent • Repetition of words, questions, phrases/sentences • Endless monologues about special interests (no consideration for listener) • Words & phrases may be used incorrectly • Speech production may be unusual, flat monotone, or inapt variations in tone 	10
		<ul style="list-style-type: none"> • If verbal, may be fascinated with words, but not used as a tool for social integration • Difficulty initiating/participating in conversation <p>3. Behaviour & imagination</p> <ul style="list-style-type: none"> • Imaginative play ltd or poor • Tend to focus on minor/trivial aspects instead of imaginative understanding the whole scene • Display ltd range of imaginative activities (copied) • Pursue activities repetitively & cannot be influenced to change • Play appears complex, but has rigid & stereotyped pattern • Unusual habits: rocking, spinning, finger-flicking, continual fiddling with objects, spinning objects, tapping & scratching on objects, arranging objects in lines & patterns • Inappropriate use of toys in play • Holding onto objects all day • Physical over-activity/under-activity • Tantrums for no reason • Changes in routine of environments causes distress • Interest & range of activities is ltd – only puzzles • Small % have outstanding abilities (in relation to overall functioning) – memory in specific field of interest 	

		Oct/Nov 2015 MAY/JUNE 2015 MAY/JUNE 2013 OCT/NOV 2013	<p>What type of reading problems might a learner in the foundation phase experience :</p> <ul style="list-style-type: none"> <input type="checkbox"/> do not know the link between letters and sounds <input type="checkbox"/> can only recognise a few words on sight (own name and high frequency) <input type="checkbox"/> not recognise high frequency words and sound them out <input type="checkbox"/> read slowly, sound out most words, repeat words or part of words <input type="checkbox"/> add or leave out words <input type="checkbox"/> read things that are not in the text <input type="checkbox"/> cannot answer direct questions on section just read <input type="checkbox"/> cannot tell about what they have reading 	6
		Oct/Nov 2015 MAY/JUNE 2013 OCT/NOV 2013	<p>What are the two main components of reading : Components of reading – PG 289</p> <ul style="list-style-type: none"> • decoding – written words are translated in to spoken words • reading comprehension - understand literal and underlying meaning 	2
		MAY/JUNE 2015 OCT/NOV2014 MAY/JUNE 2014 OCT/NOV 2013	<p>Define the following perceptual-motor abilities and indicate what problems a young learner may experience at school if these abilities are not well developed:</p> <p>Laterality: Awareness of left and right side of body develops from the awareness of the operation of gravity (balance) – learners learn to manipulate body accordingly. Some children struggle to cross midline – touch right foot with left hand. Draw line with left hand until middle of page and then continue drawing with right hand. Problem – when writing child stops at middle of page - Lateral dominance: A preference of a specific side of the body to take dominance develops from laterality Problems: distinguishing between the difference of direction between letters d and b – serious problems for reading, writing and spelling. - Directionality: To have spatial world learners must know their body and be aware of it. Only then can they know where objects in space are. Problems: difficulty with the order in which things are arranged – write numbers upside down like a 6 and 9, letters like p/d, pot/top</p>	
			<p>Spatial perception: Only when child can perceive an object in accurate relationship to himself, can he perceive them in relation to one another. Activities to promote body awareness are NB. Problems with this skill means they can't understand concepts like above/beneath, in front/behind, under/over & beside, first, middle, last, cannot estimate time, depth or distance in ball games. Get lost often as they cannot determine direction accurately</p>	
		MAY/JUNE 2014 OCT/NOV 2013	<p>What type of mathematical problems might a learner in the foundation phase have?: - difficulty with sorting objects according to various characteristics, first by colour, then shape.</p> <ul style="list-style-type: none"> - inability to estimate quantities - counting without comprehension – experiences difficulty to count beyond 20 - difficulty with counting on from a given number - inability to understand numerical values - not understanding the concept of 0 - inability to understand the concept of tens and units 	5

		MAY/JUNE 2014 OCT/NOV 2013	<p>Describe five methods that you might use to help learners in the foundation phase with mathematics problems. Provide examples where applicable. : - help learners as soon as possible. If learners do not master certain concepts fully, then they will have problems understanding concepts that follow the next year</p> <ul style="list-style-type: none"> - plan thoroughly: mathematics should be taught in a systematic, sequential and structured way. - foster interest and enthusiasm - teacher should try hard to foster interest and enthusiasm for other students - use group work : resort to group work so that learners are able to learn from each other. They have the chance to learn from each other but also derive encouragement from each other. - show empathy and be patient : avoid negative remarks about test results. <ul style="list-style-type: none"> • Stress Utilitarian value of mathematics: learners should work with general information they come across daily. If mathematics is proven to be useless on a daily basis, they will quickly understand the value and relevance of maths in daily lives • Plan Thoroughly: maths should be taught in a systematic, structured and sequential manner. • Foster interest and Enthusiasm: teachers should and foster enthusiasm and interest of maths in learners by giving assignments and goals, provide learners with opportunity of self-discovery • Use Group work: resort to group work so learners may learn from each other, revise cooperative methods 	5
			<ul style="list-style-type: none"> • Help learners monitor their progress: learners should be made aware of their progress, and immediate feedback provides incentive to achieve more. 	
		MAY/JUNE 2014 MAY/JUNE 2013 OCT/NOV 2013	<p>Describe the manifestation of conductive hearing loss in the classroom: Disorders that cause conductive hearing loss damage the middle ear or the auditory canal in a way that it prevents sound waves from being conveyed through. They speak too softly and lower their voice and speak very softly. They often complain of a buzzing sound in the ear.</p> <ul style="list-style-type: none"> • CHL think they are speaking too loudly, hence tendency to speak very softly. • No difficulty following speech if loud enough • Loss of hearing is approx. same for all frequencies • Can hear even better in noisy surroundings (Paracusis Willisii) 	2
		MAY/JUNE 2014(twice) OCT/NOV 2014 OCT/NOV 2016	<p>In our schools different learning needs arise from a range of factors. Discuss both intrinsic and extrinsic factors that can cause learners to have learning needs.</p>	8

			<p>Intrinsic factors – born with problem</p> <ul style="list-style-type: none"> - physical/physiological impairments that may become disabilities if society and the system of education do not make provision for these learners (impairments, genetic factors, brain damage) - personality factors, especially types of temperament and unsatisfied emotional needs <ul style="list-style-type: none"> o Are usually born with the problem or acquired them later o These are the learners with physical/physiological impairments o Are sometimes obvious – blindness and sometimes not so obvious – hard of hearing o These physical or physiological impairments can occur in different measures – total loss of hearing or partial loss of hearing o These impairments may become disabilities if society and the system of education do not make provision for these learners <ul style="list-style-type: none"> - Sensory impairments - one of the person’s senses is affected - visual or aural - Physical impairments - a person whose external physical appearance or functioning is affected has a physical impairment. - Mental or intellectual impairments - refers to persons who are mentally less capable than the average - they find it more difficult to comprehend and to learn. - Multiple impairments – Some people have more than 1 impairment – they may for e.g. have physical & intellectual impairments, or visual & hearing impairments - Physiological impairments refer to impairment in the functions of the body - chronic diseases such as cancer, diabetes, Aids etc. 	
			<p>Extrinsic</p> <ul style="list-style-type: none"> o Are not born with the barriers – because of other factors that affect their ability to learn such as their environment in which they are growing up or the school that does not encourage a learning culture o Some examples are: <ul style="list-style-type: none"> ☒ Environment – unfavourable socioeconomic circumstances, urban areas (apartments, little supervision), rural environments (poor school attendance), prosperous areas (bored, drugs, pressure) ☒ Education – poor teaching (lack of qualifications, unmotivated or lazy), incomplete participation on the part of learners, inappropriate study material, inefficient school organisation, crowded classrooms ☒ Language – many learners taught in Eng (not home language), often the teachers can’t speak proper English either. They perform poorly due to a lack of understanding ☒ Culture – need to accommodate diff cultures, we learn, think and do things differently – keep that in mind (religion, language, food, sense of humour) ☒ Job prospects – many learners leave schools but there are no jobs available so they get depressed and discouraged = underachieve at school - Emotional problems – this is reflected in the following ways: nervousness, tension, anxiety, depression, suicidal tendencies, etc. - Behavioural problems – refers to those learners who show unacceptable conduct. 	

		MAY/JUNE 2014 MAY/JUNE 2013	<p>You are a grade 3 teacher and you have a learner with a hearing impairment in your class. You notice that sometimes other learners laugh behind their hands when this learner makes a language mistake when she speaks. What would you tell your class and what would you do to support her?: Explain to them that the learner has a hearing impairment, show them the hearing aid and explain how it works – focus on all the good characteristics of the child</p> <ul style="list-style-type: none"> - Assign a peer to take notes on carbon paper and to point to speakers during group discussions - Speak clearly and in a normal tone of voice and at a moderate pace - Face child when speaking <input checked="" type="checkbox"/> tell them to speak louder so the learner can hear <input checked="" type="checkbox"/> don't make fun of them, we are all different but equal <input checked="" type="checkbox"/> play games that don't require hearing eg no broken telephone 	4
		MAY/JUNE 2014 MAY/JUNE 2013 OCT/NOV 2013	<p>You are a grade 3 teacher . A learner in your classroom is exhibiting the following manifestations of barriers:</p> <p>The learner</p> <ul style="list-style-type: none"> Rubs the eyes excessively Moves the head when looking at pictures or when reading has poor spacing when writing Refuses to participate in ball games <p>Identify the learners barrier to learning : VISUAL IMPAIRMENT</p> <p>Discuss how you as a teacher would support this learner in the classroom : -</p> <ul style="list-style-type: none"> - Learners with myopia or cataracts can sit in the front of the class near chalkboard - a magnifying glass can be used if large print books are not available - Learners with hyperopia would sit in back of class as their far sight vision is better than near vision - learners with albinism should be placed in a darker part of classroom and away from windows - textbooks can be recorded for learners who find it difficult to read text books. 	
		MAY/JUNE 2014	<p>It is important for a teacher to know how intellectual disability can affect the development of a learner. Discuss this statement by referring to the developmental characteristics and learning characteristics of a learner with an intellectual disability. • Mental capacity below normal</p> <ul style="list-style-type: none"> • Does not learn as easily as others • Salient feature: Impaired amount & rate of learning • Most common of all forms of disability • Influences personality development from early age • Appear normal – little sympathy & understanding • Cant keep up, don't understand – impaired self-concept • Develop behaviour patterns <p>INTELLIGENCE:</p> <ul style="list-style-type: none"> • Ability to handle abstract concepts • See connections & master new learning content • Adapt effectively to new circumstances/situations <p>Intelligence Quotient (IQ) provides quantitative indication of intellectual functioning. Assuming it is:</p> <ul style="list-style-type: none"> • Reliable (repeatable) • Valid (represents truly) 	

		MAY/JUNE2014	<p>What will you tell your class if you have a learner who has epilepsy and is admitted to your class?: prepare other learners, but don't use term epilepsy. Look for warnings, take to safe place where they can lie down & prevent injury. Prevent from falling if possible, do not hold down or prevent movements. Turn to one side – no choking in saliva. Don't insert anything into their mouth. Clothing must be loose around waist & neck. Medical assistance needed when:</p> <ul style="list-style-type: none"> • Seizures are protracted & frequent • Choking • Injuries sustained warrant it • Status epilepticus – breathing is impaired <p style="text-align: center;">If first seizure, call parents and doctor!</p> <ul style="list-style-type: none"> • Class circumstances with may affect seizures – may increase with affective disturbances, no special diet but blood sugar must not drop. (Ketogenic diet) • Participation in everyday group activities – climbing apparatus & swimming should be well supervised. Promote socializing games. Fewer seizures when active & attention is fully occupied. Avoid over-exertion but also too much sleep & rest in the day. Don't overprotect & overlook misbehavior. Lenience affects their social relationships. 	
			<p>RESPONSIBILITY OF THE TEACHER:</p> <ol style="list-style-type: none"> 1. Sufficient knowledge 2. How to handle group situations created by the seizure 3. Never panic, but understand the crisis 4. Fully report each seizure to principal, parents & doctor 5. Know what meds they are on & effect 6. Know how development, mental life & behaviour may be affected b seizures, or reactions to them 7. Know additional disabilities 8. Early identification 9. Prevent stigmatization 	
		MAY/JUNE 2013 OCT/NOV 2013 OCT/NOV 2013	<p>Discuss the phenomena of hyperactivity and distractibility.: Hyperactivity:</p> <ul style="list-style-type: none"> ☒ Surplus motor activity. ☒ Busy fiddling and running around. ☒ Touch and handle everything in their reach. ☒ Irritates classmates and teacher <p>Distractibility :</p> <ul style="list-style-type: none"> ☒ Sensory hyperactivity. ☒ Attention on the move. ☒ Reacts to every sensory stimulus. ☒ Cannot concentrate on one thing. ☒ Cannot control their attention. ☒ Antisocial behaviour- negative social activity such as selfishness ☒ Aggression, bossiness ☒ Together ADHD 	2

	MAY/JUNE 2013 OCT/NOV 2013	<p>Explain how a teacher should go about handling a young child with these problems in a classroom in your explanation name at least eight strategies that a teacher could employ to deal with the behaviour problems.:</p> <ul style="list-style-type: none"> • intervene immediately, remove troublemaker/administer a warning • analyse group influences and dynamics and identify leaders • don't blanket blame – speak to guilty ones directly after class • give benefit of the doubt if offer excuses that cannot be controlled (stomach ache) • defuse potential explosive situation by telling a joke • think twice about becoming angry about learners who eat in class • prevent becoming too involved with learner's problems/home circumstances • be aware of your own feelings and not to overreact • change the school timetable so that same teacher not exposed to difficult group • avoid too rigid structures • axis is attitude and actions of the teacher 	8
	MAY/JUNE 2013 OCT/NOV 2013	<p>Inclusive education makes provision for all learners to be included in inclusive education settings. Should you have a learner who is deaf but who can speech read In your case, what could you do to help this learner with speech reading? :</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Mouth and face adequately lighted (face the light, at a distance from it) <input checked="" type="checkbox"/> No mirrors or reflecting lights behind you as it causes eyestrain <input checked="" type="checkbox"/> Face as near as possible to level of child's eye (sit on a low chair for smaller children) <input checked="" type="checkbox"/> Speak as naturally as possible and in complete sentences (no baby-talk) <input checked="" type="checkbox"/> Do not add gestures to words and keep your head as still as possible <input checked="" type="checkbox"/> Expressive face is easier to read (facial expression) 	4
	MAY/JUNE 2013 OCT/NOV 2013	<p>A young learner with Down's syndrome may have the following characteristics as far as motor skills are concerned. Discuss the implications for this for teaching the learner and describe the strategies that you could employ to support the learner in the class</p> <p>Motor skills poor manipulation skills due to</p> <p>Hypotonia(low muscle tone) in arms, hands, back Shorter limbs and digits Reduced Stamina</p> <ul style="list-style-type: none"> • Result of an oddity of genes in 21st chromosome • Slow rate of learning • Other physical symptoms • Learning difficulties <p>A teacher should know about this so she can identify the reasons behind the slow rate of learning and adapt lessons to suit learners needs</p> <ul style="list-style-type: none"> - Use alternative task for recording e.g cut and paste, multiple choice etc - Use large /adapted equipment (ruler with ridge for gripping, blackboard compass) - Reduce the amount of activities/work expected - Provide proformas in a large size with some information already recorded 	8
	MAY/JUNE 2013 OCT/NOV	<p>Do you think that a learner with Down Syndrom should be admitted to a mainstream school? Provide reasons for your answer</p>	2

	MAY/JUNE 2013 OCT/NOV 2013	<p>Describe 3 types of perceptual motor difficulties a young learner might have. Indicate how each of the three perceptual motor difficulties can influence a learners progress in school.</p> <p>A. GROSS MOTOR ABILITIES 3 The use of larger muscles of the body for crawling, walking, jumping. Movement games, outside play, & music is affected</p> <p>B. FINE MOTOR ABILITIES 3 Use of smaller muscles used in creative activities. Problems in handling small apparatus, doing up buttons</p> <p>C. SPATIAL PERCEPTION 4 Perception of objects begin in relation to themselves, then in relation to each other- body awareness taught Cannot understand concepts like front/behind, above/beneath, under/over. Cant estimate time, depth or distance in ball games, cannot determine direction accurately</p> <p>D. LATERALITY 4 Awareness of left vs right, developing from gravity (balance) Problems in crossing imaginary middle line</p> <p>E. LATERAL DOMINANCE 4 Preference for specific side of the body to take the lead Experience problems with concept of left & right outside the body</p>	
		<p>: Teaching practices for learners with Perceptual Motor Problems.</p> <ul style="list-style-type: none"> • Give the learner time to process language and respond. • Listen carefully - your understanding will adjust. • Encourage participation in all physical activity • Practice cutting, sticking, tracing etc • use pencil grips • use interlined paper to indicate half the size • accept messy work if it is the best effort • accept printing • Allow frequent use of computers • show understanding and caring by using reflective listening • empower the learner by teaching coping skills to handle emotions • let the learner know what behaviours are acceptable • provide vocabulary for expressing feelings • role play to help the learner learn what behaviours are acceptable • brainstorm ways to solve a problem • be clear, firm and consistent about boundaries and limits • set the stage for compliance by adapting tasks (time, skill level, method, amount) • The teacher must minimise distractions • The teacher must give short simple directions • The teacher must provide a balance of structure and freedom • The teacher must allow time to transitioning to new activities. • reinforce positive behaviour and acknowledge progress so that the learner will feel accepted, supported and capable of succeeding 	

			<ul style="list-style-type: none"> • let the learner know what the expectations are (eg: the learner's best work) • teach skills that promote problem solving, questions, self-discipline and independence • learn behavioural signs that indicate the learner is having difficulty • to promote motor planning: a learner could build an obstacle course or fort with blocks • to improve visual perceptual skills: a learner could assemble a jigsaw puzzle or find hidden pictures • to improve fine motor skills: a learner could string beads • to increase sequencing skills: a learner could clap rhythm patterns • Ensure face to face and direct eye contact. • Use simple and familiar language. • Use short and simple sentences. • Check understanding - learner to repeat the instruction. • Use reading to help with speech and language. • Emphasize key words. • Avoid closed questions. • Encourage the learner to speak aloud and read in class • Create opportunities for speech for example send the learner with a message. • Provide additional listening activities and games. • Use large and adapted equipment for example a ruler with a bridge for gripping • Reduce the amount of activities or work expected 	
			<ul style="list-style-type: none"> • Create a fun track of different textures that learners can walk on, crawl on or maybe even slide across. You could use different things like, bubble wrap, astroturf, sandpaper, corrugated cardboard. • Teachers could adapt games like "I spy" and make the learners combine it with a motor movement like "Jump like a rabbit and touch something blue" • Teach the learners the song "head, shoulders, knees and toes" so that the learners begin to know their body. • Memory games like broken down telephone can be played 	
		MAY/JUNE 2013 OCT/NOV 2013	<p>Why is it important for a teacher to know what visual perception is: Problems with visual perception can lead to severe learning difficulties in the young child in primary school. It is therefore vital that this kind of problem is identified early & assistance is offered to the child. This is the specialized field of occupational therapists, who need to work in close co-operation with the teacher to overcome this difficulty.</p>	

		MAY/JUNE 2013 OCT/NOV 2013	Describe how auditory perception problems can lead to language problems in the classroom: The basis of language acquisition is auditory in nature. If a child has an auditory perception problem, several of the following aspects of language development are affected: 1. Cannot pay attention to the teacher's instructions as they cannot differentiate between background & foreground noise, so do not know where to direct their attention. Cannot block out auditory stimuli that distract them. 2. Cannot distinguish contrasts in sounds: hard/soft, fast/slow, high/low, far/near, beginning/middle/end, rhyming words present difficulties. Letters and words which sound the same are confused. 3. Difficult to break words up into syllables & put them together again. May be able to distinguish sounds, but unable to put them together to form a word. 4. Struggle to memorize rhymes & songs and find it hard to repeat sound patterns. Can't remember, or correctly carry out instructions or retell a story in logical sequence. 5. They may hear well, but cannot interpret what they hear.	
			MULTIPLE CHOICE	
		MAY/JUNE 2014 MAY/JUNE 2013 OCT/NOV 2013	The elements of written language are: a) reading, composition, linguistics b)Composition, spelling, handwriting c)Spelling, phonetics, reading d)composition, handwriting, phonics	
		OCT/NOV2015	According to the Education White Paper 6, which one of the following is NOT a reason why learning needs may arise: A) Inflexible curriculum B)Parental involvement C)Inappropriate and inadequate support services D)Inadequately trained education managers and teachers	
		OCT/NOV2015	Learners with ...problems experience coordination problems between the eye and hand or eye and foot. A)Fine motor perception B)Lateral dominance C) Visual motor perception D)Spatial perception	
		OCT/NOV2015 MAY/JUNE 2017 MAY/JUNE 2015 OCT/NOV 2014 MAY/JUNE 2013 OCT/NOV 2013	Learners with ...problems find it difficult to break words into syllables or to put them together again. A) Visual perception B)Auditory perception C)Visual-motor perception D)Spatial perception	

		OCT/NOV2015 MAY/JUNE 2017 MAY/JUNE2015 OCT/NOV2014	The following are cognitive characteristics of a person with Down Syndrome: A)Weak short-term memory, good at remembering the sequence of process, finds it difficult to transfer knowledge to a new situation. B)Understands the literal meaning of words, weak long-term memory, finds it difficult to transfer knowledge to a new situation. C) Good short-term memory, limited abstract thinking, comprehension of verbal or written instructions appears to be more advanced than the actual ability/level of skill. D) Limited abstract thinking, finds it difficult to remember the sequence of process, does not understand the literal meaning of words.	
		OCT/NOV2015 MAY/JUNE 2017 MAY/JUNE 2015 MAY/JUNE 2014 MAY/JUNE 2014 OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	Which one of the following statements regarding epilepsy is correct? A)Epilepsy is the discharge of abnormal electric activity B)The cause of epilepsy is both in the brain and in the body C)Epilepsy is the discharge of normal electric activity in the brain D)Children with epilepsy sometimes manifest deviant tendencies, which they are able to control.	
		OCT/NOV2015 MAY/JUNE 2017 OCT/NOV2014	A learner with ...would prefer to sit at the back of the class. A)Astigmatism B)Myopia C)Hyperopia D)Albinism	
		OCT/NOV2015 MAY/JUNE 2017 MAY/JUNE 2014 OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	Choose the correct combination of options: Transformation in the education system with regard to learners who experience barriers to learning is vital for the following reasons: 1) Where these learners are accommodated in ordinary schools, access to the curriculum will not be problematic 2) Where there is a good cooperation between special schools and ordinary schools, these learners will not be excluded. 3)It is estimated that 70% of learners with disabilities, the majority of whom are black disabled learners in rural areas, are currently outside the formal education system. 4)It would seem that the learners who experience barriers to learning suggest a greater degree of exclusion in the early childhood development phase. A)1,2,3 B)2,3,4 C)1,2,4 D)1,3,4	
		OCT/NOV2015 MAY/JUNE 2017 OCT/NOV2014	Children who experience sudden bouts of aggressiveness, bad temper or engage in vandalism may suffer from... A)Tremor B)Disruptive Behaviour C)Disguised Epilepsy D)Neurological dysfunction	

	OCT/NOV2015 MAY/JUNE 2017 MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014	...has a separate grammar, which is not based on spoken or written language. A) signing B)sign language C)The one-handed alphabet D)The two-handed alphabet	
	OCT/NOV2015 MAY/JUNE 2016 MAY/JUNE 2017 MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013	...language is the language which one thinks. A)Inner B)Receptive C)Expressive D)Nonverbal	
	OCT/NOV2015	When one side of the body of a person with cerebral palsy is affected , it is known as... A)Hemiplegia B)Monoplegia C)Quadriplegia D)Paraplegia	
	OCT/NOV2015	Choose the correct combination of options: According to the Education White Paper 6 of 2001, the following reasons were given for accepting the policy of inclusive education in South Africa: 1.It makes good social sense 2. It makes good financial sense 3.It makes good educational sense 4. It promotes respect for one another 5. It promotes social welfare A) 1,2,3 B)1,3,4 C)1,4,5 D)2,3,4	
	MAY/JUNE 2016	Inclusive education aims to : a) address the needs of all students b)address the needs of students in full-service and special schools c)address the needs of students in mainstream schools	
	MAY/JUNE 2016	The barriers to learning and development can be caused by: a)the family and the school only b)an inflexible curriculum c) a learner's biological makeup	
	MAY/JUNE 2016	The following is a sign of possible hearing problems. A learner... a)avoids oral activities, changes moods, relies heavily on gestures and speaks too softly or too loudly b)rubs his/her eyes excessively c)realies heavily on gestures	

		MAY/JUNE 2016	A teacher can support a learner who experiences visual barriers in a class by : playing asound and letting the learner describe the sound and the direction from which it is coming b)providing enough light in the classroom c)speaking in a clear and normal voice	
		MAY/JUNE 2016 MAY/JUNE 2014 MAY/JUNE 2013 OCT/NOV 2013	Reading is an a)advanced form of expressive language b)advanced form of inner language c)advanced form of receptive language	
		MAY/JUNE 2016 MAY/JUNE 2014 MAY/JUNE 2013 OCT/NOV 2013	Choose the INCORRECT statement about HIV/AIDS: a)HIV refers to the human immunodeficiency virus b)Children can acquire HIV before they are born c)HIV can only be transmitted to people who are sexually active	
		MAY/JUNE 2017 MAY/JUNE 2015 MAY/JUNE 2014 OCT/NOV2014	The following are signs of possible auditory problems. A learner a) speaks monotonously, avoids oral activities, is often inattentive, finds it difficult to associate with friends b)speaks too quickly or too slowly, is often inattentive, refuses to participate in ball games, confuses letters of similar shape c)avoids oral activities, is prone to swiftly changing moods, relies heavily on gestures, speaks too softly or too loudly d) turns his head to listen, moves his or her head when looking at pictures, refuses to participate in ball games, speaks too loudly or too softly.	
		MAY/JUNE 2017 OCT/NOV2014 OCT/NOV 2013	The sense of touch is also known as the ...sense a)tactile b)physical c)kinaesthetic residual	
		OCT/NOV2014	Reflective language refers to a)a representative symbolic thought system b)the communication of experiences and meaning c)the comprehension of auditive stimuli in the receptive area of the brain d)information according to corresponding features.	
		MAY/JUNE 2014	A person suffering from ... is totally unable to hear in noisy surroundings. A)Sensorineural hearing loss B)Recruitment factor C)Tinnitus D)Conductive hearing loss	
		OCT/NOV 2013	Learner with ...problems experience problems with coordination between eye and hand or eye and foot a)fine motor perception b)lateral dominance c)visual-motor perception d)special perception	

		Assignment	A disability can be alleviated by ... (1) finding a cure for the disability (2) treating the impairment (3) creating a barrier free environment (4) ignoring the impairment	
			Intrinsic barriers to learning exclude ... (1) physiological impairments (2) socio-economic barriers (3) intellectual impairments (4) sensory impairments	
			Environmental factors that can cause barriers to learning do not include (1) attention-seeking learners (2) a shortage of role models (3) a lack of cognitive stimulation (4) irregular and poor school attendance	
		OCT/NOV 2015 assignment	The following are possible barriers to learning: (1) the learning centres, the school policies, the learners themselves (2) the learners themselves, the families of the learners, the broader social context (3) the system of education, the families of the learners, the learning centres (4) the broader social context, the system of education, the learning centres	
			The behavioural patterns of parents do not include (1) articulate, assertive, educated parents (2) hostile parents (3) submissive parents (4) angry, but knowledgeable parents	
			Choose the INCORRECT statement about epilepsy. (1) Children with epilepsy should live normal healthy lives. (2) Epileptic seizures could increase if there are affective disturbances. (3) Children with epilepsy sometimes manifest deviant tendencies which they can control. (4) In the case of a partial seizure a child does not lose consciousness completely.	
		OCT/NOV 2013 assignment	The following factors can lead to handwriting problems: (1) Letter-sound relationships, lateral dominance, emotional problems, poor vision (2) Perceptual problems, hand dominance, poor motivation, emotional problems (3) Perceptual problems, poor motivation, word analysis, cognitive problems (4) Letter-sound relationships, cognitive problems, poor motivation, hand dominance	
			Eye conditions do not include (1) poliomyelitis (2) refraction errors (3) strabismus (4) trachoma	
			Learners with ... do not perform at school to an extent which is in keeping with their potential. (1) learning difficulties (2) auditory receptive problems (3) physical disabilities (4) intellectual disabilities	

		OCT/NOV 2013 assignment is an advanced form of receptive language. (1) Written language (2) Inner language (3) Speech (4) Reading	
		OCT/NOV 2013 assignment OCT/NOV2015 MAY/JUNE 2017 MAY/JUNE 2015 OCT/NOV 2014 MAY/JUNE 2013	The term "learning problems" do not refer to ... (1) Learning problems which are primarily the result of visual, hearing of motor impairments, or intellectual impairments or as a result of emotional, environmental, cultural or economic circumstances. (2) Learning problems related to the psychological processes involved in understanding and using of language – both spoken and written. (3) An imperfect ability to listen, think, speak, read, write, spell or to do mathematical calculations. (4) Learners who struggle to acquire certain skills which are necessary to make a success at school.	
		MAY/JUNE 2016 MAY/JUNE 2017 MAY/JUNE 2015 OCT/NOV2014 MAY/JUNE 2013 OCT/NOV 2013 ASSIGNMENT	Down's syndrome develops as a result of a deviation in the genes of the chromosome. (1) eighteenth (2) twenty first (3) thirteenth (4) 1, 2 and 3	
		OCT/NOV2015 OCT/NOV 2013 ASSIGNMENT	Refraction errors can cause the following eye conditions (1) strabismus, myopia, hyperopia (2) nystagmus, albinism, squint (3) hyperopia, astigmatism, myopia (4) astigmatism, squint, albinism	
			Individuals with sensorineural deafness can... (1) hear easily but fail to understand (2) struggle to hear and understand (3) struggle to write what was read (4) hear with difficulty but always respond well	
		MAY/JUNE 2017 MAY/JUNE 2015 OCT/NOV2014 assignment	When all four limbs of a person with cerebral palsy are affected, it is known as... (1) monoplegia (2) hemiplegia (3) quadriplegia (4) paraplegia	

		MAY/JUNE 2017 MAY/JUNE 2015 OCT/NOV2014 assignment	Sensory disabilities includes ... (1) auditory disability and visual disability (2) autism and visual disability (3) autism and Down's syndrome (4) auditory disability and physical disability	
			Decoding happens when learners are able to: (1) Understand the message from the text (2) translate written texts into spoken words (3) use their Visual-motor perception correctly (4) use their Spatial perception in acceptable way	
			The following factors may lead to handwriting problems: (1) Letter-sound relationships, lateral dominance, emotional problems, poor vision (2) Perceptual problems, hand dominance, poor motivation, emotional problems (3) Perceptual problems, poor motivation, word analysis, cognitive problems (4) Letter-sound relationships, cognitive problems, poor motivation, hand dominance	
			Individuals with Conductive Hearing loss often ... (1) think they speak louder (2) have disorder in meetings (3) do not see well (4) suffer from headaches	
			According to extensive research, intellectual disabilities occur in 3% of the population, and includes: (1) 70 in every 1 000 people are intellectually disabled. (2) 1 in every 10 000 people are intellectually disabled. (3) 30 in every 1 000 are intellectually disabled. (4) 20 in every 1 000 are intellectually disabled.	
			Postpoliomyelitis is also referred to as (1) polio (2) spina bifida (3) epilepsy (4) cerebral palsy	
			Epilepsy originates in the brain. The types of epilepsy do not include (1) absence (2) convulsive general seizures (3) Partial seizures (4) apraxia	
			Auditory perceptual skills allow learners to ... (1) differentiate between foreground-background sounds and concentrate on relevant sounds. (2) discriminate between different objects. (3) recognise and identify symbols (4) pay attention to new language concepts	

		Language problems manifest in different ways. This does not include ... (1) difficulty having conversations (2) positional difficulties (3) misunderstanding instructions (4) difficulty following abstract conversations																									
		Word recognition and ... enables Intermediate Phase learners to progress from "learning to read" to "reading to learn". (1) decoding (2) critical reading (3) literal comprehension (4) automatization																									
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	1.12 Written language is an advanced form of	L) Manifest as a total delay	
	1.13 Special education needs implies that	M) Self-actualisation	
	1.14 Nearsightedness is also called	N) The need to be part of a group	
	1.15 Physical disability relates to	O) Accept the authority of teachers	
	1.16 Genetic factors are	P) By creating a barrier-free environment through the reconstruction of society	
	1.17 When parents are inconsistent, children are	Q) During the learning process	
	1.18 Multiple impairments	R) Uncertain and confused	
	1.19 According to Covey (1992), self-respect is significantly shaped by our	S) Spoken language	
	1.20 According to Maslow, the ultimate goal in life is	T) Realising their optimal development	
	1.21 The need to belong is related to	U) They are possessed by the devil	
	1.22 Reading is an advanced form of	V) Access to basic services	
	1.23 Learners who are rebellious do not	W) Underachievement	
	1.24 Syndrome refers to a group of	X) Mentally less capable than the average person	
	1.25 Farsightedness is also known as	Y) Learners have needs that are different from those of the average learner	
		MAY/JUNE 2017	

			<p>c. Strabismus (Squint) – affected eye pulled to one side & does not look straight at object – double vision results. Weaker image suppressed by brain, so that eye becomes lazy. Common in babies up to 6 months, self-correcting. Spectacles & forcing lazy eye to work, surgery.</p> <p>d. Nystagmus – involuntary oscillation (to & fro, jerky or rhythmical) of the eye, when concentrating on near vision activities. Accompanied by refraction errors or albinism.</p> <p>e. Albinism – lack of pigment causes white skin & hair, reddish eyes. Light sensitive & photophobic, corrective sunglasses.</p> <p>f. Trachoma – infectious eye disease, microorganisms carried by flies. Starts with inflammation of conjunctiva (inner eyelid) & ends in blindness. Scars & blisters form on cornea. Patient becomes photophobic. Infection eventually clears, but damage done. Common in Northern Province & Mpumalanga. Hygiene & clean water NB.</p> <p>g. Conjunctivitis – Infection of membrane covering eye due to bacteria, viruses, parasites, allergies. Itchy, burny, red, pussy eyes. Antibiotic eye drops. Usually not dangerous, but abscesses on the cornea can leave small opaque scars (light transmission interference). Bacteria can enter eye itself, blindness resulting.</p>	
			<p>h. Glaucoma – usually in adults, but can occur at birth & develop any time up to 3. Too much aqueous humour produced in front chamber of eye & outflow is restricted/blocked. Painless pressure builds damaging optic nerve, causing vision loss.</p> <p>i. Macular degeneration – usually hereditary. Sharp central vision in this part of retina, progressively destroyed leaving only side/peripheral vision. Turn heads to see.</p> <p>j. Retinitis Pigmentosa – too much colouring (pigment) in retina causing gradual sight deterioration, from outside inwards, leaving only central vision. Narrowing tunnel. Appears from 6 years & can lose most of sight by 15.</p> <p>k. Retinoblastoma – cancer of the retina, most common malignant eye tumor in children.</p> <p>2. IDENTIFICATION OF LEARNERS WITH VISUAL DISTURBANCES:</p> <p>Eyes often look normal, so look at:</p> <p><input checked="" type="checkbox"/> Behaviour</p> <ul style="list-style-type: none"> • Rubs eyes • Shuts one, tilts head, thrusts head forward • Difficulty reading • Excessive blinking, irritable – close work 	

			<ul style="list-style-type: none"> • Unable to see distant things • Squints/frowns • Clumsy, drags feet, feel with feet • Refuses ball games • Moves head when reading/looking at pictures • Loses place often when reading • Confuses letters similar shape B/D R/P • Holds books unusually, or far away • Poor spacing when writing <p>☒ Appearance</p> <ul style="list-style-type: none"> • Squint • Red / swollen / crusted • Inflamed, watery • Recurring sties • White skin & lashes • White pupils (pearl in the eye) • Learners of uneven size • Drooping lids • Eyes move excessively <p>☒ Complaints</p> <ul style="list-style-type: none"> • Itching, burning, scratchy • Cant see well • Dizziness, headaches, nausea after close work • Blurred / double vision 	
			<ul style="list-style-type: none"> • Cant see in bright light <p>Notice severity & frequency of problem Snellen chart Optometrist or ophthalmologist – not GP (cant determine degree of visual loss)</p> <p>3. ASSISTANCE TO LEARNERS WITH VISUAL PROBLEMS:</p> <p>Loss of/restricted vision also influences language, motor & socio-emotional development – must be taught from early age, otherwise they lag behind.</p> <p>Blind learners – taught to make better use of remaining senses Partially sighted – taught to use vision with other senses</p> <p>A. STIMULATION OF THE SENSES B. LANGUAGE STIMULATION C. PHYSICAL DEVELOPMENT D. ORIENTATION & MOBILITY E. SOCIOEMOTIONAL DEVELOPMENT F. CLASSROOM ASSISTANCE A. STIMULATION OF SENSES</p>	

			<ul style="list-style-type: none"> • Blind Learners: <p>Stimulate other senses to compensate:</p> <ul style="list-style-type: none"> ☒ Hearing <ul style="list-style-type: none"> o Orientation to surroundings & movement toward a spot o Develop & sharpen hearing o Localize sounds o Estimate distance between themselves & objects o Optimal use of auditory memory (tel no's) o Auditory exercises: Listen to sounds, read story & let them tell it, ask what they do weekends ☒ Touch & kinaesthesia <ul style="list-style-type: none"> o Depend on touch (tactile) & movement (kinaesthetic) o To detect shape, line, form o To orient themselves in ltd space o Fingers – more dexterous o Improve sensitivity o Improve fine tactile discrimination - Braille o Point out characteristics of shape placed in child's hand o Activities to improve fine motor co-ordination: punch holes, play dough, tear paper strips, button & zip garments, match shapes – blocks or figures o Blind don't respond spontaneously – no stimulus to watch/imitate. o Touch has limitations – objects out of reach 	
			<ul style="list-style-type: none"> ☒ Smell & taste <ul style="list-style-type: none"> o NB in orientation & mobility ☒ Residual vision <ul style="list-style-type: none"> o Enough to walk freely o Use remaining vision in conjunction with other sense o Age of blindness determines what impressions are retained (before 5-7 usually retain no impressions) o Teachers can assist by getting them to describe stories & events from the past • Partially sighted learners <p>Take into account the particular eye condition & degree of residual vision. Encourage them to combine vision with nonvisual methods which leads to heightened efficiency.</p> <p>The more the eyes are used, the better they function.</p> <p>Partially sighted learners are inclined to see only globally, must be taught to observe details Encouraged to use hearing & touch simultaneously to reinforce visual impressions.</p>	

			<p>B. LANGUAGE STIMULATION</p> <p>No visual stimulation, yet must have concrete experience before understanding language describing experience. Give them running commentary of what's going on around them, describe objects while they touch them. Field trips, use of materials, play with conversations, stimulate language development.</p> <p>C. PHYSICAL DEVELOPMENT</p> <p>Must be purposefully taught to touch, crawl & walk. Movement games help rhythmic walk. Teach balance & correct posture. Movement exercises are very NB, contributing to sound motor development & release for pent-up emotions.</p> <p>D. ORIENTATION & MOBILITY</p> <p>Orientation is "the process of using the senses to establish one's position and relationship to all to the significant objects in one's environment." – for blind people, it's a plan of a particular route, using senses.</p> <p>Mobility is the actual location from starting point to anticipated destination – applying orientation plan.</p>	
			<p>Laterality (true relation of parts of the body, posture moving & locating objects) should be well established for orientation & mobility. Teach them left & right sides to detect origin of sounds.</p> <p>E. SOCIOEMOTIONAL DEVELOPMENT</p> <p>Need not lag behind. Must play with others. May appear to have little respect for rights of others – sharing teacher's attention. Strabismus & cataracts may cause teasing & withdrawal. Partially sighted learners don't have conspicuous disability, but try to hide their defects when peers don't understand them.</p> <p>F. CLASSROOM ASSISTANCE</p> <p>Type of condition & amount of residual vision determines assistance.</p> <p>Myopia & cataracts – sit in front of class near board, repeat what's written to them.</p> <p>Use large print books or magnifying glass, bolder lines than normal classwork books. Darkest copies. Clear, attractive & meaningful printed materials.</p> <p>Hyperopia – sit at back of the class, enjoy outside play.</p> <p>Albinism – sit away from windows, or facing away from them, with curtains regulating light. Clothing for sunburn & skin protection</p>	
			<p>lotions.</p> <p>Record books on tape, more than one copy as they may misplace.</p> <p>Keep doors open or closed – safety hazard. Clear passages between desks</p>	

		MAY/JUNE 2017	Describe the characteristics of learners with visual impairments: - rubs eyes excessively - is unable to see distant things clearly - has difficulty reading or other work requiring close use of the eyes - squints eyelids together or frowns - is clumsy in movement, drags feet and appears to be feeling the ground - refuses to participate in ball games - has poor spacing when writing - loses place frequently when reading - steps too high or too low when going up or down stairs - holds reading material unusually close to the eyes or unusually far away	5
		MAY/JUNE 2017	Provide advice to teachers on how they could support learners with visual impairments: Visual disability • Shuts or covers one eye • Blinks more than usual / irritable when doing close work • Unable to see distant things clearly • Squints eyelids together and often frowns • Loses place frequently when reading Causative Factors • Intrinsic such as physical & physiological. • refraction errors. • Myopia-nearsightedness that causes him to see better close up. • Hyperopia-farsightedness that causes the learner to see better at a distance • Nystagmus could also be a hidden cause as the to-and-fro movements of the eyes are more severe during concentration on near vision activities, ie. writing in a workbook. As the learner is not facing the teacher during this activity this visual barrier can go undetected Teacher assistance • Classroom assistance : sharpen other senses, move learner in classroom, large print, tape recordings, remove dangerous objects • Socio-emotional development : encourage interactive playing, boost self-confidence • Orientation and mobility • Physical development : sound/motor, release pent-up emotions, correct posture	10
			• Language stimulation • Textbooks recorded on to tapes • Open/closed door is a safety hazard • Albinism – away from glare, curtains, hat	
		MAY/JUNE 2017	Jessica has recently been assessed as having sensorineural hearing loss	
		MAY/JUNE 2017	Explain what the causes of sensorineural hearing loss are: • congenital deafness is hereditary • antenatal injury to auditory cells – illness contracted by mother • oxygen deficiency or use of instruments perinatal and postnatal • illness with high fever (encephalitis, measles etc) • use of drugs	5

		MAY/JUNE 2017	Describe what you will do in order to accommodate Jessica during your class activities: <ul style="list-style-type: none"> • overhead projector • speak clearly in a normal tone • use visual signals to gain learners attention • rephrase questions or content • test directions, lectures in writing • cue learner to show someone is talking over the intercom • present words and spelling in sentences • visual signal to alert dangerous situations • limit movement and unnecessary gestures • look up difficult-to-pronounce words in their dictionary 	5
		MAY/JUNE 2017	Discuss the extrinsic causes of barriers to learning and development: Extrinsic Barriers (circumstances outside learner, do not occur singly or in isolation) : <ul style="list-style-type: none"> ➤ Environmental factors - Unfavourable socio-economic circumstances which incorporate poor medical services, overcrowded living areas, shortage of role models, irregular and poor school attendance due to transportation or undervaluing education and a relaxation of morals (teenage pregnancies, drug abuse etc) ➤ Upbringing - Poor discipline or parents being too strict, pressure from parents to achieve, relationships between parents and their children, unstable home life which incorporates divorced parents and step/half siblings. ➤ School - Poor teaching which includes teachers not being sensitive to a learners needs and do not give emotional support, not understanding what inclusive education means and are not favourable role models to learners. Learners who are not able to perform at school due to malnutrition and chronic disease, feeling inadequate, peer pressure and emotional instability. Inadequate and inappropriate study material, crowded classrooms ➤ Differences in language and culture - Teachers may not be aware of all culture and language differences in South Africa 	15
		MAY/JUNE 2017	Families are diverse and therefore respond in different ways to having children with impairments. Discuss the factors that may influence an individual family's attitudes towards their child with a physical and/or physiological impairment: <ol style="list-style-type: none"> 1) The gender of the child: parents are less concerned if the daughter has a physical impairment as compared to the son. 2) Size of the family: larger families are less stressed -more people to assist, there is a greater atmosphere of normality. Parents have produced normal children and know how they can produce normal children so tend to be more relaxed. 3) Cultural background: Some cultures are more accepting than others. 4) Religion: Once again some are more accepting than others. Some people these children are gifts from God or part of God's Divine Plan. 5) The family's Socio - Economic Status (SES): The greater the financial resources , the easier it is to cope. However, the child may be viewed as a bigger disappointment. 6) Geographical location: The more rural (farming areas) the more accepted the child is generally. 7) Degree and type of impairment: If the family is of a low SES, its "better" financially if the child is severely impaired as the family then receives a disability grant from the government. 8. Personal Characteristics of parents: If a parent is sickly, they battle with the child. Adds stress to the parents 	10

		MAY/JUNE 2017 OCT/NOV2014	<p>According to Weeks (2003 41), having a child with an impairment affects parents in different ways. Discuss the emotions and attitudes that parents may experience before there is acceptance.:</p> <ol style="list-style-type: none"> 1) Grief: Lost dream of a normal learner. It is futile to hope 2) Guilt: Parents blame each other. The mother feels guiltier. Nobody can be blamed. 3) Anxiety: Worry about the future of the child. Tend to be overprotective > Child needs to be independent. 4) Resentment: Of "normal" care free families. Blame learners for hampered social life. 5) Denial: Think the situation will right itself. This type of thinking is not productive. 6) Anger: Towards the learner and everybody else. Make sure negative emotions don't become permanent. 7) Overprotection: Learner will seldom become independent then. 8) Rejection: Parents avoid the learner physically (desertion), by being aloof (covert rejection) or by being preoccupied by responsibilities. 9) Compensation: Parents compensate for their true feelings (consciously or unconsciously), tend to be unrealistic, rigid and overprotective. Learners are scared of parents disapproval and are often tense, anxious and afraid. 10) Feeling rejected as parents: Feel rejected by the professionals (nurses, doctors, teachers, etc) working with the child. Adverse effect on parents and their willingness to actively participate in the education of their child. 	15
			11) Acceptance: Negative feelings are never resolved, parents should accept the weaknesses and strengths of their learners. Acceptance implies a decision to LOVE the learner.	
		MAY/JUNE 2017	<p>Write an essay on learning problems as a barrier to learning: "Learning difficulties refers to problems learners experience with their academic subjects" Describe how you will assist your FP or IP learners to overcome Language problems: Those with learning difficulties do not perform to an extent keeping with their potential. Problem can be broad or specific, permanent or temporary.</p> <p>Diverse response to aid:</p> <ul style="list-style-type: none"> • Never overcome • Resolves after a number of sessions • Resolves after no intervention <p>Similar problems could occur with one subject, but causes may be diverse.</p> <p>A. MANIFESTATIONS OF LEARNING DIFFICULTIES:</p> <p>1. Problems with School Subjects</p> <ul style="list-style-type: none"> • Maths - FDP <ul style="list-style-type: none"> ☒ Cant tell difference between signs ☒ Cant understand difference between 2 main forms (+ & -) ☒ Cant analyze word sums ☒ Over-dependent on concrete aids ☒ Apply same operational principles to all sums (6-4=10) 	25

		<ul style="list-style-type: none"> • Maths INT ☒ Negligent errors ☒ Word sums ☒ Use fingers to add ☒ Uncertain – think for long time • Language problems a. Spoken Language FDP ☒ Short, trivial sentences same with INT ☒ Avoid conversations same with INT ☒ Cant follow conversations cant follow abstract converse ☒ Cant understand instructions forget instructions ☒ Ltd vocab same with INT ☒ Incorrect sentence construction same with INT ☒ Incorrect past tense & plural forms vague, rambling b. Reading FDP ☒ Don't know what sounds letters stand for ☒ Don't recognize words on sight ☒ Read slowly, vocalize words same slow reading ☒ Add/leave out words hesitate at longer words 	
		<ul style="list-style-type: none"> ☒ Misread text same with INT ☒ Cant answer direct questions poor comprehension ☒ Cant recount what they read poor punctuation c. Spelling FDP ☒ Don't know what sounds letters stand for ☒ Vowel difficulty ☒ Cant identify word elements spell trial & error ☒ Spell phonetically same with INT ☒ Cant apply simple spelling rules misapply rules d. Written language FDP ☒ Short rudimentary sentences same with INT ☒ Repeat sentence structures short essays ☒ Deficient word order incoherent content ☒ Can verbalize not write proper sentence same with INT ☒ Cant take dictation often incomplete e. Handwriting FDP ☒ Letters poorly formed same with INT ☒ Incorrectly formed slant inconsistently ☒ Poor line quality same with INT 	

			<ul style="list-style-type: none"> ☒ Poor writing posture letters invert ☒ Poor pencil grip ☒ Spacing irregular same with INT ☒ Letters don't line up between lines work untidy <p>2. Behaviours associated with learning difficulties</p> <p>Learning problems may cause behavioural problems (secondary) Opposite can also happen</p> <p>Behavioural Problems: FDP</p> <ul style="list-style-type: none"> ☒ Avoidance behaviours same with INT ☒ Hand sweating, urinesis, encopresis escapism ☒ Dependence on teacher – seeks approval dependence/alooof ☒ Incomplete, untidy work same with INT ☒ Attention problems – fidget, stare same with INT ☒ Perseveration – cant switch attention from one activity to next <p>B. CAUSES OF LEARNING DIFFICULTIES</p> <ol style="list-style-type: none"> 1. Ecological Factors 2. Emotional problems 3. Physical Problems 	
			<ol style="list-style-type: none"> 1. Ecological Factors: <ul style="list-style-type: none"> ☒ Home environment (neglect, communication) ☒ School (poor teaching, language medium, rejection) ☒ Social problems (interpersonal relationships) ☒ Cultural environment (poverty, family disintegration – at risk) 2. Emotional problems: <ul style="list-style-type: none"> ☒ Continual failure ☒ Home conflict ☒ Poverty ☒ Negative attitude, low self esteem ☒ Inadequacy – become hostile & aggressive 3. Physical Problems: <ul style="list-style-type: none"> ☒ Visual/hearing problems – even slight can cause serious difficulties ☒ Ill health – rheumatic fever, asthma, allergies ☒ Neurological dysfunction (learning disability) <p>Learning disability is a neurological problem, impeding development of language & maths. But, those with behaviour, social perception & interaction problems do not necessarily have a learning disability.</p>	

			<p>Perceptual problems are a general symptom of a learning disability. They are:</p> <ul style="list-style-type: none"> o Auditory Perceptual Skills o Visual Perceptual Skills <ul style="list-style-type: none"> ☒ Biochemical imbalance ☒ Intellectual disability – difficult to diagnose ☒ Gender differences – boys lag behind girls physically & cognitively ☒ Under-nutrition particularly at early stages of brain development (poverty) <p>C. ASSISTANCE</p> <p>Not simply repeating what you do in class. It involves analysis of mistakes, observation of behaviour, causes of the mistakes & behaviour, conscious involvement with a learner.</p> <p>1. INDIVIDUAL ASSISTANCE</p> <p>Traditionally, this was done on a one-to-one basis Advantages: method was easy to apply, allowed intensive treatment of each learning difficulty. Disadvantages: only a few learners received assistance, majority cannot afford private practitioners.</p>	
			<p>2. GROUP ASSISTANCE</p> <p>Has become necessary due to large numbers needing assistance. Advantages: large numbers, social interaction, adjust more easily to class situation, language development & communication skills are learned, learners assist & support each other, enabling the teacher to give more attention to individuals. Disadvantages: teacher cant always attend to all the problem of 1 member, assembling a sufficiently homogenized group can be difficult, some withdraw in a group situation, special management skills & planning are required in group assistance.</p> <p>3. THE TEACHER'S ROLE</p> <ul style="list-style-type: none"> ☒ Teacher's attitude to these learners – patience & acceptance improve success ☒ Organization of the classroom & lesson – seat learners carefully (those who hold each other back, very competitive learners, restless hyperactive learners not near window or doors, keep classroom uncluttered. Scheduling of work is NB – after break, its hard for them to sit still & concentrate. ☒ Planning assistance programs : <ul style="list-style-type: none"> o Situational analysis o Formulate expected outcomes o Select content o Choose assistance strategies o Decide on implementation of program 	

			<ul style="list-style-type: none"> o Who are you going to involve & how o Decide on evaluation <p>☒ Accompaniment of learners to deal with their problems – see below</p> <p>4. ASSISTANCE WITH SPECIFIC DIFFICULTIES (School subjects)</p> <p>a. Mathematics</p> <ul style="list-style-type: none"> • Confine yourself to the curriculum • Relate the information to their life experiences • Mechanical explanations are necessary • FDP – concrete, related to their environment, explain operations carefully • INTM – Allow them to continue with concrete examples, proceeding to abstract • First explain solutions to similar problems, then ask them to look for their own mistake 	
			<p>b. Language problems</p> <ul style="list-style-type: none"> • Spoken language <p>☒ Allow for informal conversation</p> <p>☒ FDP: Read stories (written lang & lang structure, extends vocab)</p> <p>☒ Never criticize language usage, simply correct by reformulating without comment, don't label habitual mistakes.</p> <p>☒ Encourage group discussions</p> <ul style="list-style-type: none"> • Spelling & written language <p>☒ Go hand in hand</p> <p>☒ Should be able to write words correctly in sentences</p> <p>☒ FDP – know letters & sounds they represent</p> <p>☒ Once they know a spelling structure, expose them to other words containing the same spelling structure (stow, window, mellow, yellow)</p> <ul style="list-style-type: none"> • Reading <p>☒ Encourage parents to assist</p> <p>☒ Reading stories (written language is different from spoken language)</p> <p>☒ Simply teach how to read</p> <p>☒ Recognizing & understanding words are 2 most NB aspects</p> <p>☒ Teach reading elements in fun, playful ways avoiding vocalizing</p>	

		<p>method. Say words as a whole, not separately in syllable sequence. C + A + T should be CA + T.</p> <ul style="list-style-type: none"> ☒ Ask questions about the text to check understanding, anticipative questions ☒ Don't focus on insignificant details ☒ Don't allow learner to fall behind rest of the class ☒ Reading in unison & in sequence can bring variation ☒ They can make up their own stories which can be written down for them. <p>• Handwriting</p> <ul style="list-style-type: none"> ☒ Practice by repetition ☒ Penstrokes can be made to music/ other rhythms ☒ Writing movements should be flowing & relaxed ☒ Cultivate pride in their work <p>5. ASSISTANCE TO THOSE WITH BEHAVIOURAL DIFFICULTIES</p> <ul style="list-style-type: none"> ☒ Learners must feel that the teacher is there for them ☒ Advise parent of behavioural problems, but always start with the positive characteristics ☒ Place negative behaviour in context ☒ Don't awaken guilt feelings in parents – tactful, advise them on: 	
		• Patience	
		• Don't be sarcastic/ignore	
		• They must know you accept them completely	
		• Be consistent	
		• Structure daily events in family life	
		• Reward good behaviour	
		• Deprive them of privileges if necessary	
		• Never compare children in the family with each other	
		☒ FDP: Very dependent on teacher's support & approval	
		☒ Her sympathy, acceptance & interest is vital to them	
		☒ Give much support & guidance to those with difficulties	
		☒ External positive motivation	