

QUESTION 1.1 – MQC

- 1 – B
- 2 – D
- 3 – C
- 4 – B
- 5 – A
- 6 – B
- 7 – A
- 8 – D
- 9 – D
- 10 – B
- 11 – T
- 12 – F
- 13 – T
- 14 – F
- 15 – F
- 16 – F
- 17 – F
- 18 – T
- 19 – ?
- 20 – T

QUESTION 2.1 – Components of reading – PG 289

- decoding – written words are translated in to spoken words
- reading comprehension - understand literal and underlying meaning

QUESTION 2.2 – Reading problems – PG 291

- ✓ do not know the link between letters and sounds
- ✓ can only recognise a few words on sight (own name and high frequency)
- ✓ not recognise high frequency words and sound them out
- ✓ read slowly, sound out most words, repeat words or part of words
- ✓ add or leave out words
- ✓ read things that are not in the text
- ✓ cannot answer direct questions on section just read
- ✓ cannot tell about what they have read

QUESTION 2.3 – Reading material for reading problem – PG 293

- text content should suit age level
- text should be familiar and fit in to world of experience
- degree of difficulty with reading level (independent, instructional, frustration)
- reading material is limited, language experience approach (make themselves)
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QUESTION 2.4 – 6 guidelines for reading support – PG 294

- ❖ Reading for enjoyment – should take place in a relaxed atmosphere
- ❖ Experience success – short passages at first, acknowledge every attempt that is an improvement
- ❖ Don't let them fall behind – read a few lines and progress with others next day
- ❖ Reading together and allowed is another option – read their own stories
- ❖ Reading periods – controlled manner with interesting stories

- ❖ Parents co-operation must be obtained

### **QUESTION 3.1 – Extrinsic causes – PG 33**

- environment : unfavourable socio-economic circumstances, rural areas, prosperous areas
- education : poor teaching, participation, study material, school organisation, crowded
- school : at-risk
- language
- culture : language differences
- job prospects
- upbringing

### **QUESTION 3.2 – Cerebral palsy – PG 174**

- Neurological condition directly related to pathological/abnormal condition of the brain
- Permanent
- persistent but not unchanging disorder of posture and movement due to dysfunction of the brain before it's growth and development is completed

### **QUESTION 3.3 - Assistance for physical impairment in classroom – PG 179**

- ✓ Arrange furniture to move freely. Washbasin and toilet easily accessible
- ✓ Store apparatus and position activities in places where learners can reach them
- ✓ Organise floor and table games can manage and encourage participation
- ✓ Provide aids where necessary so learners can help themselves
- ✓ Encourage to be independent giving opportunity to do things unaided
- ✓ Give tasks and responsibilities with due regard to physical abilities
- ✓ Encourage to use disabled limbs
- ✓ Secure space to explore confidently
- ✓ Join in all activities
- ✓ Introduce aids to rest of class
- ✓ Move around freely
- ✓ Medication taken regularly
- ✓ Typewriter for handwriting difficulties
- ✓ Long absences and time to catch up work
- ✓ Tests/exams orally for those who write slow
- ✓ Disregard spelling errors
- ✓ Restrict distracting incidents
- ✓ Washing facilities in classroom (hands on wheelchair)

### **QUESTION 4.1 – Autism – TUT 104**

Never tell parents that their child is autistic, they need to seek advice from professionals (know the symptoms)



### **QUESTION 4.2 – Triad of Impairments – TUT 104**

Narrow, repetitive patterns of activities and resistance to change in things which may directly affect the individual person and it manifests with an impairment in the quality of development in the following areas :

- social interaction
- language and communication
- behaviour and imagination (imaginative play limited/poor, focus on minor /trivial details, pursue activities repetitively and cannot be influenced by suggestions of change, rigid and stereotyped pattern of play, unusual habits such as rocking, inappropriate use of toys,

holding on to objects, physical over-activity/extreme under-activity, tantrums for no reason, change in routine may cause distress, interests limited, outstanding abilities in relation to overall functioning)

- Additional (little/no eye contact, no real fear of danger, bizarre eating patterns etc)

#### QUESTION 4.3 – Down Syndrome definition – TUT 104

- Result of an oddity of genes in the twenty first chromosome
- Slow rate of learning and other physical symptoms
- Very lovable persons and are therefore sometimes referred to as 'children of heaven'
- Assist learner by

#### QUESTION 4.4 – Down Syndrome Motor skill problems and activities – TUT 104

Poor manipulation skills due to Hypotonia, shorter limbs, reduced stamina

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

#### QUESTION 5 – Identify barrier of learning - PG 143

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
- Language stimulation
- Textbooks recorded on to tapes
- Open/closed door is a safety hazard
- Albinism – away from glare, curtains, hat

#### QUESTION 6.1 – Hyperactivity and distractibility – PG 239

Hyperactivity:

- ❖ Surplus motor activity.
- ❖ Busy fiddling and running around.
- ❖ Touch and handle everything in their reach.

- ❖ Irritates classmates and teacher

Distractibility :

- ❖ 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

**QUESTION 6.2 – Manifestations of disruptive behaviour – PG 250**

- 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

**QUESTION 6.3 – 8 strategies for behavioural problems in classroom – PG 251**

- 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