Primary school curriculum for educable mentally retarded children:

A Turkish case

Melek Demirel

(Department of Educational Sciences, Faculty of Education, Hacettepe University, Ankara 06800, Turkey)

Abstract: Educable mental retardation is a delay in acquiring basic reading, writing and counting skills emerging through late speaking and linguistic development along with social, emotional or behavioral problems. It is pointed out that such children have intelligence in the 45-74 range, and that they are incompetent in terms of language skills, perception power, memory capacity, imagination and creativeness. Primary school curriculum for educable mentally retarded children was adopted so as to implement beginning in 2001-2002 academic year. The curriculum was designed so as to apply in primary education schools where educable mentally retarded children attend or in private classes included in the body of primary education schools. It was designed in order for such children to improve their skills of understanding themselves, establishing positive social relations, adjusting to the social, technological and physical environment, and surviving independently. This current study is based on a qualitative method, and is focused on educable mentally retarded children who are at primary school age in Turkey. Having described the characteristics of such children, their needs are explained, the curriculum developed for such children is described, and teachers’ views concerning the implementation of the curriculum are presented in this research.

Key words: special education; educable mentally retarded children; primary school curriculum

1. Introduction

Special education is a set of educational activities conducted through a specially developed curriculum and by specially trained staff in an environment that suits the handicap and nature of children who are not able to benefit from general education due to a handicap or impediment such as damage, a deviation from the normal or impotence (Özgüven, 2002). According to Ataman (2003), special education is a type of education which is offered to children different from the majority and with special needs, which enables gifted children to maximize their capacities in line with their abilities, which hinders incompetence from becoming hurdles, which makes retarded individuals self-sufficient, and thus provides them with skills supporting them in integration into society to become independent and productive individuals. Children who differ in terms of physical, cognitive, psycho-social and affective as well as medical properties from normal learners, and who thus can not benefit from normal educational services in an appropriate way are called “children with special education needs”. Mentally retarded children, means children with hearing defects, seeing defects, speaking disabilities, orthopedic disabilities, as well as children with emotional problems, with superior intelligence, and gifted/talented children fall within the domain of special education (Özgüven, 2002). The education of children needing special education requires a
different, special education of which some properties are normal. Education, in contemporary sense, is the process of assuring individuals’ physical, emotional, mental and social abilities to develop in a manner suitable to them and to the society in which they belong, and thus maximizing those abilities. This aim of education is the same also in case of special education.

In order for special education to be useful and to achieve its aims, sufficient importance should be attached to the principles of special education and be implemented. The principles of special education are:

1. All the individuals with special education needs are facilitated to benefit from special education services in line with their interests, desires, competence and abilities.
2. Early start is essential in special education. Noticing the handicap early and early diagnosis and starting special education soon are very important in terms of an individual’s development. By “early”, it means the time that the handicap is noticed. Early noticing requires expert diagnosis. Early diagnosis is possible even before birth provided that experts and physical environment are supplied.
3. Special education services are planned and conducted without isolating such individuals from their social and physical environments.
4. Services of special education are planned in a way so as to enable individuals needing special education to interact with and adjust to the society.
5. Taking the educational performance of individuals needing special education into consideration, adaptations are made in aims, content and teaching plan, and priority is given to education with other individuals. Through education all together, handicapped children can learn to live with normal developing children as well as social rules.
6. So as to maintain the education required by those who need special education uninterruptedly at every stage, cooperation with institutions and establishments which will provide rehabilitation is assured. It is emphasized that rehabilitation and education may be conducted in the same institution; however, the responsibility of establishing cooperation is given to the institution where the individual is educated.
7. Developing individual education plans for individuals needing special education and implementing the plans by individualizing them are essential. This principle necessitates planning and conducting special education in accordance with individuals’ needs; and it considers preparing individualised education plans and applying frame programmes after individualizing them essential.
8. Assuring parents’ active involvement in every phase of special education is basic. Parents’ roles are stressed in this principle, and their active participation in every process of special education including diagnosis is considered necessary.
9. The views held by organisations of individuals needing special education are considered important in developing policies of special education. Involvement of voluntary organisations in special education policies is facilitated in consequence of such organisations’ tendency to play increasing roles in education. (Aral & Gürsoy, 2007)

2. Mentally retarded children

Mental retardation is a generalized disorder, characterized by sub average cognitive functioning and deficits in two or more adaptive behaviors with onset before the age of 18. Once focused almost entirely on cognition, the definition now includes both a component relating to mental functioning and one relating to individuals’ functional skills in their environment. The term “mental retardation” is a diagnostic term designed to capture and standardize a group of disconnected categories of mental functioning such as “idiot”, “imbecile” and “moron”, derived from early IQ tests, which acquired pejorative connotations in popular discourse over time (http://en.wikipedia.org/wiki/Mental_retardation).

Mental retardation is a developmental disability that first appears in children under the age of 18. It is defined as an intellectual functioning level (as measured by standard tests for intelligence quotient) that is well below average and significant limitations in daily living skills (adaptive functioning). Mental retardation occurs in
2.5-3% of the general population. About 6-7.5 million mentally retarded individuals live in the United States. Mental retardation begins in childhood or adolescence before the age of 18. In most cases, it persists throughout adulthood. A diagnosis of mental retardation is made if an individual has an intellectual functioning level below average and significant limitations in two or more adaptive skill areas. Intellectual functioning level is defined by standardized tests that measure the ability to reason in terms of mental age (intelligence quotient or IQ). Mental retardation is defined as IQ score below 70-75. Adaptive skills are the skills needed for daily life. Such skills include the ability to produce and understand language (communication), home-living skills, use of community resources, health, safety, leisure, self-care and social skills, self-direction, functional academic skills (reading, writing, and arithmetic) and work skills.

In general, mentally retarded children reach developmental milestones such as walking and talking much later than the general population. Symptoms of mental retardation may appear at birth or later in childhood. Time of onset depends on the suspected cause of the disability. Some cases of mild mental retardation are not diagnosed before the child enters preschool. These children typically have difficulties with social, communication and functional academic skills. Children who have a neurological disorder or illness such as encephalitis or meningitis may suddenly show signs of cognitive impairment and adaptive difficulties.

Mental retardation varies in severity. The Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (DSM-IV) is the diagnostic standard for mental healthcare professionals in the United States. The DSM-IV classifies four different degrees of mental retardation: mild, moderate, severe and profound. These categories are based on the functioning level of the individual.

1. Mild mental retardation: Approximately 85% of the mentally retarded population is in the mildly retarded category. Their IQ scores range from 50-75, and they can often acquire academic skills up to the 6th grade level. They can become fairly self-sufficient and in some cases live independently, with community and social support.

2. Moderate mental retardation: About 10% of the mentally retarded population is considered moderately retarded. Moderately retarded individuals have IQ scores ranging from 35-55. They can carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live and function successfully within the community in a supervised environment such as a group home.

3. Severe mental retardation: About 3-4% of the mentally retarded population is severely retarded. Severely retarded individuals have IQ scores of 20-40. They may master very basic self-care skills and some communication skills. Many severely retarded individuals are able to live in a group home.

4. Profound mental retardation: Only 1-2% of the mentally retarded population is classified as profoundly retarded. Profoundly retarded individuals have IQ scores under 20-25. They may be able to develop basic self-care and communication skills with appropriate support and training. Their retardation is often caused by an accompanying neurological disorder. The profoundly retarded need a high level of structure and supervision (http://medical-dictionary.thefreedictionary.com/Mild+mental+retardation).

2.1 Educable mentally retarded children

The state of being educable mentally retarded is the intelligence deficiency in which intelligence quotient is constantly found to be between 50-55 and 70 in various measures of intelligence. Children with mild mental handicap are classified as the educable mentally retarded, and compose approximately 85% of the mentally retarded. The concept of “educable” accounts for the delay in acquiring such basic academic skills as reading, writing and mathematics in the case of children belonging in this group. Mild mentally retarded children are the children whose intelligence development is below normal and who are not able to benefit from primary school
Primary school curriculum for educable mentally retarded children: A Turkish case

curricula sufficiently. Yet it is emphasized that such children can be educated academically at primary school level, can be made to socially adjust at a level sufficient to live independently, and that they can have potential to improve in the fields of occupational proficiency when they are supported fully or partially.

Most of the children with mild forms of mental handicap cannot be distinguished from normal children until they encounter failure in primary school and cannot be recognised until they start primary school due to the fact that they have no significant differences from normal children, and they are slightly behind their peers in such skills as walking, running and self-care. At this age they might not have been diagnosed yet.

Educable mentally retarded children learn more difficultly and later than their peers. They have difficulty in learning social concepts, participating in group activities and obeying the rules. They have little self-reliance; therefore, they cannot act independently. Educable mentally retarded children are able to learn self-care skills besides basic academic skills. Such children can go well beyond the point where they are through early diagnosis and early start of education.

Such individuals are likely to acquire occupational skills through which they can earn their living when they are adults. The fact that they can take on responsibility when they are adults is their most important characteristic. They are successful in their occupational and personal life. They can maintain their living without much adult support. Moreover, most of them can survive without being noticed in the world of adults (Aral & Gürsoy, 2007).

On analysing the stages taken when learning occurs, it is found that such children do not go through stages different from those of other children. However, they go through those stages more slowly. Besides, the negative attitudes and behaviours of society and failures experienced in the past cause to arise anxiety, expectations of failure and feelings of being hindered intensely. Consequently, such feelings influence those children’s academic success in a negative way.

On considering the process of learning, it is found out that children with intermediate level of learning deficiency have some deficiencies in such matters as attention, keeping in mind and recalling. It is commonly known that such children have short term attention and they are distracted, and that they need more time and trial to focus and maintain their attention on a stimulus. They also have problems in keeping the learnt knowledge in memory. In particular, they experience difficulty in transferring the knowledge in the short term memory into the long term memory (Sucuoğlu, 2009).

Those difficulties in the short term memory stem from insufficiency in using the appropriate methods of learning and transferring. Mostly, such children cannot learn those methods, which are learnt by other children through observation and on their own, without special teaching.

Children with intermediate level of learning deficiency learn language and to speak by going through the same stages as other children. However, this process is slower in the case of those children than of normal children. Therefore, delays in linguistic and speaking skills, and hesitations in speech are commonly encountered in those children.

Delays in acquiring literacy skills are observed in children with intermediate level of learning deficiency. Reading deficiency in those children is often in the dimension of reading comprehension. It is clear that those children can succeed through sufficient motivation by emphasizing the teaching of reading skills, and by employing appropriate teaching methods.

Success achieved by children with intermediate level of learning deficiency in various dimensions of arithmetic skills is also different. They usually attain success very close to what is expected of them in calculation skills. Yet, they cannot be said to demonstrate such a success in reasoning. This case may be accounted for with
the fact that reasoning is related to reading and comprehending, and that insufficient or inappropriate methods are employed in arithmetic teaching.

In consequence, in the teaching and education of children with intermediate level of learning deficiency, such issues as choosing appropriate teaching methods, preparing environments in which they do not experience or seldom experience feelings of failure, supporting and reinforcing their attempts at being successful, raising their reliance on their abilities, and providing sufficient motivation should be taken into consideration. Thus, those children will be sure to attain the real level that they can achieve in the future.

3. The current case in Turkey

World Health Organisation takes it for granted that 10% of the total population in developed countries and 12% in developing countries are individuals with deficiencies. The estimated rate is 14% in Turkey. Accordingly, on examining the rate of individuals needing special education in the overall population in Turkey, the greatest proportion is the children with language and speech difficulties by 3.5%. On the other hand, the rate of educable mentally retarded children is 2%. And the rate of children needing protection, gifted children and children with special abilities is 2%.

In Turkey, educational services are provided in special education schools to children and young people in five groups: the sight impaired, the hearing impaired, the orthopedic impaired, the mentally impaired and children with long-term illness. Of the children in all groups, those in a suitable condition are included in integration education in normal schools and benefit from education services through special education classes and supportive education. Special education schools and institutions consist of:

1. Primary education schools for the visually impaired;
2. Primary education schools for the hearing impaired;
3. Multi-program high schools for the hearing impaired;
4. Primary education schools for the orthopedic impaired;
5. Vocational high schools for the physically disabled;
6. Hospital primary education schools;
7. Education and application schools (for trainable mentally impaired);
8. Vocational Education Centers (for trainable mentally impaired);
9. Job Training Centers (for mentally impaired adults);
10. Science and Art Centers (for talented and gifted children);
11. Printing house and evening art school for the sight impaired and;
12. Special education classes.

On examining the distribution of children with special needs according to handicaps, it can be seen changes in the rates of traditional handicap groups due to advances in measurement instruments, changes in handicap descriptions, advances in medicine and technological development. Therefore, changes in the field of special education also occur. The changes that have occurred in the last 30 years are listed by Ataman (2003) as what follows:

1. Since 1970, children with learning difficulty are more outstanding. A fall in the number of mentally retarded children has been observed since 1970.
2. 93% of children falling in the scope of special education are within the four handicap groups. The groups
are: children with learning difficulties, children with speech or communication defects, mentally retarded children and children with serious sensual disorders.

(3) As for the distribution of children using the opportunities of special education on gender basis, evidently boys have twice times opportunity than girls. Yet, when handicap groups are considered, more boys are available in each handicap group. Consequently, this could be regarded as a sign of sex discrimination though this abundance is natural.

(4) Research has shown that 90% of all the handicapped children groups have intermediate level deficiency.

According to the data coming from the General Directorate of Special Education Guidance and Counseling Services, there were 28,252 students receiving special education in 561 schools/institutions in 2007-2008 academic year in Turkey. The handicapped groups in those institutions are hearing defects, seeing defects, orthopedic disabilities, mental retard (categorized as educable and teachable), gifted/talented children and autism.

“Educable retarded child”, the focus of this research, is described as a child whose intelligence division is constantly indicated as between 45 and 75 in various scales; and the determination and placement of such children in special classes are conducted by Guidance and Research Centers. The number of students available in those classes cannot be below 8 and above 15; there are 10 students at the minimum in those classes. If special classes cannot be formed, they are combined. Unless desired number of children is not available, their education is conducted in state or private nursery schools through mainstreaming in the proportion of 1/10. Following a close examination of guidance and research centres, the education of children who are found to be at educable level is conducted in normal classes of primary schools through mainstreaming unless sufficient number of children is available. In the teaching and education of those students, “primary school curriculum for educable mentally handicapped children” is considered basic. The purpose of education through mainstreaming is providing the handicapped children with support education to enable them to maintain their education in an environment along with children with no handicaps. With these practices, children with special education needs can both receive education through mainstreaming with their peers with no handicaps full time in the same class and in special classes part time.

The academic performance of those in need of special education, teaching objectives, type of special education and duration of such an education, adaptations to the curriculum and evaluation process should be specified and an “individualized education programs” (IEP) should be designed. Arranging the learning environment on the basis of the designed IEP adapting teaching methods and techniques and avoiding problems before they arise will assure learning in those individuals to be effective and permanent.

4. Aim and method

This paper aims at evaluating the curriculum designed for educable mentally retarded children who are at primary school age based on curriculum and teachers’ views. Document examination, one of the quantitative research methods, as well as interviews was employed in the research. The sources of data are the curriculum designed for educable mentally retarded children and the interviews held with teachers. The analysis of the basic features of the curriculum and identification of teachers’ views concerning the structure, main features and implementation of the curriculum compose the sub-dimensions of this research.

The research was restricted to the curriculum used in special education classes and to 15 teachers who were determined through accessible case sampling. The teachers interviewed were chosen from primary education
schools having special education classes. Semi-structured interview forms were employed in interviews, and the data obtained were put into descriptive analysis.

5. Findings

5.1 Curriculum designed for educable mentally retarded children who are at primary school

Until recently, general education plans which included mostly the traditional academic subjects used to be applied to educable mentally retarded children at a slower pace and in a simplified form. For children with more serious handicaps, teaching of skills that were considered necessary or prerequisite for daily life activities were emphasized (Eripek, 2003).

A new curriculum which might meet the individual needs of educable mentally retarded individuals, who comprise 2% of Turkey’s population, and which will cover 8 years of education according to law numbered 4,306 was needed. The curriculum for educable mentally retarded children was regarded with the decision document numbered 4,306 of the Presidency of Training and Education on September 10, 2001 and was to be first implemented in 2001-2002 academic year. The curriculum, which put the individual into the centre and which was prepared in accordance with behaviorists approach, includes knowledge and skills to improve children’s skills of self-understanding, setting up positive relations with others, adapting to social, technological and physical environment, and surviving independently. This curriculum is implemented in primary education schools as well as special education classes in the body of a primary school.

The curriculum was designed taking the characteristics of educable mentally retarded children in primary education schools into consideration. On the curriculum are such subjects as Turkish, Mathematics, Life Sciences, Social Sciences, Science and Technology, Citizenship and Human Rights, Revolutionary History and Ataturkism, Religion and Morals, Art, Music, Physical Education, Crafts Education, Traffic and First Aid, Religion and Morals, Individual and Social Activities which are taught in primary education schools. Apart from those, a new discipline called Social Adaptation Skills is also included in the curriculum, and consists of nutrition education, self-care and daily life skills which are the targeted individuals’ needs (Mone, 2001).

Due to the differences in educable mentally retarded individuals’ mental, social, physical and movement properties, and due to individual differences grade and age classifications were not done in the aims and behaviors in the curriculum. This is a framework curriculum. Therefore, teachers may develop new topics, aims and behaviors that are not included in the curriculum taking the environmental factors, students’ characteristics and needs into consideration.

“Primary school curriculum for educable mentally retarded children” has been designed with an approach based on preparation and application of individualized curricula. Owing to the fact that educable mentally retarded children possess differing properties, this framework curriculum should be considered basic and individualized educational program (IEP) for each child should be prepared on this basis and implemented so as to meet their educational needs. Individualized education plan (IEP) is a written document designed to define the modifications and/or adaptations carried out in programming for students with special needs and to indicate the special services provided. IEP is a “live” process guiding the potential of evaluation, planning, communication via cooperation and teaching. An IEP document is not expected to be too long; however, it should include a planning of students’ needs, methods of assessment in which various strategy plans are offered, and a list of future activities as well as the aims of planning. An IEP should focus on children’s learning activities, help with communication skills, and
provide accountability within the work group and between institutions.

As different from previous programmes of educable children, more definitions concerning the types of handicap are given in the programme which was prepared in 2001 and which is still in use. Guiding explanations on teaching methods and individualized education plans are given. But more space should be allocated to informative explanations on designing instruction and preparing instruments for evaluation. The number of courses is increased in the new programme compared to the previous ones so as to achieve parallelism with normal primary education, which is made the starting point in specifying the aims and the content. The course aims are increased and spread into 8 years. A teacher teaches 10 students in the schools where primary school curriculum for children with educable mentally retarded children and also in special classes. Teachers encounter various problems in preparing the individual education programmes offered by the programme and in applying the individualized programme. Attaining the aims of education programmes could be possible by using well-organized course books and appropriate, rich educational materials. However, the course books or materials that are enable educable mentally retarded children to the application of primary education programmes have not been developed yet. Course books for normal primary education schools are distributed to such schools and classrooms at the beginning of each academic year. Therefore, teachers cannot use those books which do not suit the cognitive properties of such children.

It is clear that most of the teachers in the state schools under the Ministry of Education are not competent in designing education programmes or in adapting the current programmes according to the needs of individuals with special educational needs. Majority of teachers working in the field of special education originally come from general education. Since they do not have adequate knowledge in the field of special education, they experience problems in the properties of programmes and in adapting them according to the purpose. The education programmes available in the Ministry of Education fall short in meeting the students’ educational needs, and it becomes clear that the programmes have not been prepared in a student-centered conception. With the current education programmes, knowledge is loaded on children, and it is not possible to go beyond that; therefore, individuals are not prepared for daily life. Because the programmes are not prepared in a student-centered manner, difficulties are encountered in applying them to individuals with special needs.

The aims for each course are given in units as the general aims in the primary school curriculum for educable mentally retarded children. The aims are not classified according to grades. The distribution of aims according to grades is not clearly stated. Instead, teachers need to select the aims according to grades considering the students’ properties in the IEP and in the weekly course plans.

5.2 Teachers views concerning the curriculum and the problems encountered in implementation

The participants were requested to answer 8 questions in this research. Some of the questions dealt with components of the curriculum (objectives-content-teaching and learning process-evaluation) whereas the others handled the weaknesses and strengths of the curriculum, and the problems encountered in implementation. In presenting the findings of the research, quotations from interviews are occasionally given, and thus the findings are supported.

5.2.1 Views concerning the curriculum

(1) Views about objectives

The teachers stated varied opinions on the objectives of the curriculum. Almost half of them found objectives sufficient in general. Yet the teachers complaining that objectives in the second stage (6-8 grades) in particular were at advanced level held the view that the objectives were not attained despite implementation of the IEP.
Objectives are considered too general; and they may be abstract for special education students. (T2)

This curriculum is sufficient since the curriculum objectives have been specified considering the educable mentally retarded children’s school performance. However, the present curriculum needs to be revised at intervals and be updated. (T7)

Both general aims and specific objectives for each course are presented in the curriculum, but no distribution on grade basis is made. Most of the objectives, which are very similar to the ones that were set for normal students, can be said to be too abstract for educable mentally retarded children.

(2) Views about content

Majority of teachers (n=8) pointed out that curriculum content was above the students’ level.

I don’t think the content is compatible with the students’ level. The content has topics above the students’ level. (T6)

Content is not suitable to students’ level for some of the courses; but in general they are appropriate to the objectives. (T4)

The content, just like the objectives, is too detailed for educable mentally retarded children. The content is too detailed even for a very good student. (T10)

It could be said that the content is too comprehensive for educable mentally retarded children but that it could be effective when simplified and modified according to the needs.

(3) Views about teaching-learning process

As for the teaching-learning process in the curriculum, the majority (n=7) found the model lesson plan insufficient.

… A lesson plan for each class is available in the curriculum. I don’t think one single lesson plan is sufficient to guide the teacher. The number of lesson plans could be increased to help the teacher … (T6)

Teaching plans are insufficient. Materials are too detailed, opportunities in classes and teaching materials are insufficient; thus, the availability of the curriculum on its own is not enough. Students’ levels are very different. It is too difficult to prepare different things for each student. (T5)

In the teaching-learning process, it could be said that teachers find the sample lesson plan in the curriculum insufficient; and in terms of teaching of the course, teachers may be said to need further information to guide them.

(4) Views about evaluation

In relation to evaluation, all the teachers said that they found the curriculum insufficient, and that it should be improved.

… It does not lead the teacher in terms of evaluation. Teachers themselves conduct evaluation through trial and error. (T2)

I think evaluation is insufficient. It depends on his or her skill. Not all of the teachers in special education are graduates of the field. The guidance is insufficient for the newly graduated or inexperienced teachers. It is insufficient even for the graduates of the field. (T3)

The problems encountered in evaluation were emphasized by all the teachers, and it was stated that the curriculum should be revised.

(5) Views about strengths and weaknesses of the curriculum

On examining the views regarding the weaknesses and strengths of the curriculum, determining the objectives and behaviors in detail appears as the strength whereas the insufficiency in content, teaching-learning process and evaluation in particular emerge as the weaknesses.
As to the strengths, objectives and behaviors are written in detail. And the weaknesses: The content is not suitable to the students’ level in some school subjects. Teaching-learning process and evaluating dimensions are not sufficient. (T9)

That no guide books to lead the teacher are available is a weakness ... (T6)
The objectives are written in detail, but assessment is insufficient ... (T10)

Teachers’ views concerning the weaknesses of the programme are mostly on the content, teaching-learning process and evaluation. Although there are problems for some courses, objectives are evaluated as the leading dimension of the curriculum.

5.2.2 Views concerning the implementation

In relation to the problems encountered in implementing the curriculum, the teachers pointed out that they had problems in designing IEPs, implementing them and in cooperation with parents. A teacher explained the views concerning the problems as:

… I don’t have problems in preparing the IEP but I do have problems in applying it. I need parents’ help in achieving the objectives specified in the IEP. I mean what is done at school should be reinforced at home; parents should help their child with homework. But we cannot receive support in this matter. I try to implant reading-writing skills in the child, but the parents may be illiterate … (T4)

We have problems in cooperation with parents. Since they have high expectations of the students, we experience communication breakdowns. The parents do not have interest in our course programme. (T13)

5.2.3 Recommendations for developing the curriculum

Teachers’ recommendations on raising the quality of the curriculum are mostly about narrowing down the curriculum scope and thus making suitable to students’ properties, preparing course books and teachers’ books suitable to the curriculum, removing the deficiencies related with teaching materials, and taking precautions to increase cooperation with parents.

We do not even have a course book for use in applying the curriculum. Course books compatible with the curriculum could be prepared. (T7)

Course books related with the curriculum, evaluation forms, and sample teaching plans should be prepared. (T9)

6. Conclusion

Primary school curriculum for educable mentally retarded children, which has been in use since 2001, is a framework program that was prepared in parallel to normal primary school curriculum. Therefore, course names, contents and weekly hours of the courses are very similar in both curricula. There is no much difference in the courses and course contents between the two curricula. Primary school curriculum for educable mentally retarded children may be said to be a simple and flexible form of the normal primary school curriculum.

The curriculum which was prepared in 2001 and which has been used ever since includes more types descriptions of children’s handicaps. Besides, guiding explanations concerning teaching methods and individualized educational program (IEP) are presented. The number of class hours was increased so as to achieve parallelism to normal primary school education; and this served as the foundation in selecting the aims and the content. Course aims were increased when compared to the previous curricula, and were spread into eight years.

Achieving the aims of curricula is possible by using well-organized course books and appropriate and rich educational materials. Yet books or materials for the implementation of primary school curriculum for educable mentally retarded children have not been developed yet. At the beginning of each academic year, course books for
normal primary school are delivered to such schools and classes. Therefore, teachers cannot utilize those books, which do not suit to those children’s cognitive features. It is evident that teachers are not equipped with sufficient knowledge and skills in designing curricula or adapting the current curriculum according to the educational needs of individuals needing special education in the state schools of the Ministry of Education. Great majority of teachers working in the field of special education originally belong to the field of general education. Since they do not possess sufficient knowledge in special education, they face problems in the features of curricula to be prepared and in the adaptation of the curriculum (Akkuş, 2007).

In research conducted by Akkuş (2007), 90 teachers were given a questionnaire and thus their views concerning the curriculum were collected. According to the views stated, teachers cannot apply the curriculum in an appropriate way and have problems in implementation. The teachers pointed out that the aims stated in the curriculum were above the students’ level, that the curriculum consisted of abstract concepts, which influenced students’ success in a negative way. The fact that course books and materials to put the curriculum contents into practice were not available forced teachers to produce their own solutions.

The data obtained from teacher interviews overlap with the current research findings in some ways. The teachers thought that the availability of objectives/behaviors for each course was positive, but they emphasized that inclusion of one single lesson plan for each course was insufficient. Besides, they considered unavailability of guide books as deficiency. Teachers encounter various problems in preparing the IEPs suggested by the curriculum, in individualizing and implementing it.

The research conducted by Yıldız (2005) aims at evaluating Turkish course curriculum included in the curriculum which has been prepared for educable mentally retarded children based on teachers’ views. Views of 52 teachers teaching in special education classes concerning the Turkish course curriculum have been obtained in this research through questionnaires and interviews. The teachers stated that the curriculum was not suitable to students’ characteristics in general, and that it should be re-designed considering the students’ learning levels. Evaluation is remarkable as the most problematic aspect of the curriculum in this research.

7. Discussion

Special education is the education of students with special needs in a way that addresses the students’ individual differences and needs. Ideally, this process involves the individually planned and systematically monitored arrangement of teaching procedures, adapted equipment and materials, accessible settings and other interventions designed to help learners with special needs achieve a higher level of personal self-sufficiency and success in school and community would be available if the student were only given access to a typical classroom education.

Special education is in place to provide additional services, support, programs, specialized placements or environments to ensure that all students’ educational needs are provided for. Special education is provided to qualifying students at no cost to the parents. There are many students who have special learning needs and these needs are addressed through special education. The range of special education support will vary based on need and educational jurisdictions. Each country, state or educational jurisdiction will have different policies, rules, regulations and legislation that governs what special education is.

The majority of mentally retarded individuals in USA are identified as educable mentally retarded or mildly retarded. They are not usually physically disabled, nor do they ordinarily suffer from severe emotional disturbance.
As adults, most become absorbed into society, often finding employment in the unskilled or semi-skilled labor market. Learning in educable mentally retarded children varies with each individual, but is generally characterized by slower rates and lower levels of achievement, especially in the academic areas of the curriculum. Mental abilities such as discrimination, memory and language are slower to mature in the educable mentally retarded children as compared with normal children. Selective attention and memory deficits appear to be major causes of learning difficulties in educable mentally retarded children. Personal and social development also matures more slowly in the educable mentally retarded children but becomes a significant problem only when the individual lacks the ability to cope with society’s expectations. Most educable mentally retarded children are no more disruptive in the classroom than normal children when their special instructional needs are met. Research findings regarding the efficacy of special class instruction for educable mentally retarded learners are inconclusive. Although main-streaming has always been practiced to some extent in the public schools, research efforts to support it from an achievement standpoint are also inconclusive. The success of mainstreamed instruction has been demonstrated by some, while others indicate that special classes seem to promote better educational progress, especially for lower IQ educable mentally retarded learners (Nocera, 1981).

The school life of the mentally retarded child must be planned as to include experiences that stimulate and possess the means of satisfying worth-while present needs, and that also stimulate progress towards the ultimate significant goals of his education. The first aim of all education should be to help the child react efficiently as a growing child to situations both in and out of school and to establish habits and attitudes that will continue to operate as life goes on. If such an aim is to be realized for the slow-learning child, it is particularly important that the application of all his learning to simple life situations be made clear and that all practices tend to make this functioning of school learning habitual. For this reason, objectives for education of the mentally retarded are grouped under the general headings of health, tool subjects, community life, family life, leisure and vocation (Ingram, 2007).

The most important aim of the educational system is to help all the children to solve the probable problems in their development process, and to offer them educational services in the fields they need. On the other hand, the aim of special education, which is within this system, is to provide those who cannot benefit from normal process of education for any reason with equality of opportunities in education. In order to do this, work is done in Turkey for diagnosing individuals needing special education, establishing and supervising special education institutions, and preparing special education programmes for those needing special education or adapting the programmes according to the individual characteristics of development of those students. Educating and enabling the mentally retarded to live independently is among the tasks of the Ministry of Education. Education service is offered in the special education classes prepared for educable children by the Ministry of Education in primary schools and in normal schools. Educable mentally retarded children’s possibility for cognitive and social development acquisition of life skills is dependent upon the effectiveness of the education programme.

It has been strongly emphasized recently that retarded individuals fail to adapt to social life and depend on others to survive at the end of school education; therefore, educational programmes should be revised in accordance with those individuals’ needs. It is suggested that education offered to mentally retarded individuals should be community-based, and that functional instruction which is based on the teaching of skills needed in social life should be conducted.

After raising the duration of primary school education to eight years, some new arrangements in mentally retarded children’s education was obligatory. A new curriculum which would suit educable children’s needs and
characteristics and which would achieve parallelism to general primary school curriculum and thus cover eight years was necessary. Hence, primary school curriculum for educable mentally retarded children was designed in 2001 (Mone, 2001).

The following suggestions are made in this research:

1. The curriculum should be improved considering the problems encountered by teachers in implementation.
2. The scope and number of courses should be reduced, and the objectives should be made compatible with educable mentally retarded children’s needs.
3. More space should be provided for implementing teaching-learning process and evaluation instruments.
4. Teachers’ handbooks written in an understandable way and containing IEP examples which are suitable to the curriculum and the students’ characteristics should be prepared.
5. Course books compatible with and suitable to students’ characteristics should be prepared.
6. Precautions to strengthen teacher-parent cooperation should be taken.

References:


(Edited by Lily and Nicole)