Children who have Disability in Early Childhood Care and Development Centres

A Resource Book for Teachers

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This Resource Book was developed by

- Ministry of Child Development and Women Empowerment, Children's Secretariat
- National Institute of Education, Department of Inclusive Education and Primary Education Unit
- Open University of Sri Lanka, Faculty of Education, Department of Early Childhood and Primary Education
- Sarvodaya, Early Childhood Development Unit
- FORUT Sri Lanka
- Save the Children in Sri Lanka

sponsored by
Save the Children in Sri Lanka

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Foreword

Early Childhood Care and Development is a relatively new discipline combining elements from several fields including infant stimulation, child development, health and nutrition. International attention to ECCD has grown out of the recognition that intellectual, emotional and physical development, socialization and the acquisition of culture all interact in shaping a young child's life.

Early Childhood Care and Development Centres, formerly known as preschools, are the focal points through which children aged three to five years are given access to ECCD. These Centres serve to promote the overall development of children of this age group through a cheerful and child friendly environment outside that provided in the home.

This Resource Book for Teachers of Early Childhood Care and Development Centres is the product of collaboration between six partners. They are the Children's Secretariat of the Ministry of Child Development and Women Empowerment, the Department of Inclusive Education and the Primary Education Unit of the National Institute of Education, the Department of Early Childhood and Primary Education of the Open University of Sri Lanka, the Early Childhood Development Unit of Sarvodaya, FORUT Sri Lanka and Save the Children in Sri Lanka. The effort was supported and coordinated by Save the Children in Sri Lanka.

The development of ECCD Centres in Sri Lanka is one of the major concerns and interests of all the partners. We would like to see that all children in our country will be reached with ECCD of good quality in the shortest possible time.

Most children with disabilities are currently not attending ECCD Centres. Teachers at the Centres have had no training to enable them to give these children the same opportunities they give other children. Realizing that bridging these gaps was an urgent necessity if children with disabilities were to be equal participants in, and beneficiaries of, ECCD, the partners came together to develop this resource book. The resource book aims to provide teachers with knowledge, skills and attitudes that will enable them to include children with disabilities in their ECCD Centres.

The resource book has been extensively reviewed and field-tested prior to publication. Training schedules for teachers and session plans have also been similarly prepared and could be supplied by us on request.

We thank all those ECCD teachers and children who participated in the development of this book including its field-testing. Thanks are also due to all those who reviewed the book and contributed to its improvement.

The resource book was initiated by Priya Coomaraswamy while the process was coordinated by Kusum Jayasinghe and supported throughout by Senait Gebregziabher. Dr. Padmani Mendis authored the text following a preliminary study of selected ECCD Centres and discussions with teachers and parents. Piyal Samaraweera did the art work. We extend our thanks to them all.

We trust that this endeavour will serve to increase the promise of a happy childhood and a brighter future for children with disabilities in our country.

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1 Introduction

As you know, Early Childhood Education is a vital part of the education process. All young children have the right to early childhood education and to attend Early Childhood Care and Development Centres (preschools). In Sri Lanka every year increasing numbers of children are registered in ECCD Centres. And yet there is one group of children who cannot make use of the opportunities and advantages that early childhood education has to offer in our country. They do not have the chance to be part of a group with their peers, to play and to learn together with them. These are the children who have disability.

A few ECCD Centres have however included some children who have disability. We are fortunate that we can learn from the experiences of these children and from the experiences of their teachers and parents.

Children who have disability who are deprived of early childhood education are deprived of many rights. Some of these are the right to play with other children; the right to enjoy their childhood like other children of their age; the right to form friendships; the right to opportunities and stimulation to promote their maximum development and realize their full potential.

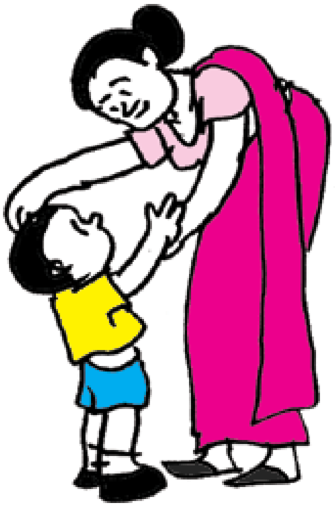
Teachers at ECCD Centres are in the best position to do something to overcome this injustice. But in order to do so, teachers must first know more about children who have disability. Teachers must know about the abilities they have like all other children, about the problems they have because of their disability, and about how best they learn.

Most of all, teachers must believe that in spite of their problems, these young ones are first and foremost children, just like all other children. These children too need to come to the ECCD Centre and benefit from what the teacher has to offer them.

2 The Purpose of this Resource Book

The purpose of this resource book is to provide teachers with the knowledge and skills they may need to enable them to include children who have disability in their Early Childhood Care and Development Centres.

With such knowledge and skills teachers will take steps to register these children in their Centres, and give them the same quality of early education, love, kindness, attention and care that they give other children, and do so with confidence.



3 Why do some children have disability?

Illness affects children in different ways at different times. All children have illnesses such as 'flu and diarrhoea at some time during their childhood and get over them completely. Afterwards there may be no signs at all that a child has had an illness.

Some children some times continue to have diarrhoea, and this makes their bodies weak. Because of this, they have little resistance to new infections and get diarrhoea even more often. This can lead to disability.

Pushpa

Take, for example, Pushpa who loves to sing and dance. Pushpa has had chronic diarrhoea for a long time and this has left her weakened to such an extent that she has no appetite and no energy or will to do anything. She stops coming to the Centre. Pushpa is said to have disability.

But when Pushpa is given adequate food with proper nutrition and care and attention, her body builds up a good resistance to any new infections. She recovers from the chronic diarrhoea. She starts coming to the Centre again. Pushpa's disability was only temporary.

If you take a more serious illness such as meningitis, one child who has it may again recover from it completely and there are no effects at all on the child. Another child who has meningitis may be left with damage to the brain and this can be permanent.

The damage to the brain also affects each child in different ways.

With Ravi, it affected his development and his ability to learn. Both to learn new facts and gain new knowledge, and to learn to do new things. That is, meningitis which he had when he was 11 months old affected his intellect, his cognitive learning and his development. Before that he had been a bonny and happy baby. Now he has difficulty interacting with his peers. But he enjoys coming to the Centre and has made many good friends who help him when he needs help. When the Public Health Midwife heard that Ravi was starting at the Centre, she met Ravi's teacher to talk about Ravi. She answered many questions that the teacher had in mind.

Ravi

Jayani who also had meningitis at the same time as Ravi was left with legs that are very stiff. Because of this she cannot move them and cannot walk. She therefore has a disability. She comes to the Centre using a wheelchair. She has become a leader among her peers.

Jayani

Children who are affected in this way by illness and have difficulty doing the same things that other children do are said to have disability.

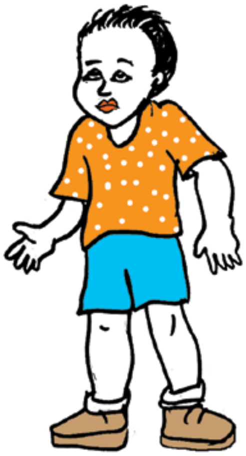
Some children may be born with disability. This is because changes occur in the way the baby's body is made or normally works while the baby is still in the mother's womb.

Ali

Ali was born with deformities in both his feet. The Medical Officer of Health diagnosed this condition as "Club Foot". He immediately referred Ali and his parents to the surgeon at the Provincial Hospital. Ali was treated successfully. He now wears special shoes to support his feet when he comes to the Centre. He learns and plays like other children although he runs more slowly.

When Suresh was born, his parents were told at the hospital that Suresh has Down syndrome. They were told that because of this he may have an intellectual (cognitive) disability.

After a few months his parents realized that Suresh looked somewhat different. These differences became clearer as he grew.



Suresh

Deshika

Deshika was also born with a disability, but her parents found out about this only when she was 8 months old. As an infant, Deshika started making the sounds that other infants made. But gradually she stopped doing this. When she did not start saying "Amma" and "Thaththa" even when she was 8 months old they told their Public Health Midwife about this. The Public Health Midwife took them to the Medical Officer of Health who did some tests. The results of the tests showed that Deshika had difficulty hearing. The Medical Officer of Health referred Deshika and her parents to a medical specialist who told the parents that although Deshika could not hear at all, they should continue to speak with her. This would stimulate Deshika's learning and development. The family should learn to communicate with Deshika using signs and gestures, and later they would all learn sign language. Deshika should go to an ECCD Centre and be with other children. Deshika likes being at the Centre. She likes very much to paint. She is good at drawing.

Riyaz who comes to the Centre also has difficulty hearing. But, unlike Deshika, he could hear some vague sounds. The specialist gave him a hearing aid. With the use of his hearing aid Riyaz has learned to speak. His speech is not very clear, but he is a friendly child and likes to talk with his peers. His peers try hard and they understand what Riyaz says to them.

Riyaz

Kosala

Deshika and Riyaz have difficulty communicating because of a hearing problem. Kosala and Sithy also have difficulty communicating. However they can hear very well, but have difficulty with their speech. Kosala's language development has been delayed while Sithy has a stammer when she speaks.

Sithy

Sugath

Sugath's parents found out that he had a disability only when he started coming to the Centre. It was the teacher who first noticed that Sugath brought the toys he used for play close to his face to look at them. Also, he was not very good at catching balls when they were thrown to him. Sugath's parents took him to an eye specialist who told them that Sugath had poor vision. Sugath can see drawings when they are made large. The teacher has put a bell inside the ball that Sugath plays with so that he can hear it even before it comes near him. Now he does not miss the ball so often. When he does, he makes a joke about it and makes his friends laugh. Sugath is very popular among his classmates.

Other children who come to ECCD Centres have different problems and disabilities.

Lakshmi cannot see at all. She has been like this since birth. Her parents have told the teacher that they teach Lakshmi to learn about what is around her by listening more carefully to sounds, by touching and feeling things and by using her sense of smell to recognize food and other objects. There are not many children like Lakshmi in Sri Lanka now, who cannot see at all. Most children who have difficulty seeing are able to see even a little. Lakshmi has a nice voice and she easily remembers the words of the songs they sing at the Centre

Lakshmi

Shashini

Shashini behaves somewhat differently from other children. She finds it difficult to sit in one place for long and to concentrate on doing one activity. As a result she seldom completes what she is doing. She also used to disturb other children in the classroom. When she first started coming to the ECCD Centre the teacher found it difficult to deal with her behaviour. But the teacher used her knowledge and skills about how to handle different behaviours children have, and now Shashini's behaviour is changing. She does not disturb the other children. Instead, she has learned to play and do other activities with them. Shashini likes to help other children, and the teacher now gives her opportunities to do so whenever she can.

Kumar has many problems (multiple disability). The doctor has told his parents that Kumar has cerebral palsy. He has difficulty moving because the muscles of his legs are stiff. He comes to the Centre using a walker to help him move around. He also has difficulty speaking. His speech is slurred and not very clear. Kumar also has epilepsy. Because of the special help he gets from the teacher and the other children he benefits a great deal from the ECCD Centre. Kumar is a very bright child.

Kumar

There are a few children whose disability is so severe that they cannot come to the Centre.

Ayesha was born with very severe developmental disability. She is very much smaller than other children of her age because her body has not grown. The reason for this is not known. Now even at 5 years Ayesha cannot sit up, move around or speak. The Public Health Midwife visits Ayesha at home. She works with the parents to show them how to care for and how to stimulate Ayesha.

Ayesha

● Learning Points

- Children who have disability can attend an ECCD Centre and will benefit from it.
- There are only very few children who cannot come to ECCD Centres. These are those who have very severe disability. They must have an effective play and stimulation programme at home.
- The different types of disability that children have are,
    - developmental disability including intellectual disability
    - fits or epilepsy
    - difficulty moving or mobility disability
    - difficulty hearing and difficulty speaking, or communication disability
    - difficulty seeing or visual disability
    - differences in behaviour
    - multiple disability

4 Children who have disability in ECCD Centres – tips for teachers

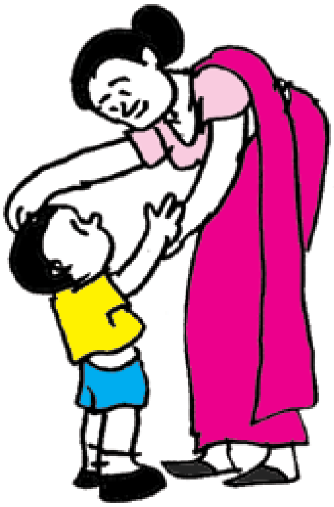
When a child who has disability comes to the ECCD Centre the most important fact for you to remember is that he or she is a special child, just as every other child in your Centre is a special child.

When children who have disability come to your Centre handle them in the same way as you do other children. However because of their disability you may need to make some simple changes in the Centre and in the way you teach them. This will help their learning and development and help them to enjoy coming to the Centre.

This chapter contains tips on how you could use ways in which you teach so that it would at the same time benefit children who have disability. And about changes that you could make in the Centre. These changes will make sure that while you are doing that, you will be benefiting all children that you are teaching.

- Treat them first and foremost as children who need your love, kindness, attention and care
- Just as you do with the other children, find out
  - what each child can do and cannot do
  - what each child's needs are
  - what each child likes to do and does not like to do
  - the best ways by which the child learns
  - use what you have found out to give the child the best early education that you can
- Ways by which children learn from you:
  - listening to you when you explain and speak
  - watching you when you do something

  - touching and feeling what you are doing
  - doing things with you
  - imitating you



- As well as learning from you in these ways, children will also learn from other children in the same way. Plan your teaching so that it gives opportunities for children to learn from each other.

- Because children learn in different ways, when you plan your sessions every day remember these differences and make your lessons diverse.

- Take into account also that some children learn quickly and others more slowly and vary the pace at which you teach accordingly. This applies to all children, whether they have disability or not.

- Carry out your sessions and activities according to the way that learning takes place with the children both as individuals and as a group. This means that some times you may not be able to teach according to exactly how you have planned the day's schedule. This is quite alright.

- Respond flexibly and creatively in a way that you meet the needs of individual children as well as the needs of children as a group

- Explain clearly what you want the children to do in the Centre. Make a routine of things that you do daily. Make sure that you yourself follow these directions and routines.

- Use simple, clear and consistent language

- Be aware of non-verbal communication, body language, tone of voice, facial expressions and the need to have eye contact. Be aware of these both as you use them and as the children use them.

- Make sure that all children can see, hear and listen properly.

- Have regular breaks during the teaching sessions. Having a break enables children to concentrate better and to try harder.

- Listen to what each child has to say and give time for the child to respond

- Match a child who has disability with a peer and then let them do things together. Encourage the peer to help the child to do what she cannot do. But make sure that the peer does not do everything for the child. Change peers when you think it is good to do so. Being a peer benefits those children who do not have disability just as much as it benefits the child who has disability.

- Make sure that the child who has disability joins in the activities that other children do together. But do not force the child to do what she does not want to do. If the child does not want to do something and you cannot persuade her to do it, let her first do something else that she likes to do. Then come back to what you want her to do.

- Help the child to form friendships

- Do whatever you can to help each child enjoy coming to the Centre. Young children learn best when they are happy and confident.

- Involve parents in all that you and the child do in the Centre.

- Encourage parents to let the child play in the same ways that other children play – with water and mud, with sand and stones, with flowers and fruits that they can find from the garden and with utensils and furniture that are in the home

- Discuss with parents ways in which they could do the same activities with this child as they would with other children. For example, telling stories to the child. Also taking the child on family outings, when they go to the temple, to market, to visit friends and neighbours and so on.

Now let's think of some of the children we met in the last chapter

Let's think about the children you may need to know more about

- Ravi who has difficulty learning new things

- Suresh who looks a little different

- Jayani who has difficulty moving from place to place

- Deshika who cannot hear at all, Riyaz who can hear a little, and Kosala and Sithy who have difficulty with speech

- Sugath who has low vision and Lakshmi who cannot see at all

- Shashini who behaves differently

- Kumar who has many disabilities

The reason we have not mentioned Pushpa who had a temporary disability and Ali who had his deformities corrected is because you can include children like Pushpa and Ali and other children with mild disabilities in your Centre with the knowledge and experience that you already have as a teacher.

So we will now discuss only those children about whom teachers have wished to know more.

We will talk about Ravi, Suresh, Jayani, Deshika, Riyaz, Kosala, Sithy, Sugath, Lakshmi, Shashini and Kumar in the next few chapters.

● Learning Points

- All children, whether they have disability or not, come to the ECCD Centre for the same reasons.
- Teachers must get to know each child and respond to each child’s needs, abilities, interests and personality in suitable ways

5 Ravi who has difficulty learning new things

Ravi has been diagnosed by doctors as having intellectual disability because of the health condition called mental retardation. Because he has intellectual disability he cannot learn in the same way as other children. Ravi has difficulty learning the basic skills necessary to cope with the requirements of everyday life. He has difficulty learning skills necessary for communication, self-care, home living and school work. He has difficulty learning also the skills necessary to get along in social situations.

Children like Ravi who have intellectual disability can and do learn new skills, but they learn more slowly and they develop more slowly than children who have average intelligence and who are able to learn new skills more easily. Ravi was able to sit up only when he was 12 months old, and he started speaking when he was 4 years old.

The way in which each child develops and how much the child develops is different. When Ravi started to come to the Centre he was 5 years old, but the level to which he had developed was like a child who is much younger. Ravi takes longer to learn, but in the end he can do all the things that other children do. Other children who have intellectual disability will learn to do only some or part of the activities that other children do.

Ravi has a mild degree of intellectual disability. There are different degrees of intellectual disability, ranging from mild to profound.

Each child also learns in different ways. One child may learn by watching you and other children doing things. Another child may learn best when you do the activity with him

What you can do when a child who has intellectual disability first comes to the Centre

- Observe the child. Find out what activities the child can do and cannot do.
- Decide how far the child has developed in each of the areas of development (cognitive, language, gross and fine motor skills, self-care and social and emotional areas)
- Encourage the child to do activities that will take her development to the next stage.
- If you find that the child takes longer than others to learn or to do an activity, give the child more time.

Methods you can use to teach children who have intellectual disability

- First find out the ways by which the child learns best. Whether it is by listening, watching, touching, doing things or by imitating you. Use these ways to teach the child
    - talk and explain to the child so that she can see and hear
    - show and explain to the child how other children do an activity
    - do activities together with the child, placing your hands on the child or on the child's hands
    - let the child do as much as she can by herself
    - help the child to do those parts of the activity that she cannot do by herself
    - if there are parts of the activity that the child cannot do at all, do those parts for the child
    - gradually give the child less help
    - encourage the child to do more of the activity by herself
    - let the child do the activity with other children and encourage them to help each other
- Another way to teach children who have intellectual disability is to divide an activity into small steps and teach the child one step at a time
- Remember to tell the child and show the child that he has done well each time she learns something new or does something well

Learning Points

- Each child will grow up to be a special individual. Children who have disability face many obstacles when they are growing up. When they come to your Centre, help them on their path of growth and development with the best opportunities that you can give them.

6 Suresh who looks a little different

Before the term started at the Centre Suresh came with his parents to meet the teacher. This was important so the teacher knew that when the term started she will have to prepare the other children to accept the fact the Suresh looks different from them. She would explain to them also that in spite of this Suresh will play and learn like they did. They should all help Suresh to enjoy coming to the Centre, in the same way that they all helped each other.

When a child who has disability starts coming to the Centre the teacher always prepares the other children in this way.

Suresh has a rounded face with flat features. (the face looks flat when looked at from the side). The back of the head may also be flattened. His eyes slant upwards.

There are small folds of skin that run vertically between the inner corner of the eye and the bridge of the nose. This can give the impression of crossed eyes (squint). He has small ears that are set lower than usual

Suresh, like most children who have Down syndrome, has straight, soft hair and a short broad neck. Like others, he also has a smaller than average mouth with a bigger than average tongue. His tongue therefore often sticks out.

Suresh's hands are broad with short fingers. His feet are stubby with a wide space between the first and second toes.

Suresh is smaller than the other children. His body is not as strong as others, so the teacher makes sure that he does not do too much physical activity that will make him too tired.

Because Suresh has Down syndrome, he has difficulty learning new things (intellectual disability) like Ravi. But Suresh also has poor health. He gets colds and coughs easily as a result of which he often misses coming to the Centre.

Ravi was in the same ECCD Centre last year, so the teacher knows how she should teach children who have intellectual disability. She used this knowledge to teach Suresh.

Ravi has now started going to the primary school in the next village. Suresh is only 3 years old now, so he will stay at the ECCD Centre 2 years before he also goes to the same primary school.

Although he has Down syndrome Suresh will grow up to live a healthy happy and productive life if he has family, teachers and friends who will support him.

- **Learning Points**
  - Every child can learn. Each child learns best with different teaching methods. Find suitable teaching methods that benefit a child the most, and use those methods to teach the child

7 Jayani who has a mobility disability

Jayani, you may remember, uses a wheelchair to get around because she cannot use her legs. She cannot even stand up.

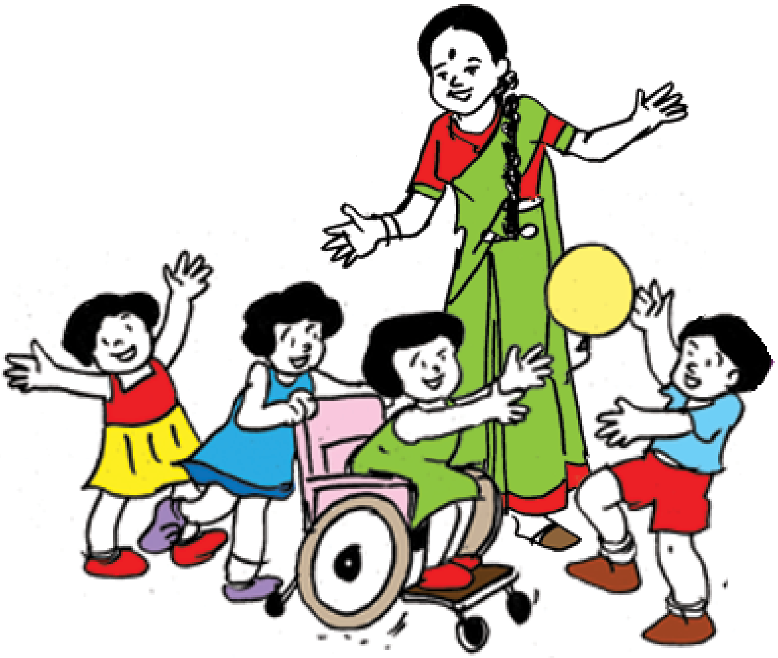
When Jayani was registered at the ECCD Centre, her parents came to the Centre to meet the teacher and to talk about Jayani and her wheelchair. They pointed out that if the steps at the entrance to the Centre were replaced by a ramp it would be easier for Jayani to get in and out of the room. The teacher said she would see what could be done. She also said she would make sure the door to the toilet was wide enough for Jayani's chair to get through.

The teacher spoke with the parents group when they next met and told them about the new girl who would be joining the Centre and her wheelchair. She told them what Jayani's needs were. She asked them whether they would like to help make the Centre ready for her.

So the next weekend many parents came. With cement and sand that they had been given by the people who were building a house next door to the Centre, they replaced the steps in the Centre with a ramp. They also made the toilet door a little wider.

They had already made sure that the playground was level and safe for the children to play on, so it was also suitable for Jayani and her wheelchair.

The playground in the Centre has an activity garden, and Jayani can do many activities riding her wheelchair. When she needs help other children always come forward to push her chair. When they play games and Jayani has to move quickly she has many friends who want to be her partner and push her chair.



In the classroom the teacher gets the children to do many activities on a mat on the floor. Then Jayani too sits on the mat and works with the other children.

The teacher has arranged the tables and chairs in the classroom in a way that leaves space for Jayani to move in her wheelchair.

Jayani's father has made a special table so Jayani can bring her legs on the wheelchair under the table. Then it is possible for Jayani to play and work at the table. The teacher places Jayani's table right up against a table that other children are sitting at, so that all can play and work together.

Other children who have difficulty moving from place to place come to the Centre wearing braces on their legs and using a pair of crutches to walk with. They find it difficult to play games in which children have to run, and at these times the teacher calls a child like this to help her organize the games.

Sharma was born with a deformity in her right arm and now she cannot use that arm. The Public Health Midwife told the teacher that the muscles in Sharma's arm are paralyzed. But she can do all the activities in the Centre using her left arm. Sharma can even throw and catch a ball so she joins in the ball games.

Fathima's fingers are stiff and she has difficulty with holding pencils and crayons for drawing pictures. The teacher has made a handle with a piece of bamboo which she puts on the pencils and crayons that Fathima uses. Then Fathima can hold them.

Jayani has another special problem. Because her health condition affected the lower part of her body, Jayani does not know and cannot tell when she wants to pass urine or faeces. Jayani is having toilet training at home. But she still does not know and cannot tell in advance every time she wants to pass urine or have a bowel movement.

To continue toilet training in the Centre, her mother takes Jayani to the toilet as soon as she comes to the Centre and before she takes her home. In the middle of the morning one of the teachers takes Jayani to the toilet. By taking Jayani to the toilet often they reduce the chance that Jayani may pass urine and faeces without knowing it.

At the same time, her mother has made pads which Jayani wears under her clothes, so if she passes urine and faeces without knowing it, her clothes will not get soiled.

On rainy days it is difficult for Jayani's mother to bring her to the Centre in a wheelchair because there are big pools of water on the road. So she covers Jayani in a raincoat and carries her to the Centre.

- **Learning Points**
  - Certain assistive devices may be used to improve function and movement in children who have difficulty moving their arms, legs or bodies
  - You can be innovative and creative and find ways of adapting Centre activities so that all children can participate in them

8 Deshika who could not hear at all, Riyaz who could hear a little and Kosala and Sithy who have difficulty with speech

Deshika

Deshika was unhappy when she started coming to the ECCD Centre because she could not know what other children were saying. And she could not say what she wanted to. She could not communicate and interact with other children and felt lonely and left out.

The teacher immediately started doing something to change this situation.

She spoke with Deshika's parents and learned the signs that they used at home to communicate with Deshika. She observed Deshika closely and learned for herself other signs that Deshika used when she wanted to say something.

She started communicating with Deshika using these signs, and showed the other children how she did this. The teacher had learned from Deshika's parents that it was best to use not just signs with the hands, but also to use expressions on the face and body movements and gestures with the hands to add meaning to what she was saying.

With expressions and gestures the teacher could show many feelings and emotions – that she was happy, sad, pleased, sorry, surprised and so on. The teacher also used to speak at the same time as she was doing this. Deshika used to watch the teacher's lips. This is important, because later, when she is older and starts going to primary school, she will learn to read other people's lips and to know what they are saying. This is called lip reading or speech reading.

Using all these ways to make it possible for Deshika and others around her to communicate with each other is called total communication.

While the teacher was learning more and more ways of communicating with Deshika, she was teaching the children these ways as well.

The children liked this and started using these same ways to say what they wanted to say to Deshika and to understand what she said. They learned to show her how to join in their games and to play with them.

When Deshika found that the other children wanted to be her friend, she too started using signs, expressions and gestures to tell them what she wanted to say.

At times this was difficult. But all of them found that the more they tried new ways of communicating with each other, the easier it became.

There were a few children who, instead of speaking as they should, started imitating Deshika even at home. Their parents were upset and told the teacher about their children's behaviour.

The teacher spoke to all the children in the class about this. She explained that it was necessary to use different ways with Deshika, because this was her way of communicating. But the way that all of them communicated is by speaking, and this is how they should themselves communicate. Besides, it was not good to imitate other children in this way. Their parents also told them this. The children listened to their parents and to their teacher.

The teacher has arranged the classroom so that the children sit in circles and can see each others faces. When they are out in the garden where there is more space all of them sit in one large circle. This makes it easier not only for Deshika, but it helps all children to listen and to understand.

The teacher also stands and sits in places at which the children can see her clearly, especially Deshika. She makes sure that the light falls on her face and is never in shadow.

She waits until all the children are paying attention before she speaks. She also makes sure that her face is never covered – not by her hand or by what she holds in her hand. Again, this helps all children, not only Deshika.

When she is teaching, she uses drawings, pictures and objects of different kinds to add meaning to what she wants the children to learn. All children learn better with this method.

Some times Deshika finds it difficult to understand what the teacher is saying, and becomes irritable. At other times she finds it difficult to understand what her classmates are saying to each other. This makes her think that they are talking about her and she feels angry and is upset. Then the teacher comforts her and makes her understand what was being said by the other children. That it was not about her. That makes her feel better

Deshika enjoys coming to the Centre and has made many friends. Her best friend is Maheshwary

Riyaz

When Riyaz first started coming to ECCD Centre wearing his hearing aid, the other children were curious about this. They wanted to touch it and constantly asked Riyaz why he had it. This upset Riyaz and he did not like to wear his hearing aid when he came to the Centre.

The teacher wanted to help the other children understand why Riyaz had to wear the hearing aid. She knew that if their curiosity was satisfied, they would not worry Riyaz in this way.

She made up an activity to explain to the children why Riyaz wore the hearing aid. First, she made a cone with thick coloured paper and kept it ready.

Then she asked the children to block their ears with their fingers, and spoke to them. She asked them what she had said. The children said that they had heard her but what she said was not clear. The teacher explained to the class that because Riyaz had an illness when he was little, he could hear only sounds like they had heard, but the words were not clear.

Next the teacher used the cone and spoke into each child’s ear. She asked them what it felt like. They said that her voice was louder than usual and the words were easier to understand. The teacher explained that this is what the hearing aid did for Riyaz – made sounds louder and clearer. Riyaz was happy when the teacher explained this to his friends.

She also told the class that they should speak to Riyaz in the same way that they spoke to each other. They need not speak out loud or shout.

When there was a lot of noise in the classroom Riyaz would get upset and remove the hearing aid from his ear. This is because when there are lots of different sounds coming from the hearing aid, it disturbs him. The teacher is aware of this and tries to keep Riyaz away from very noisy places.

Some days the teacher notices that Riyaz is not able to hear very well. She talks about this with Riyaz’s father and they discuss whether it is time for Riyaz to have new batteries put in his hearing aid.

Kosala

Kosala has difficulty speaking. His language development is delayed. Because of this he does not speak as much as other children. He started speaking much later than other children. He was three years old when he said "Amma" and "Thaththa". After he started coming to the Centre his vocabulary has improved quite a lot. Now he can say the names of many of his friends. The Medical Officer of Health has told Kosala's parents that Kosala can hear very well, just like other children. He told them they should speak to him normally, like they do with other children.

If his speech did not show sings of improving to their satisfaction he will send them to a speech and language therapist. They would have to go to Kandy or Colombo for that.

Meanwhile the teacher does what she can in the classroom to help the development of Kosala's speech. She makes sure that when Kosala wants to say something, he is given enough time to say it. When she asks him a question, she gives him time to answer it. She sometimes has to help Kosala say the word he should say, and then he repeats it.

Twice a week Kosala and his mother stay behind in the Centre with the teacher and all three work together on Kosala's speech. The teacher uses picture books, rhymes and songs and story-telling to help Kosala speak new words and improve his language ability. His mother continues this at home.

Sithy

Sithy also has difficulty speaking but in a way that is different from Kosala's. Sithy has a stammer when she speaks. Sithy stammers when she starts to speak, but after a few words the stammer stops. With some children the stammer can continue for as long as they speak.

The teacher handles Sithy differently from Kosala. When she wants Sithy to answer a question or say some thing, the teacher informs Sithy beforehand that she will ask her. She does not ask Sithy to speak when Sithy does not expect it. The teacher does not correct Sithy when she stammers over words. Instead, she makes sure that she says these words correctly later, so that Sithy can hear them. She gives the children lots of group activities so that Sithy gets an opportunity to speak spontaneously with her classmates. At these times Sithy's stammer is less.

- **Learning Points**

o The sooner children who have difficulty hearing learn to communicate, the better will be their language abilities

o Total communication involves using speech, signs, facial expression, gestures with the hands and body movements. Use these methods when you communicate with children who have difficulty hearing and encourage them to use whatever methods that they can

o Children who can hear but have difficulty speaking need to be given time to say what they want and should not have attention focused on the way they speak

9 Sugath who has low vision and Lakshmi who could not see at all

Sugath

When Sugath went to the eye specialist, the specialist examined him and said that he has low vision. The specialist said this because Sugath has difficulty seeing clearly objects that are close and also those that are at a distance. To him, the objects appear to merge into each other. They appear blurred and he cannot distinguish them.

Some children who have low vision can have it corrected by surgery. After that they can see very well.

But with Sugath, the specialist said that surgery would not help him. The specialist recommended that Sugath wear special spectacles. The lenses of the spectacles that Sugath wears are very thick and powerful. These help him to see things that are close up a little more clearly, but not all that well.

So the teacher uses some special techniques to help Sugath play and learn more easily at the Centre.

She always makes sure that Sugath sits in the front of the class so he can see the board. Sugath always sits so that he can see the teacher. He sits also in a place in the room where there is a lot of light, near a window or near the door.

When she makes drawings to put up on the wall or draws on the board, the teacher uses contrasting colours to make the drawings clearer. She is careful to use colour combinations for objects and backgrounds that will show up well – for example blue and red, purple and green and so on.

She does the same when she writes letters and words, and makes these large. She gives Sugath felt pens with large tips to write with. Sugath sometimes likes to use charcoal and makes his letters very clear and big.

Later, when Sugath starts learning to write letters, the teacher will ask Sugath's father to make a "tilted board". Then Sugath can place his book against the board and write on it. He will not need to bend over the flat desk to read what he writes.

Lakshmi

Lakshmi is a very positive child who is ready to learn. Her parents had told her about what she would do when she came to the ECCD Centre. They had told her that she would make friends with whom she could play. She was therefore very excited when she started coming to the Centre. Now she has a good relationship with her many friends.

The teacher remembers what Lakshmi's parents had told her about the ways that Lakshmi learns. She compensates for not being able to see by using the other 4 senses that she has:

- she touches and feels
- she hears and listens carefully to sounds
- she brings objects like flowers and fruits to her nose to smell them and remembers their smell so she recognizes them the next time
- sometimes she licks a flower or a fruit that has no smell with her tongue to see if it has a special taste.

The teacher lets Lakshmi lick objects with her tongue because this is one way by which she learns. At the same time the teacher is careful that she does not lick any objects that could hurt her. The teacher also makes sure that toys that Lakshmi licks with her tongue are later washed and kept clean.

The teacher has adapted many of the ways by which she helps children learn so that Lakshmi too can learn the same things at the same time.

For instance when she shows children a ball and asks them to draw it, this is what she does. She lets Lakshmi touch and feel the ball so she knows its shape. Then on a piece of paper she draws a ball. Next she pastes a piece of string on the outline. Now Lakshmi can feel the shape of the ball and copy it using a piece of string.

Later in the same way she will also teach Lakshmi to write letters. Sometimes the teacher uses a tray of sand instead of the string.

● Learning Points

- To compensate for their loss of sight, help children to use their other 4 senses to play and carry out activities that will promote their learning and development

10 Shashini whose behaviour is different

Shashini, as we said earlier shows the following behaviours which are different from that of other children; she,

- does not concentrate on doing one activity for long
- finds it difficult to sit in one place and constantly moves about
- seldom completes what she is doing
- disturbs other children in the classroom

Shashini and her parents were referred by the Medical Officer of Health to the child psychiatrist in Colombo. Now she takes some medicine daily, and her behaviour has improved somewhat.

But the teacher uses some special ways of helping Shashini in the Centre. The teacher tries to help Shashini to cope with these different behaviours so she will benefit more from the Centre. She discusses these ways with Shashini's parents and they all try together to help Shashini.

Other differences in behaviour shown by some children in ECCD Centres are,

- being easily distracted, fidgeting with hands and feet and constantly moving from one activity to another
- talking continually
- interrupting conversations and interrupting other children's play and games
- not waiting for their turn
- doing things that are dangerous without thinking about the consequences
- liking to be alone and not interested in making friends
- not liking change

When a child behaves differently, explain this to the other children (in the absence of the child). Help them to understand that they should not be disturbed by it and upset by it. Explain that the child will most likely get over it in time and that they should be kind to the child.

Methods that teachers can use to help children behave in ways that will help them to get on with other children and to benefit more from the ECCD Centre

- seat the child in the front of the class, so distractions will be less
- stand near her when you speak so she will concentrate on you
- address the child by name
- always tell her what you want her to do rather than what you do not want her to do – be positive
- always inform in advance what you plan to do and how
- anticipate situations in which she may behave in an unacceptable way, and do an activity to try and avoid it
- When she does something that she should not, do not give her any reward or satisfaction for it. Then this behaviour will not be reinforced

- When behaviour is not acceptable, tell her so firmly
- Interact with the child when she is not behaving in ways that she should not. Explain that you care about her and that you understand what she is going through
- Show her love and concern. Show her that you care
- Find out the child's strengths and plan activities that will help her to do well and gain confidence
- Find out what she likes to do and what her interests and talents are, and make sure you include those in your schedule
- Include the child in planning what you do
- Give her responsibility in the classroom and during activities

- Include small group activities whenever you can
- Watch her and support her when she has difficulty
- When giving her instructions and directions, keep them short without lengthy explanations. But be sure she has understood

- Help her to say what she wants to say. You can help her by asking questions such as "Who? What? Where? When? Why?" to help her think about what she wants to say

- Most important of all, when she behaves in acceptable ways, show her that you have noticed it and that you appreciate it. Show her that you are proud of it with praise and affection

- Catch her being good

- However small the improved behaviours are, reinforce them by showing your appreciation. This will help her to see the progress she is making, motivate her and give her confidence that she can do it

● Learning Points

- Each child's behaviour is different. If however a child behaves in ways that disturbs others, then help that child to realize it and behave in more acceptable ways

- When you select ways to help the child, first observe the child to find out why she behaves like this. Help the child to improve her social skills taking into consideration these reasons.

11 Kumar who has many disabilities

Kumar loves to come to the Centre. His father has made a special seat for Kumar on the back of his bicycle. Kumar comes to the Centre in this special seat.

Jayani goes to the Centre in the next village. When Kumar was registered at the Centre, the teacher spoke with Jayani's teacher, because both Kumar and Jayani have difficulty moving from place to place. While Jayani uses a wheelchair, Kumar uses a walker. They both need the same adaptations in the Centre and classroom to enable them to participate in the activities at the Centre and to learn and play.

Kumar has cerebral palsy. This has affected Kumar's ability to move and his ability to maintain his balance and his posture. This is why Kumar uses a walker

Some children who have cerebral palsy may not be able to control their balance and their posture to such an extent that they are unable to sit and stand. These children may need to use a wheelchair. Other children who have cerebral palsy may have poor balance, but may not require any assistive devices to help them to move from place to place.

Kumar's condition will not get worse as he grows older. In fact, with proper handling, the effects that cerebral palsy has on Kumar's life can be reduced. It is important for Kumar to be seen by a doctor who may refer Kumar and his parents to a physiotherapist. The physiotherapist will show Kumar and his parents how they can help to reduce the effects of cerebral palsy through doing special movements and exercises and by adopting certain postures.

As well as cerebral palsy, Kumar also has difficulty with his speech. He finds it difficult to say the words that he wants to use. The teacher recalls what she learned about Kosala and uses that knowledge to help Kumar improve his speech.

When Kumar's parent's first brought Kumar to the Centre they told the teacher that Kumar sometimes has fits. They told her that the type of fits that Kumar has is called epilepsy. The doctor had told them that it is caused by a difference in the way that a small part of Kumar's brain works.

The doctor has given medicine which Kumar takes every day both in the morning and in the evening. Since he started taking this medicine the fits are much less. But he still occasionally has them. He has a fit about once a month.

They explained to the teacher what happens when Kumar has a fit and what she should do if this happens when Kumar is at the Centre.

Dealing with the fits that Kumar sometimes has in the Centre

When Kumar gets a fit he falls to the ground. Kumar knows that this is going to happen and cries out before he falls down suddenly. Other children who have epilepsy may not know that this is going to happen and they just fall down.

Kumar's body first becomes very stiff and then it becomes loose.

His arms and legs move about in an unusual way. A little froth or saliva comes out from the corner of his mouth.

Sometimes he passes urine and faeces without, of course, knowing it. His parents have given an extra set of clothing for the teacher to keep at the Centre so he can change clothes if this happens.

A fit lasts only for a very short time. Kumar is not in pain.

With some children, the teacher may see when a child is going to have a fit. The child may suddenly stop what he is doing and stare into space. Or the head or face may move in an unusual way. Or the eyeballs may roll upwards. Or the child makes unusual sounds and movements.

Many people are afraid when they see a person having a fit. This is especially so with children. Because of this, the teacher has explained to the other children in the class about fits by making it into a story, and made sure that they will not be afraid.

She has also showed the other children what they should do if Kumar has a fit. She has told them to tell her at once. She has told them not to be upset because Kumar will be alright and will get over the fit soon. She has asked them to sit down in their places and wait for Kumar to wake up.

What the teacher does when Kumar has a fit: She

- lays Kumar down in a safe place on the floor
- tells the other children not to be afraid, Kumar will be alright soon, and she asks them to sit down in their places
- loosens Kumar’s trousers and removes his shoes
- turns Kumar onto his side and places his head in a way that makes Kumar’s tongue fall forward. In this way she makes sure that Kumar will not swallow his tongue. Also, any saliva that is in his mouth will fall out and Kumar will find it easier to breathe
- sits near Kumar until he wakes up and knows what is happening around him

- comforts him when he wakes up and strokes his brow
- spreads out a mat close by and lets Kumar have a rest
- goes back to be with the other children and reassure them that Kumar is alright
- if Kumar has hurt himself when he fell she will attend to it. If the cut or bruise is bad she will send word to his parents to come and take Kumar to the doctor

The teacher knows that she must never do the following during the fit;

- put anything in Kumar's mouth
- give Kumar anything to drink
- give Kumar any medicine
- stop any of the unusual movements of Kumar's body
- put anything on Kumar's skin

Now everyone in the class, the teachers, the children and the parents who come to help on different days all know what to do if Kumar has a fit while he is at the Centre. Kumar's parents are happy about this.

- **Learning Points**
  - A few children who come to ECCD Centre may have more than one disability. First assess the child to find what strengths and abilities the child has.
  - Help him to develop these. Help him also to overcome the effects his disabilities has on his learning and development

12 Recognizing children who may have disability

Now that you have some knowledge about children who have disability you may be able to recognize disability in children.

Look out for children who appear to have problems at the Centre. The problems may be related to the way they

- hear and listen
- understand and learn
- see and observe
- move and use theirs arms, legs and bodies
- respond and behave.

If you think a child has a problem, observe the child well. Ask yourself these questions when you observe the child

What is the problem the child has?
Why does he or she have this problem?

Does she play and learn as you would expect her to?
Does she play and learn like other children of her age?

Does she hear what you and other children say to her?
Does she hear, but not understand what you and other children say to her?

Does the child have difficulty seeing what you hold up in your hand or put up on the wall?
Does he want to come up close to look at an object?
When you show him something that is far away, can he see it?
Does he screw up his eyes when he looks at something?
Do his eyes look different from that of other children (has a squint)?

Some times it is difficult to know it when a child has difficulty hearing. So below is more information about how you could recognize if a child may have difficulty hearing.

Think about what you know about Deshika and Riyaz.

A child who cannot hear very well may be watching your face and your lips to try to understand what you say.

You may know that he is intelligent, but to your surprise when you explain something new, he does not learn as fast and as much as other children. He appears to learn best by watching what you and other children do.

He may become irritable and angry often. When you observe this behaviour to find out why this happens, you find it is because he does not know what has been said.

Sometimes it is difficult to decide whether a child is not learning well because she has difficulty hearing or because she has intellectual disability. You yourself cannot decide this.

What you should do if you think a child may have disability

If you feel that a child has a problem which may be linked to disability, discuss this with the child's parents.

Most parents will discuss this willingly with you. If they too agree that the child has a problem which they have not identified before, suggest that they meet the Medical Officer of Health to discuss this. Or they could see any other doctor about it.

A few parents do not like to feel that there is anything wrong with their child. If you meet parents like this, be gentle with them. With tact, help them to see the problem the child has. If they still do not listen to your doubts, meet the public health midwife. Tell her about your observations. Ask her if she could come to the Centre, see the child and speak to the parents together with you. Try to persuade the parents that the child should see a doctor.

- **Learning Points**
  - The sooner a disability is recognized and the sooner appropriate interventions are started, the brighter will be the child's future

13 Involving Parents and Other Family Members

You will be making sure that you meet the parents of the children in your Centre often and you would have found that this is very useful. Working with parents and other family members of children who have disability is just as useful and is very important.

Listen to what parents have to say about their child. Observe what their expectations are about the child. Talk with them and inform them about what activities their child is doing at the Centre. Ask parents to continue doing these activities in the way that they can at home. Learning is increased when a child repeats an activity often.

When you talk with parents, help them to realize that the ECCD Centre is an extension of the home where the child's learning and development are concerned. You as a teacher support the child at the Centre and the family of the child supports her at home. The child benefits most when all of you work together.

Discuss with parents the ways by which a child learns best. Share what you have found with parents. They may have ideas and suggestions for you. Ask them about these because otherwise they may not tell you.

Inform parents about the progress that their child makes and about what she has learned.

If the child has a problem at the Centre tell her parents about this. Discuss with them and find ways of solving the problem

In your ECCD Centre, have the parents come together to form a Parents Group?

If there is one, you will already know how useful this is. The parents (and some times other members of the family) come together to share their children's experiences in the Centre and their own thoughts and feelings. They discuss their children's achievements, and problems children may have at the Centre. They help to solve these problems together with you.

They also discuss ways of how they can help to improve the ECCD Centre. They get together and do what is necessary to improve the Centre.

If there is no parents group in your Centre, speak to parents and ask them whether they think one would be useful for the children and for the Centre.

When you need any help with a particular activity that you are doing, you can ask the Parents Group whether they would like to help you. This way you can involve the parents when the children have a dance performance or evening camp, or when you are making an activity garden or learning circles for the children and so on.

Make sure that parents of children who have disability are also members of the Parents Group. Also that they join in the activities of the group, just like other parents.

- **Learning Points**

  - Working with parents and other family members is an essential component of Early Childhood Education. Learning and development that takes place with each child at the ECCD Centre must be repeated and reinforced at home to have the best and lasting effects

14 Involving the Community

There are many members of the community around any ECCD Centre who will be interested in it. Individuals and community groups are naturally interested in supporting the early childhood education of the children who are the future of their own community.

Parents of the children who come to the ECCD Centre are also of course part of this community and may be members of some of the community groups and organizations. For example the women's group, the farmers association and so on.

Do you have contact with other members and groups in the community in which your ECCD Centre is located?

Some of the community members and groups who could help and support the ECCD Centre in different ways are given below:

- **The Public Health Midwife**

  The Public Health Midwife is responsible for the health all the children aged 0 – 5 years. She monitors their growth and development and knows them and their families.

  You can speak with her and ask her if there are any children she knows of who are not going to an ECCD Centre, especially children who have disability. Discuss with her how the two of you could work together to get these children to attend an ECCD Centre. If yours is too far away, you could help them to find a Centre closer to their home.

You could invite the Public Health Midwife to speak with the children about the importance of good hygiene and good health habits.

The Public Health Midwife can help the parents to meet the Medical Officer of Health in your area if a child has a health problem.

- **The Medical Officer of Health**

  The Medical Officer of Health has the responsibility of providing health care for all the children aged 0 - 5 years in his area. He has clinics in his office and in other parts of the division, and he will see children at these clinics.

  When parents want to get advice from the Medical Officer of Health about a child's health or health condition, they can ask help from the public health midwife to do this. She will know the Medical Officer of Health's clinic programme for the month.

- **Local Religious Leaders**

  Involving a local religious leader in your Centre will be valuable to promote the children's spiritual development. If a local religious leader is not involved in your Centre speak to the parents about this. Ask them whether they would like you to invite a religious leader to take an interest in the ECCD Centre.

- **The Grama Niladari**

  As you know, the Grama Niladari is the person who is most familiar about the people who live in the community. She collects information regularly about the families in her division. She will know about any children who do not go to an ECCD Centre.

  Ask her whether she knows any children who have disability who do not go to an ECCD Centre. She may also know why these children do not go to an ECCD Centre. You could request the Grama Niladari to speak with these parents about why it is important for them to go to an ECCD Centre. Or you could visit the home and speak with these parents yourself.

- **Women’s Group, Farmer’s Association, Youth Club, and other Community Organizations**

  You may wish to contact these groups and tell them about your ECCD Centre and about the way it helps children.

  They may like to get involved in helping the Centre. They may like for instance, to do shramadana and make an activity garden or learning circles for the children. If you already have an activity garden they may have ideas on new activities that could be added to it.

  They may like to help you to teach the children different activities. Someone from the groups may like to come and teach the children something special – dancing for instance.

  Others may offer to help when you take the children out on trips to places in the community – the park, the police station and so on.

- **Learning Points**

  - Find out what resources there are in the community who could help children in the ECCD Centre. Get to know these resources and find ways of involving them in Early Childhood Education in your town or village

15 Referral and Support Networks

There are many services outside your community which could also benefit children in your Centre either directly or indirectly. Here are some of them:

o Hospitals and Medical Specialists

If the Medical Officer of Health thinks that a child would benefit from the services of a medical specialist, he will refer the child and the parents to such a specialist. He will tell them where the specialist can be seen and how to find her. Some specialists are located in Base hospitals, while others may be found in Provincial or Teaching hospitals

The Medical Officer of Health may refer the child and parents to a paediatrician, ear, nose and throat specialist, eye specialist, orthopaedic specialist, a child psychiatrist or to another specialist.

o Other Health Professionals

The Medical Officer of Health or one of the other medical specialists may some times refer a child and parents to another health professional. Some of these professionals are,

Physiotherapist

The physiotherapist helps to restore and improve the way a child's body moves and functions. She does this using techniques to improve movement and mobility, to strengthen muscles, and to improve coordination and motor skills. The physiotherapist will also advise the child and parents about special assistive devices that the child can use to improve the function of her body or of her hands, arms and legs.

Occupational Therapist

The occupational therapist focuses on practical and self-help skills that will improve the child's daily activities such as dressing, feeding, toileting, playing and interaction with other children. She will advise the child and parents on what they can do at home to improve the child's quality of living. She will also advise the child and parents about special assistive devices that the child can use to improve the child's daily activities.

Speech and Language Therapist

The speech and language therapist uses special techniques to develop or bring about improvement in communication skills, including speech and language abilities.

The speech and language therapist is also able to help children who have autism and their parents. She gives advice about what they could do to improve the child's daily interactions. Autism is a health condition in which a child may have difficulty communicating, socializing and adapting to other people, to his surroundings and to change. The child has difficulty making friends.

If a child in your Centre is diagnosed as having autism, meet the Medical Officer of Health and ask her about this condition. Ask what you can do about it.

Nutritionist or Dietician

A child who has a health condition caused by a nutritional problem may be referred by the Medical Officer of Health to a nutritionist or a dietician in the hospital. She will advise the child and parents what kind of food the child should eat, at what times and how it may best be prepared.

o Social Service Officers

You may know that there is a Social Service Officer working in the Divisional Secretariat. Did you know that the Social Service Officer can help parents obtain certain kinds of equipment prescribed for a child by a medical doctor?

The Social Service Officer may be able to help children and parents obtain, for instance, hearing aids, spectacles, wheelchairs and crutches. Parents who need help to get any of these can meet the Social Service Officer in the Divisional Secretariat and find out about this.

o Child Rights Promotion Officers and Early Childhood Development Assistants

There is a Child Rights Promotion Officer in every Divisional Secretariat. There are Early Childhood Development Assistants in some Divisional Secretariats. Get to know these officers in your Divisional Secretariat. You can then go to them for guidance regarding any matters related to the children in your Centre and for advice and help that you may need.

o Zonal Education Office

Parents of children who have disability can get advice and help from the Zonal Education Office to get a place for their child in a primary school.

If a parent needs advice or help, arrange for them to meet the Zonal Education Officer who is responsible for children who have disability.

It would be good if you yourself meet this officer beforehand and get to know her. Then you will be in a better position to give more help to a child and parents who need support.

o Non-Governmental Organizations

There may be non-governmental organizations working in your district who may be interested in supporting early childhood education in different ways.

Some non-governmental organizations for instance, support the further education of ECCD Centre teachers. You could find out whether there are such possibilities either from the Social Service Officer, the Early Childhood Development Assistant or from the Zonal Education Office.

● Learning Points

o There are many resources outside your community that could contribute to the learning and development of children. Some can contribute to the improvement of the ECCD Centre.
Find out what these resources are, and contact them when necessary

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Children who have Disability in ECCD Centres
Reviewing this Resource Book

This Resource Book is being continually reviewed to keep it updated and to make it as relevant as possible. The teaching methodology used in connection with the training of teachers is also being reviewed.

We thank you for participating in this process and would appreciate your comments, views and suggestions. Please use the following headings if possible:

1 Relevance:
  1.1 Topics to be added
  1.2 Topics to be deleted
  1.3 Socio-cultural suitability
2 Usability:
  2.1 How does it read?
  2.2 Language style
  2.3 Illustrations
  2.4 How easy/hard is it to understand?
  2.5 How easy/hard is it to use as a reference book?
3 Mistakes and inaccuracies
4 Effectiveness of teaching methodologies
  4.1 Weaknesses
  4.2 How can these be improved?
5 Any other comments

Please return your comments and suggestions to:

The Strategic Programme Advisor ECE/ECCD
Save the Children in Sri Lanka
58A Horton Place
Colombo 07

Thank you!