



Early Intervention Manual for Special Educators



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Enabling Inclusion through
Early Intervention (EI) Programme



AMAR SEVA SANGAM



Amar Seva Sangam (ASSA) is a premier organisation in the field of disability management focusing on rural areas, located in Ayikudy Village in Tenkasi District of Tamil Nadu. Our approach is to establish a centralised resource center to act as a catalyst for change in the development of children and adults who are differently abled and intellectually challenged. We do this by involving the village community in the process. This mission of ASSA is to establish a Valley for the Disabled, whereby persons with physical / intellectual challenges live in a pro-active society where equality prevails irrespective of physical, intellectual or other challenges with the rest of the society. It is a futuristic vision whereby Amar Seva Sangam plays the role of an enabling agent to provide persons with physical / intellectual challenges "equality of status, equality in opportunities and equality in access".

Amar Seva Sangam (ASSA) was established by Mr. Ramakrishnan, in the International year of the Disabled to cater to disability management focusing on rural areas.

S. Ramakrishnan, Founder President



S. Ramakrishnan, while in his 4th year engineering, injured his spine while attending the last round of Naval officers' selection test and became a quadriplegic. He established ASSA in 1981, the year for the Disabled and named it after his Doctor and mentor Air Marshal Dr. Amarjit Singh Chahal of Defence hospital. **Padma Shree awardee** S.Ramakrishnan is the President of ASSA.

S. Sankara Raman, Secretary



S. Sankara Raman, a Chartered Accountant and a wheel chair user, affected by muscular dystrophy joined ASSA in 1992. He is the Secretary of ASSA. Along with Mr. Ramakrishnan, they have built a **Valley for the Differently Abled** in a 30 acre land

at Ayikudy, as a Rehabilitation and Development Centre and developing models for self-help initiatives by integrating individuals with disabilities within society for improved living conditions.

In 2020, he established Amar Seva Global, a social enterprise focused on spreading Amar Seva's Enabling Inclusion program globally.



What is Development Delay ?

Skills such as taking a first step, smiling for the first time, and waving “bye-bye” are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (for example, crawling and walking). Children develop at their own pace. However, when developmental milestones are not met by a certain expected age, it is called “developmental delay”. Early stimulation and intervention can help children reach these milestones.

What is Development Disability?

Developmental disabilities are a group of conditions due to an impairment in physical, learning, language, social or behavioral areas. These conditions begin during a child's developmental period, may impact day-to-day functioning, and can last throughout a person's lifetime. According to the WHO, “If children with developmental delays are not provided with appropriate early intervention, their difficulties can lead to lifetime consequences, increased poverty and profound exclusion”.

What is Early Intervention?

Interventions promoting child development should address physical, social, emotional, language, and cognitive areas of development. Services targeting these domains of development are termed, “Early Intervention therapy” and can encompass physical therapy, occupational therapy, speech-language therapy and special education. Early Intervention has a significant impact for children who have delayed development in physical, cognitive, emotional, sensory, behavioural, social and communication domains of development. With quality early intervention services, children can reach their potential, live a meaningful life and integrate into their communities.



Enabling Inclusion Programme

Amar Seva Sangam's Enabling Inclusion programme uses community rehabilitation workers to provide early intervention services to children in their own homes or in community centres by connecting these community workers with rehabilitation specialists (physiotherapists, occupational therapists, speech therapists/trainers and special educators) through the use of the award winning Enabling Inclusion (EI) app. The program has proven to improve outcomes for children with disabilities and their family members and has allowed many children to reach their potential.



A Guide to Support Self Care and academic skills of Children with Disabilities (A Special Educator Manual)

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Somewhere, a child is being told he cannot play because he cannot walk, or another that she cannot learn because she cannot see. That boy deserves a chance to play. And we all benefit when that girl, and all children, can read, learn and contribute. The path forward will be challenging. But children do not accept unnecessary limits. Neither should we”.- Anthony Lake Executive Director, UNICEF, 2013



Introduction to Intellectual Disability

Intellectual Disability:

Once called mental retardation, is characterized by below-average intelligence or mental ability and a lack of skills necessary for day-to-day living. People with intellectual disabilities can and do learn new skills, but they learn them more slowly.

IQ (intelligence quotient) is measured by an IQ test. The average IQ is 100, with the majority of people scoring between 85 and 115. A person is considered intellectually disabled if he or she has an IQ of less than 70

Intellectual Disability majorly causes limitations in two areas. These areas are:

- Intellectual functioning. This refers to a person's ability to learn, reason, make decisions, and solve problems.
- Adaptive behaviors. These are skills necessary for day-to-day life, such as being able to communicate effectively, interact with others, and take care of oneself.

There are varying degrees of intellectual disability, from mild to profound.

Mild Intellectual Disability:

- taking longer to learn to talk, but communicating well once they know how
- being fully independent in self-care when they get older
- having problems with reading and writing
- social immaturity
- increased difficulty with the responsibilities of marriage or parenting
- benefiting from specialized education plans
- having an IQ range of 50 to 69

Moderate Intellectual Disability:

- are slow in understanding and using language
- may have some difficulties with communication
- can learn basic reading, writing, and counting skills
- are generally unable to live alone
- can often get around on their own to familiar places
- can take part in various types of social activities
- generally having an IQ range of 35 to 49

Severe Intellectual Disability:

- Considerable delays in development
- Understands speech, but little ability to communicate



- Able to learn daily routines
- May learn very simple self-care
- Needs direct supervision in social situations.
- noticeable motor impairment
- severe damage to, or abnormal development of, their central nervous system
- generally having an IQ range of 20 to 34

Profound Intellectual Disability:

- inability to understand or comply with requests or instructions
- possible immobility
- incontinence
- very basic nonverbal communication
- inability to care for their own needs independently
- the need of constant help and supervision
- having an IQ of less than 20

Characteristics of Intellectual Disability:

- a. Delayed response
 - Lack of understanding of events happening around oneself
 - Delayed or sometimes not able to answer for questions asked by others.
- b. Poor Attention:
 - Inability to focus consistently on an activity or a person
 - Inability to shift focus from one activity to another activity.
- c. Inability to learn new skills and academic skills:
 - Difficulty in learning new tasks/activities
 - Inability to learn new lessons quickly and takes unusually longer time.
- d. Difficulty in understanding
 - Inability to understand the spoken words and expression others
 - Misunderstanding the words and expression of others
- e. Poor Memory:
 - Difficulty or inability to remember previously learnt concept, ideas and skills
- f. Difficulty in decision making:
 - Unable to take appropriate decision by analyzing the situation and various factors wherever



- required
- g. Lack of clarity:
- Vaguely expressing or not expressing one's own needs, emotions, abilities and thoughts
- h. Difficulty in managing emotions:
- Not able to control anger and sought at others
 - Inappropriate way of expressing emotions
- i. Behavior

All the actions we do in our daily lives are our behavior. This includes all of our daily activities such as standing, walking, sitting, crying, laughing, eating etc.

Behavior can be of two types

1. Skill Behavior
2. Problem behavior

Skill-based behavior

Skills-based behavior should be taken as a lesson and taught to the child. Example: Standing, walking, daily activities(self-care) etc.

Problem behavior

If a person's behavior or action affects him, other people or the environment, or is inappropriate to the situation is called problem behavior.

- I. Risk or dangerous behavior
 - Tearing note and books
 - Throwing objects
 - Harassing other people
- II. Being out of control
 - Excessive or uncontrollable crying screaming (screaming) lying on the floor and rolling
- III. Misbehavior with others:
 - Hitting, biting, pushing, kicking others without any reason
- IV. Self-injurious behavior:
 - Attacking self for no reason, hitting the head, pulling the hair, biting hands, exploiting the sores etc.
- V. Irritating behavior:
 - Performing an action without a break, for example: keeping his body shaking, shaking his head, putting his hands inside his ears or nose
- VI. Inappropriate activities:
 - Laughing and crying when not needed
 - Excessive talking
 - Garbage collection



- Being with any one object

VII. Hyperactive behavior:

- Inability to concentrate more than a certain amount of time in one place
- Focusing his attention on different events
- Inability to focus on the same active series

VIII. Unusual Fear

- Fear without cause
- Fear of looking at objects
- Fear of looking at animals
- Fear of looking at humans



Managing Problem Behavior:

Children would be disciplined when they problem behavior and also be encouraged when they do right or show right behavior. Children like to receive compliments. So every time they show appropriate behavior give those complements or rewards.

Rewards and Reinforcement:

- Eatables
- Toys
- Break between activities
- Creating a favorite environment
- Creating entertainment



Individual education plan

Individual education planning (IEP) is a process in which teachers and parents work together as a team. This team examines the child's current abilities/skills and builds goals (GOAL FIXING) based on them.

The purpose of an IEP is to provide an educational program that helps a student achieve personal outcomes or goals beyond his or her current abilities.

Each IEP is developed based on the skills designed for the individual student. As members of the IEP team, parents must be part of the individual planning process.

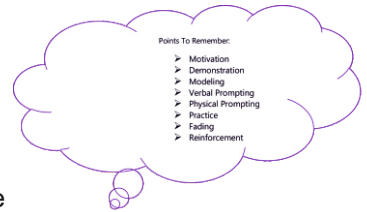
IEPs need to focus more on promoting student learning. In this process individual abilities of the student are considered. The goals set for each student should be categorized individually and set according to each student's current status.





TEACHING METHODS FOR CHILDREN WITH INTELLECTUAL DISABILITIES





Transferable Instructional Methods




When working with children with intellectual disabilities there are a variety of different teaching methods that can be utilized to achieve success. No singular method will be successful for all.












This list explains different methods that have been found to be successful within research when teaching children with intellectual disabilities new skills.

| Method | Description |
|--|---|
| <p>Task analysis</p>  | <p><u>Task analysis</u> is the process of breaking an activity into the smaller components required to complete the task. These components can appear more manageable and help to identify expectations and challenges within an activity. (For example see Appendix A)</p> |
| <p>Forward/Backward Chaining</p>  | <p>In <u>Forward Chaining</u>, after breaking up a task into smaller components , the child completes the first step of the “chain” (the first component). Once the first step is mastered the child may perform the first two steps and so on.</p> <p>*Forward chaining is usually used to teach tasks where the last step is very difficult. In <u>Backward Chaining</u>, after breaking up a task into smaller components, the child learns and completes the last step, then the second last step and so on.</p> <p>* Backward chaining is more fun for the child, because it helps them feel that they completed the activity. It is used quite often in training of self care skills</p> |

| Method | Description |
|--|---|
| <p data-bbox="181 292 370 316">Reinforcements</p>     | <p data-bbox="547 292 1024 437"><u>Reinforcements</u> can be either internal or external motives that encourage participation within a task. There are many different types of reinforcements that may be used.</p> <ol style="list-style-type: none"> <li data-bbox="547 475 851 512">1. One time rewards <p data-bbox="547 550 1024 727">This type of reinforcement is a reward given to the child each time they perform a self care task, or a part of a task. Rewards can be edible, social, activity, material, or even privileges. Best used when first introducing a new skill.</p> <ol style="list-style-type: none"> <li data-bbox="547 764 730 801">2. Tokens <p data-bbox="547 839 1024 1046">Create a system where you add a “token” each time the child completes a task (eg. a bowl with stones.) At the end of a given time period (eg. month), the child gets a reward based on the amount of tokens they have received. This is used to encourage consistency in self care tasks.</p> <ol style="list-style-type: none"> <li data-bbox="547 1083 963 1120">3. Naturally occurring rewards <p data-bbox="547 1158 1024 1453">Are rewards that results from the task. Eg. for drinking from a cup the natural reward is relieving thirst. When the child first begins to learn a skill fostering a sense of accomplishment fosters internal motivation for the child to continue the task independently. Eg. When the child first begins to use a cup, say, “Look at you! You can drink from a cup!” to establish a sense of pride.</p> |

| Method | Description |
|--|---|
| <p data-bbox="181 268 281 295">Shaping</p>  | <p data-bbox="535 268 1028 379"><u>Shaping</u> is when you reward and appreciate the child when they are approximately able to do the task, perfection is not expected.</p> <p data-bbox="535 387 1028 475">Eg. If a child takes the comb to his head and moves the comb, you reward/ appreciate them for it.</p> <p data-bbox="535 483 1028 531">Shaping is used in the earlier stages of training.</p> |
| <p data-bbox="181 576 277 603">Grading</p>  | <p data-bbox="535 576 1039 632"><u>Grading</u> is when you change the task according to the child's need.</p> <p data-bbox="535 639 1039 746">For example, when a task is too difficult you can either break down the task into simpler expectations or adapt the environment/task to better suit the child's abilities.</p> <p data-bbox="535 754 1039 866">Some ideas for grading are: chaining, using larger objects to hold onto when fine motor is a challenge , and teaching dressing with oversized clothes.</p> |
| <p data-bbox="169 906 277 933">Modeling</p>  | <p data-bbox="535 906 1039 994"><u>Modeling</u> happens when the child learns what to do and how to do the task through observing someone else.</p> <p data-bbox="535 1002 1016 1050">Modeling can be used for physical skills, non verbal behaviour, and social skills.</p> <p data-bbox="535 1058 932 1082">How to make modelling work well</p> <ol data-bbox="596 1118 1033 1433" style="list-style-type: none"> <li data-bbox="596 1118 1011 1166">1. Get the child's attention and make sure they are looking at you. <li data-bbox="596 1174 1022 1273">2. Get the child to watch first, then move slowly through the steps of the skill so that the child can clearly see what you're doing. <li data-bbox="596 1281 988 1353">3. Point out the important parts of what you're doing. For example, 'See how I am ...'. <li data-bbox="596 1361 1033 1433">4. Give the child lots of opportunities to practise for themselves once they have seen you do it |

| Method | Description |
|---|--|
| <p data-bbox="180 264 303 296">Repetition</p>  | <p data-bbox="445 264 1037 416"><u>Repetition</u> is one of the best ways to reinforce and learn a task. The best part about self care skills is that you need to do them every day, and often more than once a day. Help the child practice skills every single time that the activity needs to be performed.</p> |
| <p data-bbox="165 467 292 499">Prompting</p>      | <p data-bbox="445 467 1037 619">Prompts are a way to provide instruction during a new task. Multiple prompts may be used at a time. The goal is to eventually minimize/eliminate the prompts being used to allow the child to become independent.</p> <ol data-bbox="456 627 636 651" style="list-style-type: none"> 1. Verbal Prompts <p data-bbox="445 659 1037 707">Verbal prompts are instructions or words to direct a person to complete the skill.</p> <ol data-bbox="456 730 577 754" style="list-style-type: none"> 2. Modeling <p data-bbox="445 778 1037 826">Modeling is demonstrating the skill either in person or on a video. And is discussed in further detail above</p> <ol data-bbox="456 850 641 874" style="list-style-type: none"> 3. Manual Prompts <p data-bbox="445 882 1037 930">Manual prompts are when physical contact is used to help the child complete the skill.</p> <p data-bbox="445 946 1037 1074">*Research has found that most-to-least prompting has been the most effective strategy when compared to other physical prompting strategies (Most -to- least; begin with the most restrictive prompt (i.e., hand-over-hand) and fades out to independence)</p> <ol data-bbox="456 1090 652 1114" style="list-style-type: none"> 4. Gestural Prompts <p data-bbox="445 1137 1037 1185">Gestural prompts are when pointing, motioning or nodding toward the child or the objects is used to complete the skill.</p> <ol data-bbox="456 1209 628 1233" style="list-style-type: none"> 5. Visual Prompts <p data-bbox="445 1257 1037 1337">Visual prompts are typically pictures that help provide step by step instructions. More details can be found below.</p> <ol data-bbox="456 1361 611 1385" style="list-style-type: none"> 6. Text Prompts <p data-bbox="445 1409 1037 1457">Examples of text prompts include use written instructions, checklists, scripts, and reminder lists.</p> |

| Method | Description |
|--|---|
| <p data-bbox="165 268 300 295">Visual Aids</p>  | <p data-bbox="532 268 1037 327">Visual aids serve as a visual prompt when teaching a child a new skill. They can be in the form of : Pictures , drawings, photographs, as well as words, with each step to complete the task/schedule displayed.</p> <p data-bbox="532 327 1037 443">*A daily visual schedule is a critical component in a structured environment that has shown improvements in behaviours of children with intellectual disabilities. The schedule shows the child what activities will occur and in what sequence.</p> |
| <p data-bbox="165 705 252 730">Stories</p>  | <p data-bbox="532 705 1037 762">Stories can be constructed to talk about various independent living skills. Purpose of social stories within the child's environment:</p> <p data-bbox="532 762 1037 970">(a) Describing a situation and appropriate behaviors, (b) Explaining simple, understandable steps for certain goals, (c)Teaching new routines and anticipated actions. (Find example in Appendix B)</p> |
| <p data-bbox="165 1075 296 1101">Integration</p>  | <p data-bbox="532 1075 1037 1252">Integration is not a singular approach but a consideration throughout the day. Integrate opportunities to promote self- care skills throughout the day and during play will provide needed practice for successful mastery of targeted skills.</p> <p data-bbox="532 1252 1037 1340">For example: having dress- up clothes provides an excellent opportunity to reinforce dressing, buttoning, and zipping.</p> |



Self-Care

What are self-care skills?

Self care skills are the everyday tasks undertaken to be ready to participate in daily life activities, such as: eating, toileting, dressing, grooming, and personal hygiene activities.

Why are self-care skills important?

Self-care skills help:

- Develop the ability to plan, organize and sequence tasks
- , Develop a sense of self and independence
- Develop the refine and physical control required to carry out other daily tasks
- Act as a precursor for many school related tasks

Tips to remember to increase children's level of independence when teaching self care.

- Make items required for self care accessible and within reach of the child
- Take your time, extra time now means less time required in the future.
- Alert the child of the self care need, eg. “your hands are dirty”, and invite them to help fix the concern.
- Give the child just enough help. Think about doing a task “with,” rather than “to” a young child.

Note: When working with children to teach self-care it is essential to address parents concerns, ask them for solutions, include them in treatment development, and have them participate in the therapeutic activities with the child. Carryover of exercises provides more consistency and reinforcement, and parents can be a positive source of encouragement, which helps emotional development in children.

Building Blocks to Self Care

Before being able to participate within self care tasks children need to develop









certain building blocks to allow independence within the activity. Being able to perform self care activities requires multiple areas such as gross motor, fine motor, visual, cognitive, sensorial, and communication skills to be developed. It is important to identify areas of challenge before teaching self-care. Most of these areas can be developed and supported through the use of play.

Gross motor skills

Gross motor skills are those that require whole body movements and that involve the large (core stabilizing) muscles of the body to perform everyday functions, such as standing and walking, running, jumping, and sitting upright at the table.

General activities to encourage gross motor development.





| | |
|--|--|
| <p>Hopscotch</p>  | <p>Supports the development of hopping, balance, and coordination.</p> |
| <p>Dancing</p>  | <p>Helps kids develop balance, coordination and motor sequencing skills. It also helps build the child's awareness of rhythm. For little kids, try using songs with lyrics that add movement, like "I'm a Little Teapot" or "The Hokey Pokey."</p> |
| <p>Wheelbarrow walking</p>  | <p>Supports the development of upper body strength and postural/ trunk control.</p> |

| | |
|---|---|
| <p>Walking on unstable surfaces</p>  | <p>Walking/climbing over unstable surfaces (e.g. large pillows) requires a lot of effort and increases overall body strength and balance. Create a game out of the activity to make it more enjoyable</p> |
| <p>Cardboard box fun</p>  | <p>You can create all kinds of activities with a box. A) Turn it upside down and use it as a drum, show the child how to hit it and watch as they mimic your actions B) Fill it with toys to have the child dump them out. Both activities support posture control and upper limb control development</p> |
| <p>Playground</p>  | <p>Swing helps kids develop balance. It also helps them learn how to coordinate shifting their weight and moving their legs back and forth. “Unstable” playground equipment like rope ladders and wobble bridges help work trunk muscles.</p> |
| <p>Balloon/Bubble play</p>  | <p>Kids can chase balloons and bubbles and try to catch/pop as many as possible. While chasing them, they have to run, jump, zigzag and move in ways that require sudden shifts in balance and weight.</p> |





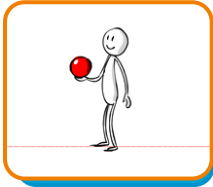

This is not an exhaustive list. Use your own reasoning to determine different ideas that would be most suitable for your patient

Specific gross motor challenges

| Challenge identified | Potential Strategies to implement |
|-----------------------|---|
| Does not hold neck up | <p>1. Have the child lying on their stomach on your lap. Have bright coloured objects beside you and make sound to encourage the child to move their neck to the side to see the objects. Gradually extend their neck a little beyond your lap and raise your lap so that the child balances and holds their own neck.</p>  <p>2 Hold the child vertically against your shoulders with your one hand at the back of his neck and the other on his lower back and the child facing behind you with their chin resting on your shoulder. Have someone hold a rattle/toy in front of the child's face. Once the child's attention is had move the toy so to encourage the child to track the object and move their neck.</p>  |
| Does not sit by self. | <p>1. Initially seat the child on your lap and later progress to using the corner of the room or create a seat with supportive sides using household materials .</p>  |
| | <p>1. To encourage standing from sitting place the child's favourite toy on a low bench out of reach but visible. Tempt them to get it. You can help them to pull up to standing. Gradually move the toy, until they stand. Allow the child to take the toy once he stands.</p>  <p>2. Make the child stand at one end of the room holding a bench, cot or a rod. Call the child from a distance to come to you. (Depending on motor challenges present)</p> |



Activities to support hand-eye-coordination development

| | |
|---|---|
| <p>Ball and Net</p> <ul style="list-style-type: none">• Use a net bag, the kind that you get fruit and veggies in,• Pop a ball in and knot it• Tie it to a rope.• The rope needs to be long enough to get the ball level with your child's chest.• Suspend the ball from any horizontal pole or even from a hook in a doorway. | <p>Push and Catch: The child pushes the ball away from themselves and tries to catch it before it hits their body.</p> <p>Bat and Ball: Use a bat and have your child practice hitting the ball with the bat. Use a variety</p>  |
| <p>Ball roll</p>  | <p>Have your child sit with legs apart, as shown, and you roll the ball to your child. Your child needs to try and stop the ball before it hits the body. This means your child will be watching the ball carefully and then coordinating the hands to stop the ball at just the right time.</p> |
| <p>Ball toss</p>  | <p>It takes a lot of concentration for a toddler or a preschooler to pass or toss something carefully with both hands! Start with passing a balls/beanbags and progress to tossing them back and forth.</p> |
| <p>Toy Match</p>  | <p>Trace some of the child's toys on pieces of paper. Have them match the toy to the correct paper. This will help with motor and visual coordination.</p> |



.Threading



Threading beads consist of both fine motor and hand- eye- coordination. Use chunky beads and laces if the child struggles, or have the child thread beads onto a pipe cleaner/chenille stick for extra stability.

This is not an exhaustive list. Use your own reasoning to determine different ideas that would be most suitable for your patient.

Fine Motor Skills

Fine motor skills involve the use of the smaller muscles of the hands, commonly used in activities like writing, picking up small objects and doing up buttons. Fine motor skill efficiency significantly influences the quality of the task outcome as well as the speed of task performance.

Play dough



Using fingers to play with play dough naturally refines motor development. To grade the activity up include other tools such as rolling pins, child-safe scissors, cookie cutters, and even dental floss to slice the Play-Doh.

Painting



Different types of painting can help strengthen your child's hand-eye coordination and manual dexterity. Finger painting gives kids an opportunity to use their hands. Painting with a brush helps kids learn to hold a brush and gain greater control using it as a tool.

Sponges



Fill a bowl with water and leave another bowl empty. The child can soak the sponge in the water and then squeeze out the sponge into the other bowl. This strengthens hands and forearms.



.Sensory Bins



A sensory box can be made with a large plastic container filled with many different items. Many parents choose to use dry rice or beans as the base of the box. Alongside the rice or beans, add an assortment of different items with different sizes and textures.

Handling different textures, using a fork or spoon, or picking up items with tongs will help with fine motor development.

This is not an exhaustive list. Use your own reasoning to determine different ideas that would be most suitable for your patient.

| .Challenge Identified | Potential Strategies to implement |
|-------------------------------------|--|
| Does not pick up and handle objects | <p>Start with having the child pick up larger objects using the whole fist before using their fingers.</p> <ul style="list-style-type: none">• Allow competency to be gained by holding large objects first with both hands, then single hand, and thirdly transfer from one hand to another. <p>*Grasping and releasing of objects can be trained by asking/telling the child to 'take' (grasp) and 'give me' (release) with your hands extended. Do it with a number of objects.</p> |



Language/Social Development

Language and communicative competence provide critical tools for learning, engaging in social relationships, and behavior and emotion regulation from infancy onward. Many children with intellectual disabilities experience challenges within developing these skills impacting their participation and behavior within self-care.

Below are some strategies to utilize when the child does not talk/respond

1. Talk to the child while feeding, dressing, bathing and other routine activities. When the child smiles, coos and babbles, show response. While bathing and dressing, talk to them addressing areas that they can assist with that are relevant. Eg. tell them for instance, 'show your hand', 'show your leg'.
2. Play games by covering your face and telling the child to 'find me'. Allow them to take off the cloth to show your face. Laugh and show happiness. This helps in learning self awareness. Put the cloth on his face and ask 'where is (child's name)'. Let them take the cloth off and expose their face.
3. Introduce the names/relationships of family members gradually. Ask the child 'where is Papa', 'go to Grandpa' and such phrases so that they recognizes family members.
4. Encourage 'pretend play' of animals, birds, transports ext.
5. Speak naturally to the child. Use gestures along with speech. Always call them by name and make sure they react, by either a smile, turning in the direction of calling or stopping an activity.
6. Play is one of the best forms of encouraging language development. Use a number of forms of play to interact with the child.



Specific Areas of Self Care

To start treatment in any area of self care it is important to:

1. Complete an interview with the parents to discuss current areas of concern with self care
2. Complete a task analysis of the area required for treatment
3. Complete an assessment of the child's current abilities and challenges
4. Compare the task analysis to child's abilities
5. Grade the activity
6. Use appropriate instructional methods
7. Evaluate outcomes.

Note: Research has found that children with ID manage daily routines better when there is a specific schedule that they follow. When working with parents, it will be important to educate them on both the routines needed within the self care activity as well as a general daily schedule that is consistent each day.

Feeding

Children with intellectual disabilities have been found to experience more challenges with eating than the average child. Children are more likely to be selective in what they eat, be sensitive to texture, colour, smell, and temperature, are more prone to unusual ritualistic behaviors, tend to prefer foods that have higher calories with less nutrition, and demonstrate fine/gross motor challenges that impact participation.

General feeding strategies to educate parents about



- Have regular meal times
- Give a warning (eg. 10 minutes) before meals
- Remember that the child may not be hungry and that is okay.
- Have a time limit on how long meals will last; this allows the child to develop a sense of responsibility to finish food in a certain time limit and limits frustrating elongated meals; pacing timers, vibrating watches, and visual aids can improve meal pacing for children who eat too quickly or too slowly.
- Offer limited choices
- Provide small portions
- Ignore bad behavior, praise positive behavior
- Reward good eating
- To create structure try putting a different image for each snack/meal time around the face of a clock. Post the schedule where the child can easily see it.

Often times children with intellectual disabilities are particular about the food they eat. To increase the number and types of food use food chaining.

Parenting a Picky Eater

Food Chaining

Cookies to Blueberries



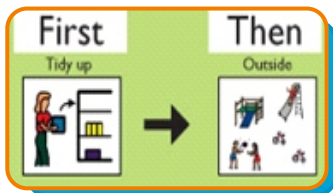
Food chaining is an individualized, structured approach to increasing the number and types of food a child will eat. It is based on a child's sensory profile and preferences. A food chain starts with an accepted food that the child is willing to eat, and ends with an established goal food. The chain is created by making gradual changes to the accepted food.

For example, a food chain may start with a

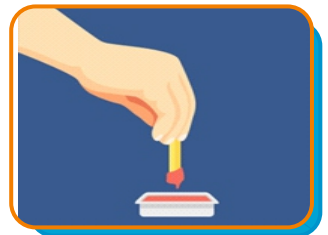
child's favorite brand of chicken nuggets and end with baked fish. The early stages of the chain can include new brands and shapes of chicken nuggets. Gradually, as a child comes to routinely accept the new foods, the offerings evolve to something similar yet completely new like breaded fish nuggets and eventually baked fish

Suggested Instructional Methods:

- Social Stories



- Token system
- Visual aids: Create a "First-Then" board. This shows a picture of an object or action followed by a picture of a reward. For example, a caregiver might show a child a picture of a snack with the word "eat" followed by a picture of a swing set with the word "play".





Specific Areas of Concern

Challenge: Does not chew food

1. Take a long vegetable and dip the food into a favorite sauce.
2. Open the child's mouth (help physically by gently pressing the cheeks, if they do not follow commands). And place the vegetables at the back teeth. When the child brings their teeth together they will taste their preferred sauce.
3. Continue until the child recognizes that biting gives a good taste.
4. Gradually place other boiled vegetables into the child's mouth which are easily chewable.

Challenge: Eating food independently with their hands

1. Start by placing foods on a plate that have no sticky textures in front of the child (eg. boiled potato or bread)
2. If the child does not initiate eating, stand behind the child - hold their right hand with your right hand and help them to pick up pieces allowing them to direct the food towards their mouths. .
3. Gradually remove your hand and only help when needed.
4. Introduce rice and repeat procedure
5. Finally mix rice with gravy and repeat.

Challenge: Eating food independently with a spoon



1. Start with using suitable food items in a cup to provide stability and easier access to scoop. As the child learns grade the activity to be able to progress to a plate.
2. Hold the cup firmly to the table.
3. Have the child scoop with a spoon
4. Once spoon handling has improved allow the child to manage holding their own cup/plate when eating.



Challenge: Spills while drinking from cup/glass.

1. Use unbreakable double handled cups. Initially use cups that can be closed with the sipper.
2. Give only a mouthful of liquid in open cups. Increase quantity gradually.
3. Train using cups/glass with single handle or no handle

It will be important to grade the task accordingly to abilities demonstrated and to incorporate chaining if needed.

*** Remember to be rewarding success with praise (even just a smile and well done) **

Toileting

Children with intellectual disabilities have been found to display challenges with learning how to use the toilet independently and on average require a duration of 1.6 years from the onset of toilet training to independence. Current research supports the notion that early and intense intervention to address toileting skills is essential for skill acquisition. Currently research supports waiting until the child is showing physical signs of toilet readiness, but there is no supporting research for waiting until the child demonstrates a desire to use the washroom. Waiting for shown desire could actually be detrimental to development as the child may never demonstrate these behaviors.

3 signs of physical readiness



1. Bladder control: Is the child able to stay dry for a couple hours? Does the child demonstrate signs that they are aware when they are urinating?



2. Comprehension: To test whether the child has enough understanding and cooperation, ask them to do a few simple things: lie down, sit up, point to different parts of their body, put a toy in a box, hand you an object, and imitate an action like hand clapping. If all these things are done willingly, the

child is demonstrating mentally readiness for toilet training.

3. Mobility: Can the child pick up small objects easily? Can they walk or move themselves fairly well? Can they squat, or sit on a stool, and keep their balance? If so, they are probably physically able to toilet by themselves. The child does not have to be able to independently mobilize to the washroom to start toileting training, however the degree of adaptability will need to be assessed for those that require extra help.



General Toileting Strategies

- Set realistic expectations. Don't expect the child to learn to signal need to go and complete all needed steps all at once. Children with an intellectual disability are best toilet-trained one step at a time.
- 
- Important to assess where the child's abilities are at and choose what part of the chain of events they could be successful at.
- Toilet training will work best if you focus on the actual act of elimination first and address the other skills later. *It is more important to keep the child motivated than to achieve instant success*
- 
- Before beginning toilet training, it may be helpful to have the parents keep a toileting diary for up to 2 weeks to determine the best times for the child to use the toilet.
 - During the preparation phase, set up the environment to promote success. This may include a potty chair or adapted seat, removing distractions, and selecting rewards to provide the child for specific toileting behaviors
 - Make the bathroom a positive place (music, soft lighting, pleasant scents, etc.) and decrease things about the bathroom that may be seen as negative or anxiety-provoking for the child.
 - If using a western style toilet decrease discomfort or fear of sitting on the toilet by providing foot rests for stabilization and a toilet seat insert.
 - Have the child wear clothing that allow ease of undressing



Steps to encourage parents to follow

1. Begin when the child wakes up, and take the child to the restroom
2. Have the child sit on the toilet for 5 minutes.
3. If the child is successful, provide praise and reinforcement. Ensure the reinforcement is only available for potty successes.
4. If the child does not go during the scheduled sit, ensure they sit for the entire duration. Do not scold the child for not going. Stay positive with phrases such as “That's okay, maybe next time”.
5. Have the child participate in expected cleaning routines (eg. washing hands after)
6. Ensure the scheduled sits are positive and encouraging.
7. Bring the child back to the potty in 90minute- 2 hours intervals depending on initial assessment of need and repeat the routine.
8. Continue until bedtime.

You can stop scheduled toileting when the child consistently initiates to the toilet when he or she needs to go.

If an individual is demonstrating difficulty initiating trips to the toilet use a **scheduled chair sitting approach**,

This technique involves:

1. Placing a chair near the toilet (e.g., 2 feet away) and seating the child on the chair, using the same schedule of intervals as in scheduled toilet sittings.
2. If the child does not move from the chair to the toilet when he or she begins to eliminate, the parent prompts the child to do so using the least intrusive, minimal, physical prompt possible.
3. Once the child moves from the chair to the toilet and eliminates completely without prompts on one occasion, the chair is moved 2 feet further away from the toilet.
4. After each child-initiated success, the chair is moved 2 feet further from the toilet until it is 20 feet away, at which time the chair is removed completely.





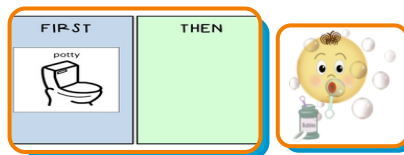
Suggested Instructional Methods

Social Stories

Modeling :

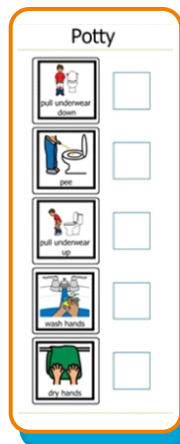
- Depending on your family's comfort level, provide opportunities for your child to observe another person using the toilet to model undressing, sitting on the toilet, wiping, washing hands, etc
- If this is not an option using a “wetting” doll with the child has been found to show success with demonstrating toileting techniques to children. Show the child how the doll pees in the pot. Or better, ask your child to help you toilet train the doll.

To repeatedly see real persons (not just dolls) enjoy and be rewarded for using the pot or toilet is especially important for a child who has intellectual disabilities and/or who has language difficulty



Visual Aids:

- Create a “first-then” board to communicate to your child the reward he/she will receive for specific toileting behaviors



Create a visual schedule of the toileting procedure



- Create a picture card for your child to communicate the need to use the bathroom, if your child is nonverbal or has a hard time using his/her verbal abilities in stressful situations.



Specific areas of concern

Challenge: Does not know to wash after toileting.

Utilizing hands to wash after using the toilet can be a challenge as many children struggle with two hand coordination.

1. First train the left hand of the child. Have the caregiver pour water and let the child clean the body part with left hand. If needed, place your left hand below his left hand and direct his movements.
2. When appropriate introduces the activity of pouring the water for the right hand. Adapt the environment if this pouring the water is challenging (eg. a tube to the tap.)

Challenge: Does not have any sense of shame when using the toilet.

1. Demonstrate that everyone closes the door before using the toilet and encourage the same. If initially scared the caregiver should go into the washroom with the child but make sure that clothes are not removed until after the door is closed.
2. Next stand outside the door while reassuring the child you are still nearby.
3. Gradually encourage the child to use the toilet alone and with the door closed.

Brushing teeth



Data indicates that people with intellectual disability have more untreated caries and a higher prevalence of gingivitis and other periodontal diseases than the general population. Steps within teeth brushing analysis that have been identified as challenging are :



able to brush off identified plaque, brush inside and outside of front teeth, and opening the toothpaste cap as it requires a higher degree of manual dexterity.

General strategies

- Choose a toothbrush made for children. Look for toothbrushes with soft bristles and a small head made for brushing a child's teeth.
- Let the child pick a toothbrush that is a favorite color/design.
- Use oral hygiene aids: If it is hard for the child to hold a toothbrush:
 - look for a toothbrush with a thick handle,
 - make the handle thicker eg. by putting it inside a ball.
- Strap the handle to their hand using a hairband or Velcro. can also be strapped to your
- Use a flavor that the child likes and feels good in their mouth



Suggest Instructional Methods

Modeling: Allow the child to observe/participate when parents or siblings brush their teeth

Forward Chaining: Forward chaining is recommended for a child who is high functioning and has good receptive language skills.

Backward Chaining: Backward chaining is recommended for children who do not have strong language.

Visual Schedule: Create a visual guide that displays each step that needs to be completed

Brush Teeth



Tooth Brush



Tooth Paste



Put Tooth Paste on Brush



Brush Teeth



Rinse Teeth





Specific Areas of Concern

Challenge : Swallows paste. Does not spit foam.

- Have the caregiver utilize modelling to demonstrate this skill by using water and ensuring the child is watching when they gargle and spit.
- Let the child than imitate
- Make sure this activity is only done at the wash area or problem putting behaviour may develop.
- Complete this activity at scheduled teeth brushing times. Once the child has learned to spit encourage the same behaviour with the tooth paste

Challenge: Does not brush well.

- Break down the steps to teeth brushing.
- Eg. 1. Front teeth.2. Left side 3. Right side 4. Open mouth
5. Bottom right.6. Bottom Left
7. Top left.. 8. Top right.. 9. Bottom right inside .10..
Bottom left inside. 11. Top right inside. 12. Top left inside.
- Have the child's teeth together and lips parted. Following the same sequence every time. Depending on the child incorporate chaining into the sequence having the child performs certain parts until they can perform the whole chain



Dressing

When considering the age of when children should start dressing independently it is important to consider local customs and on how much importance parents give to learning these skills. It is not uncommon for children at the age of 6 without any disabilities, to still demonstrate challenges within dressing independently. Children with intellectual disabilities may be slower to learn dressing skills. It may seem quicker and easier for someone to simply put the clothes on however, this will only delay the child's development more. It is important to use dressing as an opportunity to help the child develop in many areas at once: awareness, balance, movement, and even language



General Dressing Strategies

- Ensure that the child is sitting in a stable position, e.g. on the floor (where it is easier for children to reach their feet) or sitting on a chair or firm bed with his or her feet supported. If sitting balance is poor, try sitting against a wall. Some children may sit better in a corner where both walls give added support.
- Timing is important. Undressing before becoming too tired may be less stressful and more successful
- Make it familiar. Sometimes it helps if children are exposed to clothing for a few weeks before they are required to wear it. Just having it around, seeing, smelling, feeling it may all have to come before wearing it.
- Give choices. Children may be resistant to putting on certain items of clothing so instead try giving around 3 items to choose from. This ensures that they feel they have made a choice and are in control of the situation



- Undressing is usually easier than dressing as dressing requires much more dexterity, balance, and planning than pulling clothes off. Therefore start by teaching undressing.
- Follow a consistent sequence and technique when dressing: Clothes can be placed in a pile in the order in which they need to be put on.

- Describe actions and parts of the body as you are helping the child to dress, eg 'put right foot in,' 'now stand up while I pull your trousers up your legs
- Instead of automatically correcting a mistake, get the child to look and feel if all is correct. Then encourage them to identify and sort out what needs to be done,
- To start, try to avoid fastenings, tight clothes and lots of layers. Instead use loose fitting clothing, e.g. tracksuits, sweatshirts. Use clothes with wide neck and arm holes to make it easier to locate these. Initially it may be easier to practise with clothing a size too big.



- Try not to watch all the time; your child may do more when left alone

Suggested Instructional Methods

- Provide lots of positive reinforcement through praise.
- Physical prompts are especially helpful when starting to avoid frustration
- Visual aids that demonstrate the sequence of events allow children more independent with less verbal cueing
- Backwards chaining is highly encouraged.





Specific Areas of Concern

Challenge: Does not identify front-back or inside out in garments.

1. Try sewing a small strip on the inside, top, back of garments. Making sure that it is the same color throughout clothing
2. Inform the child that the strip should be worn on the inside and back of the garment. YOU can touch the area of the child's body where the strip should end up.

Challenge: Fixing buttons, tapes, hooks.

1. Complete a task and skill analysis to understand what steps are required and where the child is finding challenges.
2. From there try to adapt the clothing for the child. You can try; replacing tapes with elastic at waist, using velcro on shoes, for large buttons try with a loose button holes in the garment while training. Have the child practice on themselves and not on dolls or frames. This can create right/left confusion



Bathing

Bathing is one of the most difficult daily tasks for a child with intellectual disabilities. There are many different components to bathing and a task analysis is essential. Gross motor delays can impact their balance and coordination, fine motor tasks, like opening the shampoo, can be frustrating, and sensory processing issues may cause distress with the running water, the echoing sounds of the tile, and the sensation of shampoo in their hair.





General Bathing Strategies

Before Starting .

1. Put all your child's soaps, shampoos, deodorant in one shower container/plastic box. This way everything is one place.
2. Establish a self-care routine and stick with it. Many children with special needs thrive with a routine. You can gradually fade yourself from the picture as your child grows more independent.
3. Use a visual aid to remind your child of the routine.

Bathroom Safety

- The bathroom door should stay unlocked or slightly ajar in the case of an emergency.
- If the child has difficulty with balance, consider assessing for ways to add items to the bathing area that are secure for the child to hold onto
- If the child has coordination and balance issues consider the use of a chair or have the child sitting down on the ground while performing bathing.



Soap and Shampoo

- Give the child a plastic tablespoon and teach them to measure out one tablespoon of each required item, or use containers that have a pump attached and instruct them to only use one pump.
- Have parents choose a brand of soaps, shampoo, and conditioner and stick to that kind.
- If possible, buy brands that have different color bottles (shampoo is a white bottle, conditioner is brown, etc.).





Specific Areas of Concern

Challenge: When water is poured over the shoulder, it does not wet the back

- Simply, help the child to bend a little forward while pouring water over the shoulder. By this, the water will fall on the back.

Challenge : Does not apply soap properly.

1. While teaching how to apply soap keep a consistent sequence.
E.g. 1. Areas they can see: a. Stomach, chest. b. Left arm, right arm. c. Hip, Left leg, right leg (left/right as preferred). d. Feet, toes (left/right).
2. After those areas are successful move onto areas that are unseen and create a sequence.

Challenge: Does not wash hair well.

1. Help the child bend down and wet hair.
2. Keep mugful of water touching the foot.
3. Take soap/shampoo and place it into the child's hands. Place hand on child's hand to guide application of soap/shampoo on scalp and gradually to tip of the hair (if long hair).
4. Assist as needed with rinsing hair



Training for Socialization

Children learn to communicate and socialize appropriately with other members – family, school, neighbors, community etc. Children with intellectual disabilities may face difficulties in learning these skills.

Strategies to improve communication:

1. Talk to your child while feeding, bathing, and self-care activities for the child. Show your attention as a response when the child smiles or coos (Recognition the child's intention for communication) When your bathing, dressing the child, tell the body parts. For ex: Show your arm, show your leg etc
2. Play peek-a-boo with your child. Let your child remove the cloth in your face and get your face. Laugh at her to show your happiness. And cover the child's face with the cloth and ask her where is (Child's name) Let her remove the cloth and show her face. This will help the child to learn self.
3. Introduce the family members one by one. For ex: where is papa; show papa to "Grand pa". In this way the child will learn to identify family members.
4. Encourage the child to act and make sounds like animals, birds and vehicles.
5. Talk to your child in simple language; use normal body language. Call your child by her name. Train her to turn while calling name, smiling and stop doing the activities. This will ensure that the child respond to name call.

Communication development can be improved through play. Use play as an opportunity for communication

Training to improve eye-contact:

Eye contact while talking is an important social skill. Other social skills developed from eye contact. Improving eye contact is very essential for social further social development .



Sit in front of the child



Sit in a such a way that your eye level as equal to the child's eye level



Use face mask to get the attention of the child



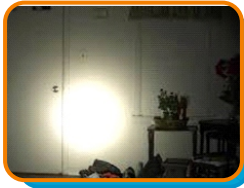
Use stickers to get the attention of the child towards your face Or make dots in the face using face powder.



Eye blinking, open and close eyes or clsoing the face to get the attention of the child to your face.



On/off the room's lights or fan



Switch off the lights in the room and make it dark. By using torch light let the child focus on the moving light

Note: We can give training for eye contact but do not force the child for eye contact

Training to Improve Attention

Training to get attention



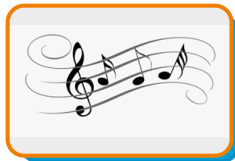
In a quite place and when the child is involved in any activity, clap your hand as 123, 123,123 to get her attention.



Blow whistles to get attention of the child



Make animal or birds noise like cat, dog, cuckoos etc



Make sudden sounds or sudden noise to get attention (note sound and noise should be gentle)



Show the toys sounds like Talking Tom

Training to improve attention



In a card board stick colour bindis and ask the child to remove and stick these bindis.



Beading different types of beads



Block building



Give container with a small mouth. Let the child to put small items in the bottle one by one.



Ask the child to put coin/token in to the picky bank



Ask the child to close or open the lid of the bottles

Note: Training to improve the attention is improving the attention from few seconds to 1 min, 5,10 and 15 min etc. Along with the activities to improve the attention, we have to introduce the regular concepts within the attention span of the child. For example: if the child's attention ins only 3 min, teach color within this 3 min. The entire activities should be planned in 3 min.



Improving tracking of moving objects

Child in lying – show colorful or sound producing toys at eye level to get the attention of the child
Select toys that are attractive to the child
Once the child attends to the toys, move the toys slowly from right to left and vice versa.



Respond to name call/recognize her name:

- Start this training for the child while doing the familiar activity or with person – Call her name to get attention.
- Call the child's name in a same way in home, neighbors or school etc.
- The teacher should develop good understanding with the child
- Call her by name while doing every activity and every opportunity.
- Touch child's Chest and show her that the name belongs to her.
- Teach name by songs and games.

For example:

Teacher asks: Where is Vishnu? Where is Vishnu?

The child answers: Vishnu is here; Vishnu is here. (while saying this, the child should keep her hand in her chest)

- In a quite situation, stand behind the child and call her by name.
- Continue the name call till the child responds
- Slowly decrease the sound or action

By continuously doing the training, the child will learn to recognize her name



Social smile:

- Sit in-front of the child; show colorful or sound making toys to get her attention
- Note that the child respond to sound/facial expression or body gestures
- Introduce right facial gesture (smile) to the child
- Encourage the child to respond by smile
- Cover your face with cloth and ask the child to remove to get your face; when the child removes the cloth laugh with big sound. Gradually reduce the sound and train for reciprocal social smile

Turn taking (Waiting for his/her turn)

- Sit in front of the child. For this activity, we need to have few more children
- The game chosen would be attractive to the child
- Facilitator should encourage the child
- Get the attention of the child in the game
- Choose reinforcement to promote appropriate behavior
- Show the child how other children are doing ie waiting for his or her turn
- When the child does the turn taking appropriately use reinforcement
- Also teach sharing toys with other children.





Techniques to reduce inattention:

- Prepare the list of topics to be taught and the list of activities that the child like.
- Prepare pictorial representation (Flash cards) for the topics as well as child's favorite activities.
- In a long chart, stick the leaning activity flash card one below the other; in between add child's favorite activity.
- Every time starting the topic/activity with the child, show the flash card belongs to the activity. After completing the activity, let the child take out the flash card and put in another bag. In this way, after the completion of each activity, card to be removed. At the end no card will be in the long chart and that symbolize the end of the entire activities.
- This way the child would gradually understand the duration expected from her and learn to sit and attend the activities.



Follow Instructions:

For this training, initially use the words that the child knows clearly.

If the child knows her name, start from her name and give one instruction in familiar action and with name of the object.

Ex: 1 navil

Ex 2: a. Come, give, sit, take etc

b. Give toy. Take glass, sit on chair etc.

In the beginning use action/gestures to make the word understand; gradually reduce the gestures and focus only on words.

Gradually introduce 3 word comments as the child progress

Ex: Take the ball from sofa and put in the bucket bring water from the pot



Academic learning

A. Identification

While introducing object identification, start from the familiar and daily using objects. Gradually introduce other objects. Once the child is able to identify the real object, gradually train her to identify in pictures. And introduce the objects by rhymes.

For example

Introduce the body parts, followed by child able to identify body parts in a pictures.

Followed by rhymes to strengthen the learning

Shake your head
blink your eyes
open your mouth
wave your hands
kick your legs

From picture, we can introduce words of the pictures. Initially from simple known objects to complex and unfamiliar objects.

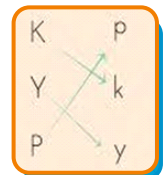
Matching:

While teaching matching – the following sequence

- Real object – Real object
- Real object – fake object
- Fake object – color picture of the object
- Color object – line drawing
- Line drawing – words



In this way the concept will be very clear to the child



POINTING:

Keep object/toys that the child likes and another opposite object.

Ask the child to point out the object.

Whenever the child needs the object she has to point out the object and pick up. Gradually introduce other objects also. Similarly the trainer and others should point the object, say the object name and pick it up.

WRITING

To train writing the following sequence should be followed

Scribbling | Coloring | Coloring within the boundary | Tracing
Line drawing | Joining the dots | Copy the picture



Scribbling



Let the child make thumb prints with water color



Let the child break bubbles



Kneading batter



Insert token/coins in piggy bank



Bag Board Activities



insert beads into flour and ask the child to pick it up



Roll the flour



Turn the pages one by one



Catch and throw



Clapping rhythmically 123
123 1 2 3.....



Put small object in a container with narrow mouth.

Note: These activities will improve the hand muscle strength and coordination

COLORING:

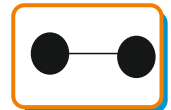
- Sprinkle color in a board and ask the child to remove the color
- Color with single color in a board one time and move on to other colors.
- Draw simple diagrams and ask the child to color the picture using brush crayons etc
- Within the same picture, using multiple colors.



JOINT –DOTS:

Follow the following sequence

- Join two dots
- Gradually joining few dots
- Followed by vertical line
- Horizontal line
- Circle
- Cross





TRACING:

Draw line on a line
Draw line on sand or flour/clay



LINE DRAWING

Draw simple known picture and ask the child to draw on the same picture.



COPYING:

Ask the child to copy the word as shown in the picture



SORTING:

Sorting is an intelligent activity. Teach sorting with different types of objects and ask her to sort with one feature. Gradually increase the complexity For example

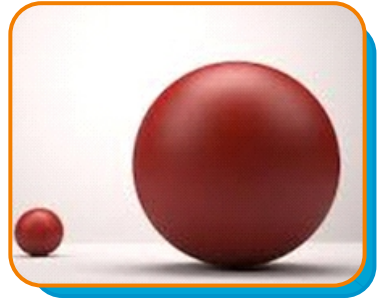
1. Sorting objects like Bangles, Tooth Paste, Vegetables, Notebook, Coin
2. Sorting by color.
3. Sorting by use.





BIG & SMALL

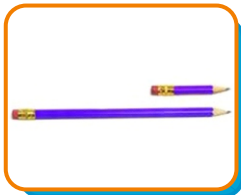
- Start with familiar objects.
- Give the big size first and introduce the same object (same color, shape etc) but small size.
- Gradually introduce the various sizes (ie reducing the difference)



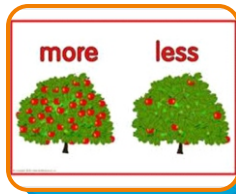
BIG & SMALL



EMPTY & FULL



LONG & SHORT



LESS & MORE

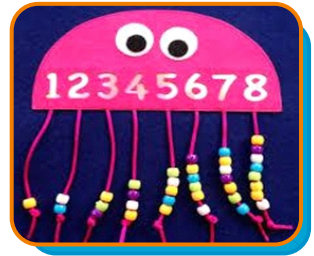
One to one

correspondence:

Teach one to one correspondence by matching one object with one other object. For example: keep 4 plates and ask the child to keep one spoon on each plate. Similarly one toy for

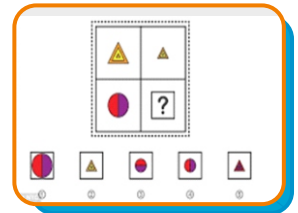
COUNTING:

- Ask the child to tell the numbers orally
- Introduce the number with flash card
- Teach Counting of real objects like pebbles, ice stick, leaves etc
- Ask the child to count in her fingers
- Counting in various ways- counting objects of number 2, 3
- Counting objects by the number dictated
- If the children have difficulty in handling objects, you can keep the number flash cards (two or three options) and the objects side by side and ask the child to find the right number card.



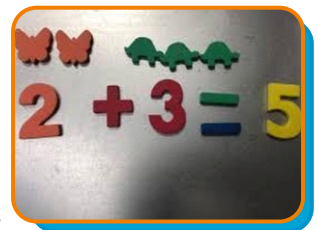
FINDING DIFFERENCE:

- Give same pictures with slight variation.
- Ask the child to identify the right picture which goes into the question place.
- Special educator need to create or take printouts of such work sheets and carry them with them to train the child.



ADDITION:

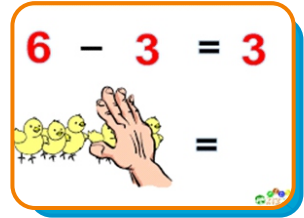
- Before addition the child would be able to count objects
- Ask the child to count and keep the objects nearer to the numbers
- Ask her to count together
- Use real objects and pictures initially





SUBTRACTION:

- Ask the child to count the objects into given big number
- Ask her to take the number of objects given after the minus symbol
- Then ask her to count how many objects are left.



Use of reinforcement:

- Reinforcement should not be the child's most favorite item; it should be moderately favorite
- Gradually reduce the frequency and duration of reinforcement

FUNCTIONAL ASSESSMENT CHECKLIST FOR PROGRAMMING -FACP

It is a Functional level based grouping

It provides qualitative and quantitative measurement of the child's progress

The items are listed in the tool are

- Easy to understand
- Activities necessary for daily living
- Easily observable
- Age-appropriate as far as possible
- Ultimately contribute to living competency in the society

The entire FACP has activities up to the age of 18 years. For our Early Intervention program, we are using activities till the age of 6 years.

The FACP checklist starts from the age of 3 years of age. The activities are grouped into 4 domains.

- Personal - In this area, 19 items are there its overall covered necessary daily living activities like eating, drinking, bathing, dressing, toileting.



- Social- In this area covered 23 items of socialization part as the child interaction in the society gradually expands from self to family, neighborhood, and community.
- Academic – In this area, 44 items are there its overall covered preschool items
- Occupational – In this area covered household activities.

Who does this Evaluation?

Special educator does this evaluation every 6 months and scores each item

How to Use the Assessment checklist?

Read each item carefully, select the code, which best describes the child's present performance level. This has 1 to 5 level of scoring

| SCORING | COMMAND | PROCEDURE |
|----------------|----------------------------------|--|
| Score 5 | Achieved | This means the child can perform the activities without support. |
| Score 4 | Cueing | The child needs to be given clues that require "Thinking" by the child to perform the given Activity (Eg. Children can be taught to name fruits from pictures. After showing the appropriate picture, the teacher may help the child by saying "Man ..." or "pie ..." (meaning to prompt "Mango" or "Pineapple"), and leave it for the child to complete the naming of a fruit.) |
| Score 3 | V e r b a l p r o m p t i n g | The child needs to be given verbal commands which require "Thinking" by the child to perform the given Activity (Eg. Wash hands and face will be, telling the trainee "Rinse hands", "Pick up soap", "apply" and so on). |



| SCORING | COMMAND | PROCEDURE |
|----------------|--------------------|---|
| Score 2 | Modeling | The child can perform the activity with trainee demonstration in step by step in the activity |
| Score 1 | Physical prompting | The child can perform the activity with physical support. |

Appendix

Appendix A

Task Analysis

Tooth brushing

Remove toothpaste and toothbrush from the drawer
Turn on cold water
Wet toothbrush
Remove cap from toothpaste
Squeeze 3/4 inch of toothpaste on bristles
Place brush with toothpaste into the top right side of the mouth
Brush up and down
Place brush into the left top side
Brush up and down
Repeat on right bottom
Repeat on left bottom
Brush front top and bottom teeth
Rinse mouth with water from water glass
Rinse your brush in the sink
Replace brush and toothpaste
Turn off water

Appendix B

Getting Dressed

My name is (use the child's name here) I am (the child's age here) years old.

When I get up in the morning I have to get dressed. I can dress myself. When I get dressed it makes my mum happy. First I can put on my socks, Then next I put on my trousers, (this item can be changed individual child)

I might have to zip my trousers Then I have to put on my shirt, (this item can be changed individual child)

I might have to do up my buttons. Then next I can put on my shoes.

When I dress myself I feel very happy.

I can show mummy I dressed myself and she will be proud of me!!





Enabling Inclusion through
Early Intervention (EI) Programme

<https://earlyintervention.amarseva.org/>



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