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TEACHING METHODS IN INCLUSIVE EDUCATION

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Abstract: Teaching children with special needs and limited abilities within the general education system requires teachers to work with double the responsibility. Teachers of inclusive classrooms must be able to apply methods that correct the physical and psychological development of learners and enhance their engagement and educational effectiveness. This involves the continuous development of children's self-monitoring skills and competencies, as well as fostering their curiosity and cognitive abilities. In educational institutions where inclusive education is implemented, the collaborative work of specialists such as educators, psychologists, speech therapists, surdopedagogues, pediatricians, and psychoneurologists is of particular importance, as they jointly address crucial issues.

Keywords: Education, inclusive education, quality of education, educator, psychologist, speech therapist, surdopedagogue, special methods.

Introduction

The term *inclusive education* is derived from the English words “inclusive” and “inclusion,” which mean to integrate, to include harmoniously, or to encompass. Inclusive education is a part of state policy aimed at eliminating barriers faced by children with disabilities and special needs. It refers to an education system in which children and adolescents with developmental impairments or those facing economic difficulties are fully integrated into the general education system, regardless of their condition. This integration is carried out with active participation from the family, focusing particularly on meeting the individual needs of the child and facilitating their adaptation to social life.

In institutions where inclusive education is implemented, the education of children with special needs is carried out in accordance with established curricula and correctional programs, utilizing specialized methods and tools. In such institutions, alongside general didactic principles, special principles must also be followed. These include a correctional approach to education, early identification of impairments and their medical-psychological correction, providing general secondary education and vocational orientation to facilitate integration into social life, applying differentiated and individualized approaches, and ensuring the continuity of education.

Methods

At present, favorable conditions are being created in our country for the education, upbringing, and social integration of children with disabilities. In order to support the rehabilitation of their health as much as possible, activities are being carried out based on the “General Education Project for Children with Disabilities.” A number of initiatives currently being implemented in our Republic are of particular importance in this regard. Recent resolutions and presidential decrees are serving to further improve the system of education and upbringing for children with special educational needs.

Results

In the implementation of inclusive education, it is essential first to categorize children based on the type of their disabilities. These may include difficulties with mobility, intellectual development, hearing impairments, visual impairments, speech disorders, and so on. It is well known that individuals with mobility impairments often use aids such as canes, crutches, wheelchairs, or walkers. Such difficulties in movement are typically caused by injuries to the lower parts of the brain or the spinal cord.

A significant proportion of children with motor impairments are diagnosed with cerebral palsy (CP). Cerebral palsy is a disorder resulting from damage to the motor control centers of the brain, which leads to paralysis of the musculoskeletal system. In affected children, parts of the brain responsible for controlling the movement of the arms, legs, or facial muscles are impaired. Consequently, the movable parts of the body may hang limply or, in many cases, remain in a state of excessive muscular tension. Children with cerebral palsy may also experience difficulty or inability in controlling facial or oral muscle movements, and due to paralysis of the tongue muscles, they often develop severe speech impairments. Additionally, secondary disorders such as visual and auditory perception difficulties may be observed in these children.

The correctional pedagogical and therapeutic work with children suffering from cerebral palsy must be conducted in an integrated manner, requiring close cooperation between specialists such as psychoneurologists, neurologists, special education teachers (defectologists), and caregivers.

Depending on the degree, type, and characteristics of the damage to the brain's motor centers, children may experience various types of motor impairments. Accordingly, children with this category of disability are classified as follows:

- Double hemiplegia
- Spastic diplegia
- Hyperkinetic type
- Hemiparetic type
- Atonic-astatic type

Each type presents with its own distinct clinical and functional characteristics, which require tailored educational and therapeutic approaches within the inclusive education system.

Double hemiplegia is the most severe form of cerebral palsy in children. These children experience serious impairments in the most vital human functions: speech, mental, and physical states. The main external signs of this form are that one part of the child's body is paralyzed, typically with the arm in a bent position, and both the arm and the leg are turned inward and flexed. Children with this type often exhibit alalia (absence of speech) or severe dysarthria (speech disorder).

Spastic diplegia is the most common form and arises due to a specific serious illness or the influence of Little's syndrome. In children with spastic diplegia, delayed mental development is observed as a secondary impairment. Among these children, 30–35% show mild intellectual disability, and 65–70% have speech disorders.

In the hemiparetic form, one-sided paralysis is observed, meaning one leg and one arm on the same side of the body are paralyzed. Among these children, 25–35% exhibit mild mental delay, 45–50% have secondary mental delay, and 20–35% suffer from speech impairments.

The hyperkinetic form is caused in early stages by hemolytic diseases, leading to bilirubin encephalopathy. These children show abnormal movements and impaired motor control of the arms and legs. In the congenital type of hyperkinetic cerebral palsy, children begin walking very late.

Atonic-astatic form is characterized by its mildness compared to other forms. These children exhibit coordination disorders in movement and disturbances in reflex tone. In some cases, a mixed form of

cerebral palsy may also be observed. In this form, spastic-hyperkinetic, hyperkinetic conditions or athetotic movements (uncontrollable, unusual movements) may appear together with increased muscle tone. In the correction of existing impairments in children with movement disorders caused by cerebral palsy, early identification of the type of disorder and an individualized approach provide very good results.

In the inclusive education of children with motor system disorders, the following are recommended for adapting the classroom and lesson process:

the presence of special chairs or adaptation of chairs for the child to keep the head and body upright while sitting;

using communication tools so that the teacher and peers can understand the child;

placing auxiliary tools along the classroom walls to enable the child to move around the class; if the child uses a wheelchair, adapting the classroom desk as much as possible to the child's wheelchair;

encouraging the child to answer oral questions, but giving him or her time to respond either verbally or through other means;

asking peers to interact with the child, since children always find a way to communicate with each other;

children who have difficulty controlling their arms and legs face many difficulties in writing. Therefore, it is necessary to allocate additional time for their writing or to provide them with a copy of the material, or another student may write for them.

Children with intellectual development disorders are commonly referred to in practice as "mentally retarded", "oligophrenic", or "dementia". Children with intellectual development disorders are classified into two types based on the onset of the disease: oligophrenia and dementia.

Oligophrenia arises as a result of damage or illness to the child's central nervous system during the prenatal period, at birth, or from birth up to the age of 3. In oligophrenic children, due to organic brain damage, all mental processes are stably disrupted. As a result, most of them exhibit speech disorders, thinking, perception, memory, attention, and sensory impairments. Disruption of personality traits in them hinders the process of upbringing.

If, for various reasons, intellectual disability occurs after the age of three, it is referred to as acquired intellectual disability – dementia. Dementia is progressive in nature, meaning it tends to worsen over time. According to the degree of cognitive impairment, oligophrenia is classified into three levels: debility, imbecility, and idiocy.

Debility is the mildest degree of oligophrenia, and children with this condition are generally able to meet the requirements of the auxiliary school curriculum. It can be quite difficult to distinguish children with debility from normally developing children. Their existing intellectual deficiency becomes more apparent during processes involving generalization, abstract thinking, and performing mathematical operations. Although their speech may not have gross defects, their vocabulary is limited, their grammar is incorrect, and their connected speech develops poorly.

Imbecility is a more severe form of oligophrenia, in which it is difficult for children to form even simple concepts. Children with imbecility show significant speech impairments. It is also difficult to develop their self-care skills. These children are almost unable to master the requirements of the auxiliary school curriculum. Therefore, the main focus of education for these children is developing socially useful work and self-care skills.

Idiocy is the most severe degree of oligophrenia. Their thinking, consciousness, and speech are almost undeveloped, and they are not even aware of their own identity. Among children with intellectual developmental delays, only those at the level of debility can be educated within the general education system. Although children with intellectual developmental problems are taught in general education settings, it is required that their education be based strictly on the auxiliary school curriculum. This

curriculum is designed taking into account the specific characteristics and capabilities of children with intellectual disabilities, as these children are not able to master the requirements of the general education program.

Therefore, in teaching children with intellectual developmental issues included in the inclusive education system, the teacher is required to apply an individual and differentiated approach, which demands additional effort and skill. The classroom teacher must take into account that a child with intellectual developmental problems included in their class may have poor attention, low motivation, and weak memory, and that such children may become fatigued quickly. The teacher should be aware of the child's individual, psychological, and personal characteristics.

In the inclusive education of children with intellectual development disorders, the following are recommended for adapting the classroom and lesson process:

considering the child's distractibility, there should be no unnecessary items on the desk;

taking into account that the child tires quickly, they should be given tasks that allow them to move;

not forgetting to conduct a physical activity break in every lesson;

identifying a student in the class with leadership qualities and appointing them as a "class manager" (little teacher);

seating children with intellectual development disorders next to the best-performing student in the class;

relying primarily on visual aids during lessons;

dividing assignments into parts for the child with intellectual development problems;

not forgetting to encourage the child;

consistently using a variety of teaching methods;

relying as much as possible on game-based methods;

providing the child with additional or practical guidance while completing a task;

giving tasks to the class group that allow the child with intellectual development disorders to contribute as well;

regularly keeping the child with intellectual development disorders under observation.

Another category of children with special educational needs includes those with visual impairments. The eye is a great divine blessing, and perceiving the world plays an important role in a child's mental development. The most powerful impressions about the surrounding environment are perceived through vision. Through visual ability, the child forms ideas about the color, shape, size, movement, and distance of objects.

In children with visual impairments, visual acuity is significantly reduced or, even when correctional tools (such as glasses) are used, visual sharpness is reduced to 0.4 or less. In children with low vision, visual acuity may be up to 0.4.

The decrease in visual ability complicates a person's physiological and psychological development to a certain extent and manifests in various unique features. These manifestations, of course, are expressed in negative outcomes. Difficulty or complete loss of visual perception of the environment may lead to a distortion in understanding the surrounding world. Children with disabilities cannot effectively learn life behaviors through imitation like normally developing children. This leads to inconsistencies in the child's behavior and actions. Therefore, the development of personality in blind children proceeds with certain delays.

That is why, in educational institutions, along with teaching and upbringing children with visual impairments, it is also necessary to:

use the child's remaining visual capabilities correctly during the learning process and develop them;

create conditions to prevent further decline in visual ability;

cultivate higher mental processes to broaden and develop the child's knowledge base;

eliminate secondary psychological complications that arise due to weak visual ability.

Thus, within the inclusive education system, it is of utmost importance for general education teachers to find ways to ensure the comprehensive development of children with visual impairments through education and upbringing.

The following are recommended for adapting the classroom and lesson process for children with visual impairments in inclusive education:

The teacher should ask the child with a visual impairment where the most comfortable spot to see the board is, and seat the child accordingly;

If the child with a visual impairment is sensitive to light, they must not be seated near a window. Therefore, to protect the child's eyes from light, they should wear a cap and use a cardboard shield during reading and writing activities;

The most well-mannered and kind student in the class should be identified and assigned as a "guide" for the child with a visual impairment;

The teacher is required to read aloud any information written on the board;

Children with visual impairments acquire knowledge through hearing and tactile sensations. Therefore, they should be given the opportunity to touch and feel objects;

During class discussions, the teacher should mention the name of the student who is speaking so that the child with visual impairment knows who is talking;

Considering that the eyes of a child with visual impairments get tired quickly, the types of tasks should be varied as much as possible during the lesson.

Conclusion

In order to educate children with special needs in general education institutions—that is, for inclusive education—it is necessary to create the following conditions:

Early diagnosis of disabilities;

Creating all necessary conditions adapted for children with special needs within the buildings of general education institutions;

Expanding the central network for providing correctional support;

Establishing strong cooperation between general education institutions and special education institutions;

To organize the education of certain children with disabilities in the conditions of general education institutions: improving the qualifications of general education teachers, conducting retraining courses, and providing them with special auxiliary tools, educational-methodical literature, methodological manuals, as well as organizing education in schools through various programs;

Creating educational conditions for all children and improving the effectiveness of education.

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