

# MISSION AND VISION OF CURRICULUM DEVELOPMENT AND INTERVENTION STRATEGIES FOR SPECIAL NEEDS CHILDREN IN THE 21<sup>ST</sup> CENTURY

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## **Abstract**

In this paper, the writers examined three approaches to both curriculum development and intervention strategies for special needs children in 21<sup>st</sup> century. The curriculum models examined include the diagnostic prescriptive approach, remedial compensatory model and the clinical model. While the intervention strategies include the diagnostic prescriptive teaching, remedial teaching and the clinical approach. It was then suggested that an eclectic approach to both curriculum development and intervention strategies be adopted. In conclusion, the paper found it necessary for both the regular and special education teachers to properly understand the models of curriculum development and intervention strategies.

## **Introduction**

The word curriculum has evolved over the years from its initial rudimentary meaning of curriculum as racecourse to the present divergent view as those activities planned or unplanned that are intended to make a child a worthwhile citizen.

For children with special learning needs, curriculum is principally determined by the result of assessment and diagnosis of the child's strength and weaknesses. Ozoji (2003) opined that curriculum translate into skill to be acquired or learned. Various models of curriculum development for intervention abound of interest to this write up among the models are: The developmental model, the remedial compensatory model and functional life skill model. These models share a common purpose, i.e. to assist the exceptional children reach their maximum potentials, what makes the models different is the way they go about achieving the desired objectives.

Each model of the curriculum has the type of skill areas it emphasizes when dealing with mildly handicapped or when dealing with seriously handicapped student. For instance for the mildly handicapped, development of academic and behavioral skills are emphasized while for those with more severe handicaps, development of self help skills, language and social skills may be emphasized, Intervention entails special teaching, specialized learning, ability training and rehabilitation (Kolo, 2004). There are also various approaches of intervention within the context of this paper; diagnostic, prescriptive teaching, remedial approach and clinical teaching approach will be discussed.

## **Approaches to Curriculum Development for Special Needs Children**

As explained in the introduction, this paper centres its discussion on three major models or approaches to curriculum development. These are:

- The developmental model.
- Remedial compensatory model.
- Functional life skill model.

## **The Developmental Model**

This model of curriculum development, according to Lynch and Lewis (1988) is based on the premise that there is a set of sequence or steps that children go through as they develop and that each step is built on the previous step. This model also believes that all children follow the same developmental sequence. The regular education curriculum is developmental in nature.

Instructional sequence for children with special learning needs is usually drawn from observation of normal infant and child development. Those observations have been presented in form of checklist, test and scales. These students on parts of development across a number of dimensions such as self help skills, motor skills, socialization skills, communication skills and cognitive skills. The findings from the assessment serve as the source of instructional objectives (curriculum). Since this model emphasizes developmental stages, it is usually not appropriate for older students.

### **Remedial Compensatory Model**

In this model, the result of assessment might reveal the child's weakness in an aspect of development or skill acquisition. When this is the case, instructional objectives are drawn from those skills that the child needs to acquire. For instance, if a child has problem of delayed speech, objectives are set to provide more experiences that will enable him accomplish the test. This will fill in the important gaps in the development of such a student. However, when remediation is not possible, the goal of education will then shift to compensation. For this child who after remediation cannot acquire meaningful oral language, then sign language may be resorted to so as to compensate for his lack of speech.

### **The Functional Life Skill Model**

Contrary to the two models discussed above, the functional life skill model has as its thrust development of skills that will be of benefit to the students in their future environment. This model was first used by Snell (1982) to describe a curriculum model in which the demands of adult life forms the basis for its development. The model requires an analysis of students' skills compared with the actual demand of desired environment. Curriculum is developed as a result of the discrepancy between the students' present activities and those required by the task.

Sailor (1983) also referred to this model as match / mismatch model in which the current student activities to function is analyzed. The student areas of strength or match are identified and used as basis for strengthening his independence. While his areas of weaknesses or mismatch are used as basis for generating instructional objective (curriculum). The areas of weaknesses are broken down into those skills that the students do not possess but appear willing to learn and thus the students cannot probably acquire, so individualized adaptation can be developed to compensate for the deficient skills.

Oka & Scholl (1985) refers to this model as the ecological approach. They stated that this model study the child as a functioning unit within the total environmental system. They went on to present a five stage process of developing curriculum based on this model. The process can be summarized as follows:

- Initial description of the environment. This involves data collection on perception of a problem from the child, gathering of information from the particular setting in question, collecting information from the environment in which the problem is not articiable.
- Expectations: here two major activities are conducted viz a viz
  - (a) Gathering information about environmental setting in which the child is experiencing problems
  - (b) Gathering information about environmental settings in which the child is not experiencing problems.
- Behavioral description: It involves collection of data on the interactions and skills of the students involved in the problematic situation. Data are also collected on the interactions and skills of the students involved in successful situations. Finally it is here that assessment is made of skills needed by the child to function successfully in different environments.
- The data collected above are then summarized.
- From the summarized data, reasonable expectations are designed (curriculum).

It is worthy of note that this model does not preclude the use of other models, rather it considers problems to have broad locus in the interactive system of individuals and their environment.

### **Approaches to Special Needs Intervention**

The third component of the process of meeting the special needs of children is the intervention. The first two being identification and assessment. Curriculum development comes before intervention but it is carried out after assessment. Thorboun and Maffiok (1990) defined intervention as professionally planned approaches for facilitating educational training and or rehabilitating of special needs individuals.

The major goals of intervention which is increasing desired learning outcome and decreasing undesirable learning outcome can be achieved in several ways. Three of such ways is highlighted below:

### **Diagnostic Prescriptive Teaching**

Diagnosis which is the use of indepth assessment information or the purpose of leaching, could be said to be prescriptive when it is based on the result of assessed learning needs and tasks. The analytical result forms the basis for prescribing learning experiences which a child needs as well as the conditions under which such learning will take place.

The approach according to Ozoji (2003), represents a concern to identify the most effective

instructional strategy for children who differ in a number of variables believed to be related to academic learning. The approach involves three steps namely identification, which includes case finding and screening of children suspected to have particular exceptionality; assessment which is determination of the extent of the exceptionality and planning how to assist the exceptional person achieve the desired goals and the final stage is the intervention in which case the plan for the achievement of the desired goals are implemented, it also includes evaluation and re-planning of the stated goals.

### **Remedial Approach**

The major concern of the remedial techniques is to cure disabilities. This is associated with the mild learning needs and is hinged on the belief that if the cause of learning problem could be remediated, the student would then be able to acquire skills with ease of a normal learner. According to Kolo (2004), the principles undergirding remedial intervention is that of providing extra or supplementary learning/training experiences which would strengthen poor skills. Remedial intervention, entails re-emphasizing and repeating mostly what has been learnt in regular class using simpler methods and materials which ensures that learning takes place.

### **Clinical Approach**

Clinical teaching approach considers the child as a unique individual on the basis of which learning experiences are provided. Lerner (1997) posited that the goal of clinical teaching is to match learning experiences with the unique needs of a particular student.

Kolo (1989) and Lerner (1997) explained that clinical teaching is a five stage cycle which includes identification, assessment, planning & implementing, evaluation / modification.

### **Recommendations.**

From the three models of curriculum designs and intervention strategies discussed, it is obvious that none of the models can be considered the best. On this basis, it is suggested that the regular classroom teachers as well as teachers of special needs children should adopt an eclectic stand in their choice of methods of developing curriculum and intervention strategies. The case at hand should decide the method to employ. For instance while the developmental curriculum model emphasizes learning particular things at a particular developmental stage, the remedial compensatory approach does not preclude considerations for developmental stages, it emphasizes teaching what problem is being faced by a learner that hinders his smooth learning at that time. The functional skill model on the other hand chooses to recognize the functionality of any skill learnt by a learner to his community.

### **Conclusion**

The need for teachers (both regular and special) to be conversant with the various models of curriculum development and interventions strategies cannot be overemphasized, more so that the trend now is that children with special learning needs be educated in an inclusive setting.

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