

NATIONAL OPEN UNIVERSITY OF NIGERIA

# ECE 225



**Meeting Special Needs in  
Early Childhood Education**  
**Module 2**

# **ECE 225 (Meeting Special Educational Needs in Early Childhood) Module 2**

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## Module 2 Identification of Special Education Needs in Early Childhood Years

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### Introduction

The trait, behaviour and characteristics which predispose a child to be classified as having special education needs are usually not hidden. Notwithstanding, only the tutored can adequately undertake the process with far-reaching precision. The content discussed in this module is not a criterion for certification as diagnostician or a physician, however, they are adequate enough to instill confidence in the users of this module to enable them take appropriate position as a regular contributor to issues of suspicion awaiting confirmation. Since the effort now is to ensure that children are not segregated but are served within the inclusion strategy, it is possible for teacher to operate in the continuum of identifying special education needs before the formal school system.

Essentially, the outcome is not to label but to put a child forward for necessary follow-up, alternatively institute some measure of immediate support that will assist in optimizing benefit and participation for the child.

This module therefore considers all modes of identification for special education needs in early childhood years. Efforts are made to discuss specific strategies and also global, that is equally relevant. There are five units covering the under-listed scope:

Unit 1 Identification of Intellectual Abilities and the Talented in Early Childhood

Unit 2 Identification of Speech, Language and Hearing in Early Childhood

Unit 3 Identification of Visual Needs in Early Childhood

Unit 4 Identification of Physical and Health-Related Needs in Early Childhood

Unit 5 Identification of Behavioral and Emotional Needs in Early Childhood

# Unit I Identification of Intellectual Abilities and the talented in Early Childhood

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## 1.0 Introduction

The method adopted here is to portray all the four segments discussed from the domain of intellectual capacity and talent. Children classified as gifted, with general learning challenges and specific learning challenges are operating with a scope of the normal curve. The scope of talent is identifiable with some degree of reference to all children as the case maybe.

The major questions to be answered will include what are the traits to look for before concluding that a child has very exceptional outstanding performance among his age group? In view of normal functioning, how do we identify specific learning disabilities in early childhood? Also, what are we to look for as an index of talent in early childhood? These are the questions for which supportive answer will be provided in this unit.

## 2.0 Objectives

At the end of this unit, you should be able to:

- state procedure used in identifying the gifted and talented child
- list types of gifts and talents
- identify three (3) models used in identifying general hearing disabilities in early childhood
- highlight procedure used in identifying specific hearing disabilities
- list possible areas of specific learning challenges
- give a summary of key factors involved in identifying specific learning challenges in early childhoods.

## 3.0 Main Content

### 3.1 Identification of Gifted Child

This is not a straight forward exercise usually because of certain factors that are required for consideration: The availability of stimulating environment for the child to express self; adult biases in the area of conformity and compliance and sometimes ethnic considerations.

#### Procedure

Teacher/caregiver/Parent nomination: Even though those mentioned are initial in identifying giftedness in early childhood, their nomination should only be regarded as a proposal to be further scrutinized. They are to look for such characteristics which may include a child who:

- Learns rapidly and easily
- Uses a lot of common sense and practical knowledge
- Retains easily what was heard
- Knows about many things of which other children are unaware
- Uses a large number of words easily and accurately
- Alert, keenly observant, and responds quickly.

- Exceptional Group Achievement and intelligent tests.

Extensive use of intelligence tests is not prevalent in our society. However wide range of group achievement tests are gradually evolving. Within the scope of normative performance, children who are exceptional can be identified for further screening/development.

### **Creativity and Aptitude Tests**

The art of divergent thinking resulting in creating is a vital pursuit of giftedness. Children's outstanding performance in this area could call for attention.

### **Types of Giftedness**

Academic talent – learning of academic skills

- Special talent e.g. music, art, dramatic, creative, writing. These talents can begin to manifest early in life.
- Social abilities – children who show special gift in the sphere of social relationships,, adaptation or leadership
- Creative thinking – in the area mention above. It may also include those observed in play and conversation in early childhood.

## **3.2 Identification of Children with General Learning Challenges**

The benchmark for this category of children indication that due to incidence of congenital underdevelopment of the brain, consequences are therefore reflected in general learning abilities. The brain is the key controlling various developmental milestones and learning of all skills association with human development. The term “mental retardation” has been dropped for its unfriendly and derogatory disposition.

While most children with mild learning challenges have few obvious physical and psychological features, a large number of these in this group are identified at birth or during their pre-school years. E.g.

**Before Birth:** Through amniocentesis which involves analysis of amniotic fluid taken from the uterus of the expectant mother

- Down's Syndrome:
- Apgar's Score: Very low with obvious physical accomplices.
- Lacks coordination
- Exhibits slowness in learning to sit, walk and talk.
- The use of standardized test conducted by clinical psychologists.
- The ranking determines the I.Q level.

### 3.3 Identification of Specific Learning Challenges

Fundamentally, identifying specific learning disabilities in early children is slightly out of clear consideration. The manifestation expected to be associated more with school subject or attempt at formal academic activity.

However, such factors as hyperactivity, hyperactivity, in coordination, general motor difficulties preservation, inattention, over attention, visual perceptual difficulties, or auditory perceptual difficulties which might be noted in young children, but any one of these characteristics is not sufficient to identify a young child as specifically learning challenged. Identification depends on the existence of significant learning academic problems if the child does not achieve commensurate with his or her age and ability levels; a severe discrepancy between achievement and intellectual ability in one or more of the following areas.

Oral express

- Listening comprehension
- Written expression
- Basic reading skills
- Reading comprehension
- Mathematics calculations; or
- Mathematics reasoning.

#### **Procedure for easily identification of specific learning challenges**

- Child-centered approach: the child could express frustration and difficulties in seemingly simple tasks peer group are carrying out. These could teacher perception of laziness, lack of motivation, awkwardness in approaching tasks and even parents perception of lack of interest in school task by the child.
- Based on general observation/supervision by teacher/parent examine early childhood medical record, since most children with eventful pregnancy and delivery might experience one form of learning disability or another.
- This suspicion could then lead to further action in the under listed areas:
- Physical examination
- Speech and language testing

Possible neurologic test e.g. EEG, including evaluation of gait, posture, muscle tone and reflexes

1. Coordination (both gross and fine motor and balance Handedness
  2. Right-left orientation (laterality)
  3. Figure drawing (assessing auditory comprehension, inter modal functioning, and fine motor control)
- Subject outcome of findings to interdisciplinary committee e.g. guidance counselor, psychologist, special education teacher and consultant designated. Most settings in Nigeria have pediatrician as part of the advisory team for children with learning disabilities.

## 4.0 Conclusion

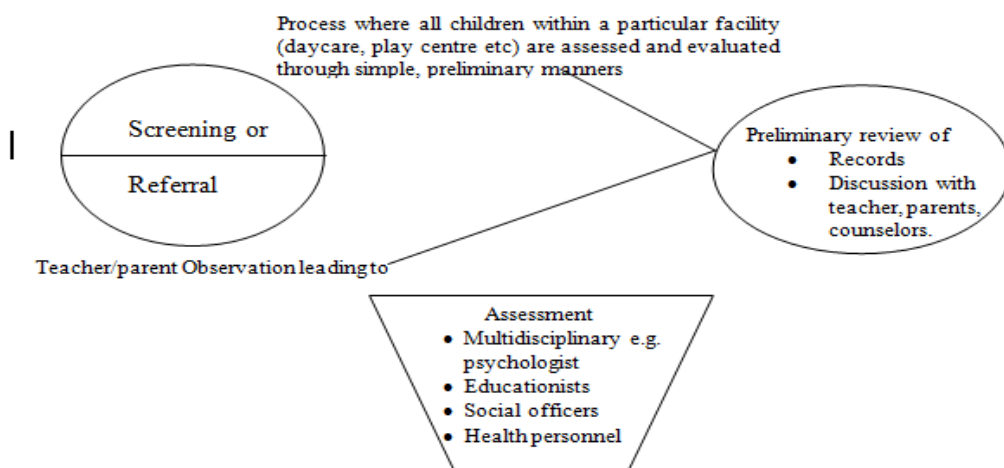
In this unit you have been exposed to the various strategies and procedures used in the identification of giftedness and talent in early childhood. Strategies used in identifying general and specific learning challenges were also exposed. The issue of clarity of physical conglomeration of general learning challenges in children was established as against the suspicion and referral for further assessment in the case of specific learning challenges. Ultimately, the place of multidisciplinary approach was deemed appropriate. The place of teacher or users of this module is more in the area of providing relevant information on general observation in the functioning of the child across the board.

## 5.0 Summary

In this unit you have learnt:

- What your roles are in the identification process of the gifted and the talented child
- That there are various types of talents
- About characteristics to look for when identifying a gifted and talented child
- That amniocentesis can be used to identify general learning challenges during pregnancy
- That Apgar's score can reveal a child with general learning challenge at birth.
- That a child with specific learning challenges usually have discrepancy between their achievement and intellectual capacity
- That the source of investigation for a child with specific learning challenge could be the child, parent, teacher and other records available on the child.
- That with multidisciplinary personnel involvement you can get the early childhood identification of a child with specific learning challenges.

### • Summary of Procedure.



## 6.0 Self-Assessment Exercise

Identify 15 new knowledge you are coming across for the first time on children with intellectual abilities and the talented. The account should not be less than two pages.



## 7.0 References/Further Reading

Adamson, W. X. & Adamson, K.K. (1979) (Eds.). *A Handbook for Specific Learning Disabilities*. New York: Garner Press Inc.

Safford P.L (1978). *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.)

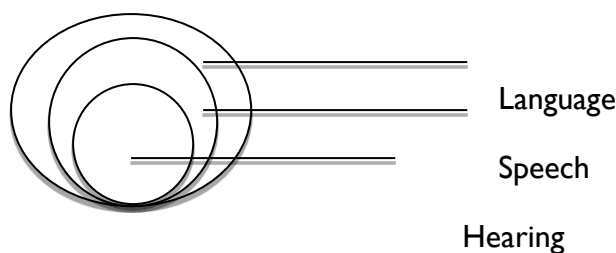
Shonibere, D.O. (2001). Understanding Dyslexia. TPQ Vol 3 Nos, 20 – 21.

## Unit 2 Identification of Speech, Language and Hearing Needs in Early Childhood

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### 1.0 Introduction

The relationship between hearing, speech and language is the basis for whatever learning needs that could arise from these three connections. Without hearing, speech will be extremely impaired. This is not however to say that it is impossible to use language without speech, however, the thought process is made comprehensive as speech proceed in development. Essentially therefore, to identify the needs, we have to create an adequate overlap that will give intense basis for comprehension and ultimately intervention. The illustration below presents a graphical connection for easy understanding.



**Fig. 2: Interrelationship between Speech, Hearing and Language.**

### 2.0 Objectives

At the end of this unit, you should be able to:

- state the relationship between speech, language and hearing
- identify stages of language development
- identify children with speech, language and hearing needs in early childhood
- identify the content of speech, language and hearing needs in early childhood
- state the procedures for identifying speech, language and hearing needs in early childhood
- evaluate the role of the various professional in the area of speech, language and hearing needs in early childhood.

### 3.0 Main Content

#### 3.1 Language Development in Early Childhood

**Before Birth** – It is assumed that the vibration experienced by the fetus is essentially an integral part of language. It is even expressed that the amount of noise experienced by the fetus is more profound than what is experienced after birth. To be congenitally deaf therefore predisposes a newborn not to be aware of sound as a feedback mechanism.

**1 – 3 Months** – undifferentiated crying, random localization and cooing.

**4 – 6 Months – Babbling** – specific vocalizations in response to speech of others.

**7 – 11 Months** – There are two progressions that are evident during this period. Lolling; movement of the tongue with vocalizations in a recognized approach. Echolalia; an automatic repetition of words and phrases.

**12 months – First word** – consists of mostly vowels.

**Holophrastic Speech** – One – word sentence to refer to concept, needs and reaction to situation.

Depending on how stimulating the environment is the child begin to proceed to:

- Telegraphic speech at 24 months
- Three words sentence words

**36 months** – complete simple sentence words

**42 months** – Expanded grammatical forms. Concepts experienced with words. Speech disfluency is typical

**48 months** – Excessive verbalization which reflects imaginary speech.

**52 – 60 months** – word developed and complex syntax

### **Self-Assessment Exercise**

In group discussion, language development after 5 – 6 years of children you have observed, identify parents on your own to be a part of your discussion group and other caregivers etc. Identify three components of language that can be developed after 6.

## **3.2 Identification of Hearing Needs in Early Childhood**

### **Mode (How it is done)**

It has been observed that from general observation virtually every level of hearing loss can escape identification before 9 months, because the activities that could lead to it are common to all e.g. crying, babbling, cooing, babbling and some form of lolling, only very close observation elicit appropriate suspicion. Specific model include:

1. Neonatal screening: A critical examination using the Apgar's score which is a systematic evaluation of physical examination at birth, respiratory, muscular response and sensitivity
2. Audiometric Assessment
3. Deduction from behaviour e.g. such children may be described in early growth stage as unusually quiet, "stubborn":
  - Lacks affection – Turning or cocking of head
  - Difficulty in following instruction/direction
  - Withdrawn, reluctance to participate in oral activities – dependence on class mates/playmates for instruction – excessive focus of eyes on speakers mouth.
  - Withdrawn – speech defects – disparity between expected and achievement

## **3.3 Identification of Speech Disorders in Early Childhood**

The activities and those who could help to identify the speech disorders in early children include:

- Speech needs at this level from the perspective of age, emotional consequences and ability to communicate meaning intended by the producer.

Those involved:

- caregiver
- Parents
- Speech consultants (speech Therapist in Nigeria)
- Special Education Teacher
- Psychologist

Procedure for identification includes:

1. Referral from general observation
2. Complaints and suspicion of those involved:
  - There may be need for specific test depending on the basis of referral as stated below
  - What to Look out for
  - Articulation disorder omission, substitutions, distortion or addition in word utilisation/speech production.
- Disorders of voice: involves: pitch, intensity, quality, flexibility (is it monotonic? Or have value in modulation and beauty to listen to)
- Fluency – Stuttering – primary – A part of language development process Secondary – with concurrent behavioral symptoms.
- Cluttering

### 3.4 Identification of Language Disorders in Early Childhood

The characteristics of some disorders are enough to be used to identify the particular disorders. The characteristics are:

**Delayed Language**, that is the failure to develop language at the expected or normal time, and it may relate to the ability to understand or to speak the language of those in the immediate environment.

**Aphasia:** This is impairment of already acquired ability to use language. This is as a result of damage to the dominant cerebral hemisphere, usually the left.

**Learning disabilities:** It may also be considered as language disorder (challenges). The origin may be social in nature, expressed in mathematics or spatial disorder, but for the most part, learning disabilities may be considered as language disorders.

## 4.0 Conclusion

In this unit, you have been exposed into the various personnel, procedure and interrelationship involved in the identification process of language, speech and hearing specifically, features relevant to the early childhood period, even at conception were duly highlighted. For purpose of identification, the categories within the domain of speech and language were stated with landmarks in their identification.

## 5.0 Summary

The areas covered in this unit include:

- Definition and relationship between speech, language and hearing
- Eleven clear indices that were highlighted in the process of language development, including the status of language development during conception.
- The procedure involved in the identification of hearing needs were explained to you
- Procedure adopted in the identification procedure used in speech and language needs in early childhood.
- Specific delineation of what to look for in the identification of speech and language needs was also presented.

## 6.0 Self-Assessment Exercise

1. What is Speech?
2. What is Language?
3. What is Communication?
4. List five (5) concepts of communication types you know?

(Not less than 3 pages)

## 7.0 References/Further Reading

Biehler, R.F. (1981). *Child Development* (2nd ed.). Houghton Mifflin Company.

Dunn, L.M. (1973). *Exceptional Children in the Schools: Speech Education in Transition* New York: Holt, Rinehart and Winston Inc.

Shonibare, D.O. (2000). Psychology of Deafness in Childhood and Adulthood TPQ. 2. (2) 13 - 14.

## Unit 3 Identification of Visual Needs in Early Childhood

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### 1.0 Introduction

Identifying visual challenges in early childhood is relatively obvious, unlike specific learning challenges such as hearing, behavioral and emotional challenges. Babies at birth can easily be suspected as having visual ignorance of objects moving across their visual field. Societal attitude towards visually needs person varies from hostility and often sometimes elimination. Societal shift in perception due to adequate societal pressure and sometimes a proof of worthiness has resulted in the need for care. For a class room practitioner in early childhood, the effort will be geared toward compensating the child for whatever deficit resulting from loss of vision in early childhood.

### 2.0 Objectives

At the end of this unit, you should be able to:

- state procedure involved in the use of Snellen Chart
- list observable signs of the eyes predisposing a child to visual needs
- identify visual behaviour displayed by a child with visual needs
- refer a child to appropriate professional for further investigation.

### 3.0 Main Content

#### 3.1 Screening Procedure

**Snellen Chart:** This is the most commonly used chart for measurement of distant, central field acuity. The testing distant is 20 feet (6 meters). In essence 20/40 means that the child read what a normal sight of the same letter would read at 40 feet, at a distance of 20 feet. Usually, early childhood classification could be considered problematic as listed below:

**3 years old** – failure to achieve a visual acuity of 20/40 or better

**4 – 6 years old** – vision of 20/40 or less

**7 – 9 years old** – vision of 20/40 or less

**10 years** – vision of 20/30 or less

To establish this, there must be enough light and the size of letter must be adhered to. There is a standard chart used for the test called Snellen Chart. However, it is desirable that further investigation be conducted into the structure of the eye by an ophthalmologist.

### **3.2 Visual Behaviour Observable Signs**

- Red eyelids
- Crust on lids among the lashes
- Recurring sties or swollen lids
- Watery eyes or discharge
- Reddened or watery eyes
- Crossed eyes or eyes that do not appear to be straight
- Pupils of uneven size
- Eyes that move excessively
- Drooping eyelids.

#### **Visual Behaviour**

- Rubs eyes excessively
- Shut or covers the eye, tilts head or thrusts head forward
- Sensitive with reading or other work requiring close use of the eyes
- Squinting, blinking, frowning, facial distortions, while reading or doing other close work.
- Holds reading materials too close or too far or frequently changes the distance from near to far or far to near
- Complains of pain or aches in the eyes, headaches, dizziness, or nausea following close eye work
- Difficulty in seeing distant objects (preference for reading other academics tasks other than playground or gross motor activities)
- Tendency to reverse letters, syllables or words
- Tendency to confuse letter of similar shape (o and 0, c and e, l and n, f and t).

### **3.3 Referrals**

Suspicion should be further referred by the parents, caregiver, teacher and other personnel working with children in early childhood. It is important to note that there are cases for which early intervention in terms of medication, surgical operation and other corrective measures can result in proper functioning. The role of those coming in contact with children with this crucial period is to promptly refer.

## **4.0 Conclusion**

In this unit, you have been exposed to the identification of children with visual. Challenges in early childhood. It has been expressed that there is need for facilitators to be abreast with the general screening device and other observation that may be require. Ultimately, referrals for durable intervention are deemed appropriate.

## **5.0 Summary**

You have studied in this unit:

- The use of Snellen Chart as an instrument used for visual screening.
- What to look out for as observable signs as prevalent in the

- external eye that can be seen
- A list of behaviours which can predispose a child to suspicion are also made.
- In addition to the activities, referral was highlighted as a further
- step in the identification of visual needs in early childhood.

## 6.0 Self-Assessment Exercise

1. Select 2 children (ages 3 – 10) 2 male and female adult each (ages 30 50), interview them to determine their awareness of the care of their eyes. Identify what they know should not be done/ to be done for effective eye care
2. Use the content of your unit on identification of visual needs as a basis of judgment. You may produce a checklist from the factors.

## 7.0 Reference/Further Reading

Dunn, L.M. (1973) (Ed.). *Exceptional Children in the Schools: Special Education in Transition* New York: Holt, Rinehart and Winston Inc.



## Unit 4 Types and Identification of Physical and Health-Related Needs in Early Childhood

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### 1.0 Introduction

The vitality of one's health in early childhood and physical bearing are two factors determinate of readiness for all-round development. In as much as the different types of health situations and physical states are highlighted, the real issue at state thereafter is that, the caregiver or whoever is facilitating identify the strengths, potentials, limitations and other special needs of the child described in this segment/unit. The categories of children discussed here usually emanate from the medical personnel, however, since it is their right to be provided for educationally, the caregiver is subsequently expected to adequately respond to the needs of the child.

### 2.0 Objectives

At the end of this unit, you should be able to:

- differentiate between orthopedic needs and health-related needs
- list types of physical and health-related needs in early childhood
- explain why left-handedness is categorized as physical need in our community
- identify different types of epilepsy and cerebral palsy and their characteristics.

### 3.0 Main Content

#### 3.1 Delimitation of Children in the Category

Children with physical handicaps have been labeled with such terms as “crippled”, “orthopaedically handicapped”, physically disabled” and physically impaired”. Not all physical problems involve orthopedic impairments or limitations; however, the term “crippled” is clearly inadequate as a catch-all designation. The child who suffers from a chronic disease such as hemophilia or from allergy may not be impaired in mobility, general intellectual functioning, or communication. However, this child has special needs as well, many of which will be reflected in the context of the classroom.

These conditions represent very low incidence in the classroom compared with other needs as discussed earlier, specific learning challenges, hearing needs, intellectual and visual needs.

#### 3.2 Identification/Characteristics

**Cerebral Palsy:** This is a non-progressive condition characterized primarily by inability to control muscle reflexes voluntarily. Cerebral Palsy implies damage to the brain as a result of prenatal or peri-natal causes, insufficient oxygen during birth.

Identification could be according to:

- **Types**

**Spasticity:** Involuntary contraction of affect muscles when they are suddenly stretched, resulting in tenseness and difficulty, inaccurate voluntary motion.

**Athetosis:** Involuntary contraction of successive muscles resulting in marked incoordination and almost constant motion of the extremities.

**Ataxia:** Uncoordinated movement, impaired balance and sense of orientation in space

**Rigidity:** Widespread continuous muscle tension or “lead-pipe” stiffness

**Tremor:** Rhythmic, involuntary, uncontrollable motions limited to certain groups.

- **Limbs Affected**

**Hemiplegia** – involvement of one side of the body

**Paraplegia** - involvement of legs but not arms.

**Diplegia** - major leg involvement and minor arm involvement

**Triplesia** – involvement of three limbs

**Quadriplegia** – major involvement of all the four limbs

**Double Hemiplegia** – more arm than leg involvement.

### **3.3 Epilepsy (Convulsive Disorder)**

This is a symptomatic condition, rather than a disease, that often coexists with a known neurological disability, such as cerebral palsy. It represents, underlying dysfunction of the central nervous system. This can be responded to in early childhood through the use of anti-convulsing medication which is essentially the prerogative of the physician.

There are three types identifiable:

**Grand Mal:** The individual loses consciousness, falls, and has general convulsive movements. Breathing may be very labored, the child may produce a gurgling sound or may shout, and saliva may escape from the lips. The seizure may last for several minutes. Afterwards the child may be confused or drowsy and will not recall what happened or what was said during seizure.

**Petit Mal:** Short in duration, common in children. Can occur up to 100 times in a day. It is reminiscent of daydreaming after which the child continues with previous activity he/she was engaged in.

**Psychomotor seizure:** This is very complex and affects every aspect of the child. Sometimes children are known to remove their clothing, aggressive and violent. After the seizure the person relax into deep sleep.

### 3.4 Poliomyelitis

This is at one time the most common causes of physical needs among children. It is as a result of the polio virus attacking the brain, or spinal chord, leaving many people crippled, muscularly weak, or spastic. However, with the invention of the polio vaccine, near total eradication of the effect of the virus is envisaged in Nigeria by 2015.

### 3.5 Other Health-Related Needs and Characteristics

- Congenital amputation
- Asthma
- Sickle cell anemia
- Heart diseases
- Bowleg
- Knock-knee
- Club foot
- Spina bifida
- Hydrocephalus
- Left-handedness: this type has been included considering the extensive cultural outlook of the tribes in Nigeria. It is assumed that left-handedness is an insult during interaction. This increasing attention usually lead to confusion in the withdrawal, response and participation of a child that the handedness in not a choice by the child but of the composition of nature in terms of dominance and where the strength of the hand is placed in the brain.

## 4.0 Conclusion

In this study unit, extensive effort has been put into identifying physical types of needs, especially in early childhood years. The health related factors are also included as factors affecting learning in early childhood. The social factor in the perception of children who are left-handed was also discussed.

## 5.0 Summary

In this study you learnt that:

- There are orthopedic needs that cannot be classified as health challenges
- There are different types of cerebral palsy
- That epilepsy can be seemed from three perspectives: grand mal, petit mal and psychomotor seizures.
- Poliomyelitis used to be a large percentage of sources of physical needs but considerable reduced in schools now.
- There are other several health needs prevalent among children in early childhood.

## 6.0 Self-Assessment Exercise

Select 2 most sickly children from a class in a Primary School. Give insight into how you feel it affect their learning/education. Photocopy continuous assessment form, term report sheet of the selected children for 2 terms.

## 7.0 References/Further Reading

Dunn, L.M (1973). *Exceptional Children in the Schools: Speech Education in Transition* New York: Holt, Rinehart and Winston Inc.

Gearheart; B.R. (1980). *Special Education for the '80s*. St Louis: The C.V. Mosby Company.

Safford P.L. (1978). *Teaching Young Children with Special Needs*. St Louis: The C.V. Mosby Company.

# Unit 5 Identification of Behaviour and Emotional Needs in Early Childhood

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## 1.0 Introduction

One of the pleasures desirable in early childhood is the ability to grow up in a loving environment; required needs provided for and perceived risk promptly avoided by parents. However, with various instability experienced in society and a carryover of morbidity during conception, some children are found to have been assaulted, abandoned and so on, with lasting impression made on their psyche. Sometimes, adults are usually of the opinion that a child has no right (especially in the developing/African community) apart from what is dictated by adults.

Invariably, these 'overload' of emotion inversely affect learning, lack of vision, motivation and assertiveness/rebellion in children. This unit will create substantial insight into what is consisted in behavioural and emotional needs in early childhood.

## 2.0 Objectives

At the end of the unit, you should be able to:

- identify what is a behavioral, and emotional problem in early childhood
- list behaviour classified as normal but harmful to development
- state other categories of children with behavioral and emotional needs in early childhood
- assess referral opportunities at your disposal and your caution.

## 3.0 Main Content

### 3.1 What is a Problematic Behaviour/Emotion?

Kirk (1972) sees problematic/emotion to be a deviation from age-appropriate behaviour which significantly interferes with

- the child's own growth and development and/or
- the lives of others (p.389).

According to Reinert (1976): These children are pre- in- conflict (no more no less) with their environment. They may be having a relationship problem with their teacher or peer, or might be in conflict with themselves, or they may be victims of uncontrollable circumstances in their hands. (p.6).

Morse (1975) '..... a disturbed pupil is one who is persistently unable to cope with a reasonable school environment even though expectations are geared to his age and potential ...the specific patterns or manifestation of disturbance are many and range in depth ... (p. 556)

Typified as the problematic behaviours are:

- lying
- disobedience (not following rule)
- stealing
- hitting other/self
- using nasty words
- truancy
- juvenile delinquent.

To establish the behaviour as problematic, it is necessary that one should establish:

- severity
- chronicity
- context – when and where the targeted behaviour occurs.

The origin of these carry over behaviour can be found in

- abandonment
- orphanage
- war victims
- color prejudice
- street children
- harsh social condition
- child labour.

### **3.2 Identification Model**

- Teachers observation
- Parents observations
- Peer perception
- The child's perception of self.

### **3.3 Observable Behaviour (What to look for)**

- Inability to establish and maintain satisfactory interpersonal relations with peers and adults.
- Fearfulness of injury to himself or a parent
- Physical aggressive play
- Abnormal persistence of age-inappropriate behaviors; remnants of what was normal at an earlier age e.g. crying, thumb sucking, toilet accidents, reversion to immature speech patterns.
- Unusual abnormal speech and language problem e.g. tuckering.

### **3.4 Behaviour Related to Identified Special Needs**

- **Autism**

The discourse on Autism in the last 10 years in Nigeria represents the most single issue ever discussed, supported and provided for outside government initiative. The development in Nigeria represents a profound carryover of development in Europe and especially the United States of America. In addition, the stable political atmosphere and interaction

between Nigeria and South African are factors responsible for this unprecedented level of awareness.

What is Autism? Though difficult to define, such children exhibit most of the under listed traits:

- never learned to speak
- exhibits a decided taste for order
- pulls people towards object, that he wanted to use
- would not play with toys in any constructive way
- reverts to his previous behaviour in a different location.
- exhibits a profound lack of affective (emotional) contact with other people
- intense insistence for sameness in their routine
- muteness or abnormality of speech
- high-levels of vision – spatial skills or rote measure but major learning difficulties in other areas
- an attractive, alert intelligent appearance.

Other issues that may not be conclusively established are the tendencies for them to be from above average socio-economic status. The last point seems to be responsible for the accelerated service delivery they have enjoyed in Nigeria.

They are a new dimension of an enigma to which early childhood years will still reveal greater insight both abroad and in Nigeria.

- Hearing challenged children can also express some profound emotional outburst where they are denied sign language early in childhood.
- Children abused are also known to express profound behavioral and emotional needs even from early childhood.

### **3.5 Caution**

It is expected that all the care givers will bear in mind the importance of separating the children's development away from being labeled as discussed above. These are considered from:

- general difficulty in separating from parents
- extreme withdrawal – respect his choice at a time
- extreme aggression – be able to explain it in the context of interaction with other children. Settle the perceived injustice as the case may be.
- resorting to infantile patterns of behaviour e.g. thumb sucking, crying, clinging and unnecessary seeking the teachers attention – support and reward age appropriate behaviour and fade out other undesirable tendencies.

### **3.6 Referral**

Under a situation the teacher is inadequate in dealing with issues at hand the team approach (use of psychologists, counselors and whatever institutional provision) should be looked into. Refer the child with appropriate unbiased recording of previous observations.

## 4.0 Conclusion

In this unit, a detailed presentation has been made to explore the types of emotional and behavioral needs in early childhood. You also learnt to what extent behaviour can be term as a problem. Both external and child-based factors used in identification were equally highlighted. It is important to note that referral and caution should be a watchword in the discourse of emotional and behavioral needs in early childhood.

## 5.0 Summary

In this unit, you learnt that:

- Child abuse can result in emotional and behavioral challenge
- Expression can be demonstrated through aggression, crying, acting out, withdrawal and general disobedience
- The key players involved at the caregiver, parent, teacher, peer group and even the child himself.
- Autism is considered as a behavioral and emotional issue which requires further development, but presently receiving attention for given reasons.
- Respect for the child's choice of behaviour and referral are another point of response to the issue under discussion.

## 6.0 Self-Assessment Exercise

Identify the most famous boy/girl in a school you are familiar with or from a setting you are familiar with, and do the same with the most "notorious" boy/girl from the same setting.

Write ten points you observe from each of the two children (not more than 2 pages). State address, age, sex, weight, height, the political zones of the parents, brief socio-economic background of the children selected

## 7.0 References/Further Reading

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