L3: Literacy, Language and Learning Initiative
Final Partners Report
VSO component: L3+
OVERVIEW

From May 2015 to October 2016 (18 months), VSO implemented the L3 Plus Project (L3+), a project within the Language, Literacy and Learning Initiative (L3), a 5-year program financed by the United States Agency for International Development (USAID) and implemented by the Education Development Center, Inc. (EDC), with technical assistance from Voluntary Service Overseas (VSO), International Education Exchange (IEE), Never Again Rwanda (NAR) and Concern Worldwide (CW).

The L3 initiative’s goal is to collaborate with the Rwandan Ministry of Education (MINEDUC) to strengthen teaching and learning so that children leave primary school with solid literacy and numeracy skills.

L3 has five principal objectives:

1. Improve the quality of reading, mathematics and English teaching in P1 to P4.
2. Improve the availability of teaching and learning materials.
3. Support the teaching of English and the transition to English as the language of instruction in P4.
4. Strengthen Ministry capacity to lead the literacy reform effort.
5. Improve equity in education by ensuring that all students, and especially girls and students in remote, rural areas, receive increased access to quality literacy and numeracy instruction.

L3+ was introduced in 2015 focusing specifically on children with special educational needs (SEN). L3+ and had the following three objectives:

1. To improve quality of teaching for children with special education needs at P1 to P4 level in mainstream schools.
2. To improve care and support for children with special education needs through enhanced skills and capacity of parents/caregivers, healthcare providers (HPs), Community Health Workers (CHWs) and local representatives from the National Council for Persons with Disabilities (NCPD).
3. To improve knowledge, attitude and behavior towards children with special needs.

The catchment area for the L3+ Project included; three administrative sectors in the District of Nyamagabe: Gasaka; Tare; and, Uwinkingi; and, three administrative sectors in the District of Nyaruguru: Kibeho; Rusenge; and, Mata.

L3+ worked with 30 target schools to strengthen their capacity to educate children with disabilities (CWD) by providing training and resources to teachers and more advanced training to Champion Teachers. Schools and communities were also served by Resource Centers (one in each District) which acted as hubs for information and signposting as well as training venue. Parents and community actors were trained and supported to better identify and respond to the needs of CWD and their families. Community sensitization was carried out through community theatre, inclusive sports demonstrations, community work (umuganda) and radio broadcasts.

The project was delivered by one Project Officer, one Training Officer, two Resource Center Assistants and technical support from two international VSO volunteers (Special Needs Education Advisor) working consecutively. L3+ also mobilized technical experts from government and civil society organisations.

In the following pages, a summary of the achievements (outputs and outcomes), organized by
intermediate results will be provided. Challenges and lessons learned will be discussed and examples of best practices will be highlighted through case studies.

VSO commissioned and supervised an endline evaluation of L3+ (Annex 1). The objectives of the final evaluation was to:
1) to assess the relevance, efficiency, effectiveness, cost-effectiveness, processes, and sustainability of the L3+ project;
2) to identify lessons learned and best practices; and,
3) to provide recommendations for VSO and national stakeholders regarding providing similar support to the education of CWD.

The final evaluation targeted 291 participants across all target Sectors in the two project Districts including 60 teachers, 75 parents, 14 CHWs, 6 Head teachers, 6 NCPD representatives, 6 SEOs, 24 children and 100 community members. Sixty-four percent (64%) of respondents were female and 36% were male. Quantitative survey questionnaires were developed to collect information from teachers, parents, HPs and CHWs. In-depth interviews were used to collect qualitative information from Head Teachers, NCPD representatives and Sector Education Officers (SEOs). Parents and children with and without disabilities were consulted through focus group discussions (FGD). Findings from the end line evaluation report are referred to in this report to support the proposed recommendations.
# TABLE OF CONTENTS

OVERVIEW .......................................................................................................................... 1

ACRONYMS.......................................................................................................................... 6

EXECUTIVE SUMMARY .................................................................................................... 7

1. RESULTS ....................................................................................................................... 9

   INTERMEDIATE RESULT 1: Improved quality of teaching for children with special education needs at P1 to P4 level in mainstream schools ................................................................................. 9

   INTERMEDIATE RESULT 2: Improved care and support for children with special needs (through enhanced skills and capacity of parents/caregivers, healthcare providers, CHWs and NCPD representatives in care and support for children with special needs) ........................................... 13

   INTERMEDIATE RESULT 3: Improved knowledge, attitude and behavior amongst community members towards children with special needs ........................................................................ 17

2. MONITORING AND EVALUATION (M&E) .................................................................. 24

3. LESSONS LEARNED ................................................................................................... 24

4. POLICY, DIALOGUE, AND SUPPORT ........................................................................ 27

5. PARTNER LINKAGES .................................................................................................. 27

6. SUSTAINABILITY ....................................................................................................... 28

7. FINANCE AND ADMINISTRATION ............................................................................ 29

8. ANNEXES: FINAL DOCUMENTS AND PRODUCTS ..................................................... 29
LIST OF PHOTOGRAPHS

Photograph 1: Dr Patrick SUUBI from UR-CoE facilitating training session for educationalists .......... 10
Photograph 2: Theophile BINAMA from RNUD, facilitating Residential camp sessions on care and support to parents of Children with hearing impairment ...................................................................................... 15
Photograph 3: Community theatre at a market place in Rusenge Sector, Nyaruguru ...................... 18
Photograph 4: Acting Executive Secretary of Rusenge Sector addresses the audience as part of community theatre. ........................................................................................................................................ 19
Photograph 5: Nyaruguru Sitting Volleyball Tournament Final in Rusenge Sector presided over by local authorities, EDC and VSO. ........................................................................................................................................ 20
Photograph 6: Nyaruguru Sitting Volleyball Tournament Final in Rusenge Sector presided over by local authorities, EDC and VSO. ........................................................................................................................................ 20
Photograph 7: Special umuganda in Nyaruguru District, Rusenge Sector, at Groupe Scolaire RASANIRO 21
Photograph 8: VSO Regional Director, VSO Country Director and L3+ Project Coordinator join an Open Day for local leaders in Nyaruguru District. ........................................................................................................................................ 22

LIST OF TABLES

Table 1: Dates and locations of training of educationalists on Inclusive Education ......................... 9
Table 2: Dates and locations of training for educationalists on Teaching Strategies and Educational Resources ........................................................................................................................................ 11
Table 3: Dates and locations of parent information sessions .................................................................. 13
Table 4: Dates and locations of Champion Parent training ...................................................................... 14
Table 5: Dates and location of training of Healthcare Providers, Community Health Workers and NCPD representatives ........................................................................................................................................ 15
Table 6: Dates and locations of community theatre performances ......................................................... 17
Table 7: Dates and locations of sports demonstrations ........................................................................... 19
Table 8: Dates and key participants of radio broadcasts ....................................................................... 21
Table 9: Knowledge of community members before and after L3+ ....................................................... 23
Table 10: Positive attitude of community members before and after L3+ ............................................. 23
Table 11: Positive behaviour of community members before and after L3+ ......................................... 23
Table 12: Challenges, lessons learned and recommendations ............................................................... 24
Table 13: L3+ approved budget, revised budget and actual expenditure ................................................ 29
ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>CWD</td>
<td>Child(ren) With Disability(ies)</td>
</tr>
<tr>
<td>DEO</td>
<td>District Education Officer</td>
</tr>
<tr>
<td>EDC</td>
<td>Education Development Center</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GS</td>
<td>Groupe Scolaire</td>
</tr>
<tr>
<td>HP</td>
<td>Healthcare Provider</td>
</tr>
<tr>
<td>IEP</td>
<td>Individual Educational Plans</td>
</tr>
<tr>
<td>L3</td>
<td>Literacy, Language and Learning Initiative</td>
</tr>
<tr>
<td>LCM</td>
<td>Learner Centered Methods</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MINEDUC</td>
<td>Ministry of Education</td>
</tr>
<tr>
<td>NAR</td>
<td>Never Again Rwanda</td>
</tr>
<tr>
<td>NCPD</td>
<td>National Council of Persons with Disabilities</td>
</tr>
<tr>
<td>NPC Rwanda</td>
<td>National Paralympic Committee Rwanda</td>
</tr>
<tr>
<td>PS</td>
<td>Primary School</td>
</tr>
<tr>
<td>PWD</td>
<td>Person(s) with Disability/Disabilities</td>
</tr>
<tr>
<td>RENCP</td>
<td>Rwanda Education NGO Coordination Platform</td>
</tr>
<tr>
<td>RC</td>
<td>Resource Centre</td>
</tr>
<tr>
<td>REB</td>
<td>Rwanda Education Board</td>
</tr>
<tr>
<td>SEN</td>
<td>Special Education Needs</td>
</tr>
<tr>
<td>SNE</td>
<td>Special Needs Education</td>
</tr>
<tr>
<td>SEO</td>
<td>Sector Education Officer</td>
</tr>
<tr>
<td>THT</td>
<td>Troupe des Handicapés Twuzuzanye</td>
</tr>
<tr>
<td>UR-CoE</td>
<td>University of Rwanda College of Education</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VSO</td>
<td>Voluntary Service Overseas</td>
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</table>
EXECUTIVE SUMMARY

The L3+ Project was introduced in mid-2015, as a project within the larger L3 Initiative, focusing specifically on children with special education needs. VSO was selected by EDC’s L3 Initiative to undertake a special project within the L3 Initiative focusing on Rwanda Special Needs Education. L3+ was delivered by VSO for 18 months, from May 2015 to October 2016 (18 months) and had the following three objectives:

1. To improve quality of teaching for children with special education needs at P1 to P4 level in mainstream schools.
2. To improve care and support for children with special education needs through enhanced skills and capacity of parents/caregivers, healthcare providers (HPs), Community Health Workers (CHWs) and local representatives from the National Council for Persons with Disabilities (NCPD).
3. To improve knowledge, attitude and behavior towards children with special needs.

L3+ was designed to focus specifically on learners with special educational needs by enhancing skills of teachers through training and adaptation of L3 materials, introduction of community-based Resource Centers, and engagement of community actors such as HPs, CHWs and NCPD representatives, as well as providing targeted support to parents.

The catchment area of L3+ was three administrative sectors in the District of Nyamagabe namely Gasaka, Tare and Uwinkingi, and three administrative sectors in the District of Nyaruguru namely Kibeho, Rusenge and Mata. Thirty schools from the three administrative sectors were targeted (15 schools per District).

L3+ worked with 30 target schools to strengthen their capacity to educate children with disabilities (CWD) by providing basic training and resources to 120 teachers (4 from each school) and more advanced training to a cohort of 24 Champion Teachers (4 from each 6 Sectors across two Districts). A team of technical experts from government and civil society, which comprised Ministry of Education (MINEDUC), University of Rwanda College of Education (UR-CoE), Education Development Center (EDC), Rwanda Education Board (REB) National Council of Persons with Disabilities (NCPD), HVP Gatagara, Rwanda Union of the Blind (RUB), Rwanda National Union of the Deaf (RNUD), Collectif Tubakunde, and Umutara School for the Deaf, worked with VSO to adapt L3 teaching strategies for use by teachers in mainstream schools to include CWD in their classrooms. Schools and communities were also served by Resource Centres (RCs) (one in each District) which acted as hubs for information and signposting as well as training venue. Resource Centres (RC) were promoted through 7 open days (4 in Nyaruguru and 3 in Nyamagabe; two for teachers, 2 for HPs, CHWs, and NCPD representatives, 2 for parents and one for local leaders).

Parents and community actors – namely 668 parents trained in Information sessions, 18 HPs, 60 CHWs and 66 NCPD representatives – were trained and supported to better identify and respond to the needs of CWD and their families. Of the 668 parents supported, 93 were identified as Champion Parents to receive in depth training on the care and education of their children through residential camps which focused on each major category of disability. These camps were delivered in partnership with VSO and civil society organisations.

Community sensitization was carried out through 10 community theatre performances and 6 inclusive sports demonstrations delivered by VSO partners Troupe des Handicapés Twuzuzanye (THT) and the
National Paralympic Committee of Rwanda (NPC Rwanda) civil society organization. These activities reached over 10,000 people in the local community. Around 500 community members also participated in community work (*umuganda*) to improve access for CWD around schools. 6 radio broadcasts – both live and prerecorded – were delivered which featured messages from local authority leaders including Mayors the as well as views of community members.

The project was delivered by one Project Officer, two Resource Center Assistants and technical support from two international VSO volunteers (Special Needs Education Advisors) working consecutively. As mentioned above, L3+ also mobilized technical experts from government and civil society.

Although the project was delivered over a very short space of time with limited resources, there is evidence that L3+ had a positive impact on the quality of teaching, care and support for CWDs and community attitudes towards CWDs. Teachers reported being more capable of including CWD in their classrooms and parents of CWD feel that education of their children has improved. Similarly, parents feel equipped to support their children and feel better supported by HPs, CHWs and NCPD representatives. HPs, CHWs and NCPD representatives are more engaged with CWD and their families. There is an indication that community knowledge, attitudes and behaviours are improving.

As a pilot approach, L3+ identified a number of key challenges, lessons learned and recommendations which can inform the Government of Rwanda, donors and other interested parties on a potential way forward for the improvement of special education needs in Rwanda. Key themes included the need for longer term investment in mindset change and embedding of new skills and approaches; for instruction to improve, teachers, parents and community members need access to suitable and appropriate resources, similar to those available in the L3+ resource centres but delivered in such a way that reaches the maximum number of people including in isolated areas; the need to take a more holistic approach to the education of children with disabilities by addressing poverty levels amongst families of CWD as well as the availability and affordability of health services needed by their children; the need for improved data collection through increased involvement of community resource persons (e.g. CHWs, NCPD representatives) as modelled in L3+ to increase reach and accuracy.

Project stakeholders – parents, teachers. CHWs, HPs, NCPD representatives and local officials – feel positive about the sustainability of L3+ interventions, in particular new and improved teaching practices and methods of supporting and caring for CWD at home and in the community. Sustainability measures that have taken place included the project approach of more intensive support to Champion teachers and parents to increase skills that can be accessed by a larger group of their peers, as well as handing over RCs to District Authorities at the end of the project.
1. RESULTS

INTERMEDIATE RESULT 1: Improved quality of teaching for children with special education needs at P1 to P4 level in mainstream schools

Interventions

VSO volunteer SNE Advisor worked with a technical team convened by L3+ to develop a training manual for teachers on inclusive education practices and guidance on how to work with CWD. The technical team met for a five-day session in November 2015 and comprised of representatives from Ministry of Education (MINEDUC), University of Rwanda College of Education (UR-CoE), Education Development Center (EDC), Rwanda Education Board (REB) National Council of Persons with Disabilities (NCPD), HVP Gatagara, Rwanda Union of the Blind (RUB), Rwanda National Union of the Deaf (RNUD), Collectif Tubakunde, and Umutara School for the Deaf. The manual ‘Inclusive Education Training Module for P1-P4 Teachers’ (annex 2) was produced by the technical team.

120 teachers, 29 Head teachers, 6 SEOs and 3 District officials\(^1\) (Vice Mayor Economic Affairs, 2 District Education Officers (DEOs) were provided with foundational training on identifying and supporting CWD in classrooms using the training manual as follows:

| Table 1: Dates and locations of training of educationalists on Inclusive Education |
|-----------------------------------------------|------------------|
| 19\(^{th}\)-21\(^{st}\) October 2015           | Gasaka Sector, Nyamagabe |
| 9\(^{th}\)-11\(^{th}\) November 2015          | Kibeho Sector, Nyaruguru |
| 11\(^{th}\)-13\(^{th}\) November 2015         | Uwinkingi Sector, Nyamagabe (at RC) |

\(^1\) Head teachers, SEOs and District officials were trained on identifying and supporting CWD to ensure they could conduct follow-up visits and provide support to schools and teachers and therefore, increase the likelihood of sustainability of the new approaches and methodology acquired by teachers.
During June 2016 the technical team and VSO volunteer also met for a further 5-day session to adapt L3 teaching strategies to mainstream disability into the L3 Initiative approach. VSO/L3+ Teaching Strategies and Educational Resources Manual was produced (annex 3). Using this manual, twenty-four (24) Champion Teachers\(^2\), 29 Head teachers, 6 SEOs and 1 DEO were trained on adapted L3 teaching strategies with the intention that Champion Teachers and Head teachers would support their colleagues in schools. The training took place on 27\(^{th}\)-29\(^{th}\) April 2016.

In the training for Champion Teachers, participants were trained in:

- Identification of children with disabilities;
- learner-centred methodologies and effective techniques for teaching children with different impairments (visual, hearing, physical and intellectual) including appropriate classroom seating arrangement;
- production and use of teaching materials made from locally available materials such as bottle tops, banana leaves, rice sacks and stones;
- development of inclusive lesson plans and Individual Educational Plans (IEPs) for CWD;

Champion teachers then carried out a small pilot of the strategies and met again on 4\(^{th}\) June 2016 with L3+ team along with Headteachers and SEOs to provide feedback and agree the role of Headteachers and SEOs in providing follow-up.

\(^2\) 4 Champion Teachers from 6 Sectors across the two project Districts were chosen to receive focused training on working with CWD. The role of Champion Teachers is to act as a resource at Sector/school level to support colleagues.
Champion teachers then co-facilitated with L3+ project team and Technical Working Group members to train the above mentioned 120 teachers, 29 Head teachers, 6 SEOs and 3 District officials (Vice Mayor Economic Affairs, 2 District Education Officers (DEOs) on Teaching Strategies and Educational Resources as follows:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>27th-29th July 2016</td>
<td>Gasaka Sector, Nyamagabe</td>
</tr>
<tr>
<td>2nd-4th August 2016</td>
<td>Kibeho Sector, Nyaruguru</td>
</tr>
<tr>
<td>2nd-4th August 2016</td>
<td>Rusenge Sector, Nyaruguru</td>
</tr>
<tr>
<td>8th-10th September 2016</td>
<td>Uwinkingi Sector, Nyamagabe (at RC)</td>
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</table>

A key element of L3+ was the creation of two Resource Centres (RCs). The two Resource Centers established through the L3+ Project in Nyaruguru (opened on 29th October 2015) and Nyamagabe (opened on 26th November 2015) were hubs of information, materials and resources, signposting, and a venue for training sessions for schools and community members. The Resource Centre in the Nyamagabe District was located in a Health Centre; the Resource Centre in the Nyaruguru District was located opposite a Groupe Scolaire. The Centres were intended to serve teachers, parents, HPs, CHWs, NCPD representatives, and other community members. They also were intended to be a central database for children with disabilities. Each centre was equipped with tables and chairs, shelving units, a library of reading and learning material (including L3 materials), examples of teaching and learning aids made from locally available materials, and one computer with internet connection for online research. The RCs were open between 08:00am and 5:00pm from Monday to Friday. All visitors were requested to observe the ‘Do’s and Don’ts’ of using the RC which were displayed in English and Kinyarwanda. The Centres could be used as a venue for meetings, training and other events aimed at promoting inclusive education. Five open days were organized to facilitate the project’s beneficiaries to access the established Resource Centres.

Two Open Days attended by teachers (18th January 2016, Nyamagabe; 18th February 2016, Nyaruguru) emphasized on learner-centred and inclusive teaching methodologies and how the RC would enable them to produce their own tools.

In the beginning of the project it was agreed that the Resource Centres should be established within government facilities so that the project could complement / enhance existing government services. By establishing one center inside a health centre and the other inside a school, research could be conducted on the suitability of both venues and based on the findings of what works best, VSO could recommend an expansion plan towards the end of the pilot.

**Outcomes**

L3+ has seen the **number of children with special education needs identified in schools increase** from 299 (155 male, 144 female) to 442 (231 male, 211 female) by the end of the project (268 in Nyamagabe and 174 in Nyaruguru). This represents a **32% increase in number of children identified**. It is important to note that prior to L3+ the schools claimed to have no accurate record of children with disabilities enrolled in their schools, although the MINEDUC statistical yearbook does present this information. After their training on identification, schools were able to identify 442 CWD in their schools, an average of
around 10 CWDs per school, although some schools reported having no CWD. The increase of 143 represents new enrollments in addition to those newly identified already in school as a result of schools being better able to identify existing learners’ special education needs as well as more parents enrolling their children.

Although the period of the project was too short to assess improvements in pupil’s learning outcomes, teachers reported being more capable of including CWD in their classrooms and parents of CWD feel that their children’s education has improved. As evidenced from interviews with head teachers, trained teachers had started preparing lesson plans to accommodate children with disabilities. Teachers had developed different posters, displayed on classroom walls, to assist children with disabilities, and had changed seating plans to meet the needs of all children. Teachers and head-teachers had stopped referring to children with disabilities with dehumanizing names.

Teachers’ perceptions of the difficulties in teaching children with disabilities also changed. All teachers (60) consulted in the endline evaluation reported that L3+ had helped them to better include CWDs in their classroom; Using a rating scale from “very poor” to “very good,” teachers were asked to rate their inclusion of children with disabilities in the classroom before and after participation in the L3+ Project. 77% of teachers rated their inclusion practices as being either “good” or “very good” after participation in the L3+ Project, compared to 12% who said only ‘good’ before the project.

Prior to the L3+ Project, 84% of sampled parents of CWDs rated their child’s education as “very poor,” “poor” or “fair.” After the L3+ Project, 72% of sampled parents of CWDs rated their child’s education as “very good” or “good”, compared to 6% who said it was only “good” before the project. Pupils with disabilities also spoke positively about their school experience (annex 4). Through lesson observations carried out in June 2016 (each lasting 40 minutes) conducted by VSO, EDC and UR-CoE, 71% of Champion teachers were found to be proficient in the use of the L3+ materials (see annex 5).

Head teachers from 29 of 30 target schools and SEOs from all target sectors were trained to help ensure target mainstream schools integrate use of L3+ materials and approaches. Due to limited resources and time constraints, VSO was not able to verify if schools are fully integrating L3+ materials and approaches.

Teachers were asked in the end line evaluation whether the Resource Centres were useful to them. Their feedback was positive overall. Almost all teachers consulted were aware of the Resource Centres (100% in Nyaruguru and 94% in Nyamagabe). In Nyaruguru the majority (92%) of teachers consulted had used the Resource Centre at least once; 21% had used it 2 to 5 times; and 29% had used the Resource Centre more than 5 times since the centres opened (i.e. between October/November 2015 and October 2016 at the time of baseline data collection). Use was slightly less in Nyamagabe – 89% of teachers consulted had used the Resource Centre at least once; 22% had used it 2 to 5 times; and 11% had used the Resource Centre more than 5 times. 90% of teachers agreed or strongly agreed that the Resource Centre was useful for them (37% strongly agreed. The Resource Centre within the Health Centre at Nyamagabe District was found to have received more visits by teachers than the Resource Centre located opposite the school in Nyaruguru District. The reason for this large number can be explained by the fact that people attending the Health Centre were also able to visit the Resource Centre, as well as teachers from neighboring schools.

The results of the surveys and interviews detailed in this section suggest that overall, participation in the L3+ Project resulted in an improvement in the quality of teaching children with disabilities at the P1 to P4 levels in mainstream schools. Parents’ perception of their child’s education improved. Teachers’
perception of their ability to include CWDs in their classrooms improved, as did their perceived knowledge of teaching strategies.

In the endline report, project stakeholders (135 teachers, parents and HPs/CHWs through quantitative survey) were also asked how far they felt this project objective on improved quality education was met: 81% of teachers, 78% of parents and 100% of HPs/CHWs felt this objective was met at least ‘a fair amount’.

**INTERMEDIATE RESULT 2: Improved care and support for children with special needs (through enhanced skills and capacity of parents/caregivers, healthcare providers, CHWs and NCPD representatives in care and support for children with special needs)**

**Interventions**

In total, 668 out of 720 targeted parents, 18 HPs (all of those targeted), 60 CHWs (all of those targeted), and 66 NCPD Sector representatives (all of those targeted) were trained on care and support of children with special needs.

Between March and April 2016, parents (668) from two Districts attended one-day information sessions organised at Sector level (i.e. 6 sessions over the course of a month) on identification of and care and support for children with special needs including signposting to relevant service providers. The L3+ technical team developed and delivered a module for parents entitled ‘Training Module for Parents and Caregivers on Identification, Care and Support for Children with Special Needs’ (Annex 6). The information sessions covered understanding the stigma of disability, identification of CWD, and signposting to support services and took place as follows:

**Table 3: Dates and locations of parent information sessions**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th-11th March 2016</td>
<td>Kibeho Sector, Nyaruguru</td>
</tr>
<tr>
<td>9th-11th March 2016</td>
<td>Rusenge Sector, Nyaruguru (at RC)</td>
</tr>
<tr>
<td>15th-17th March 2016</td>
<td>Mata Sector, Nyaruguru</td>
</tr>
<tr>
<td>23rd-24th March 2016</td>
<td>Uwinkingi Sector, Nyamagabe (at RC)</td>
</tr>
<tr>
<td>18th-19th April 2016</td>
<td>Tare Sector, Nyamagabe</td>
</tr>
<tr>
<td>20th-22nd April 2016</td>
<td>Gasaka Sector, Nyamagabe</td>
</tr>
</tbody>
</table>

Of those 668 parents who attended information session, 93 parents\(^3\) of children with different disabilities (visual – 24 parents; hearing – 19 parents; physical – 23 parents; intellectual – 27 parents) attended advanced training for ‘champion’ parents/caregivers\(^4\) through residential camps delivered by specialists from civil society. Parents attended four days of training in total split over one 3-day workshop for two groups and one 1 day workshop which brought all parents together. At each workshop parents participated in groups according to the impairment experienced by their child. The three camps were carried out in Huye District at Centre Mere du Verbe as follows:

\(^3\) 40 in Nyamagabe and 53 in Nyaruguru; 74 females and 19 males

\(^4\) Champion Parents are parents trained in more depth on how to care for and support their children; Champion Parents can then use this knowledge to support other parents.
VSO partnered with civil society partners with known expertise and experience to deliver such training. These were:

- Hearing impairment: Rwanda National Union of the Deaf (RNUD)
- Visual impairment: Rwanda Union of the Blind (RUB)
- Physical and intellectual impairment: HVP Gatagara

Drawing from VSO SNE toolkit (‘Small Steps, Big Changes’) as well as partners’ expertise and previous training modules, a training manual was produced that covered all disabilities and used by trainers accordingly - ‘Training Module for Champion Parents through Residential Camps on Identification, Care and Support of Children with Special Needs’ (annex 7). The following topics were covered in the training:

- Understanding the impact of stigma
- Recognizing some of the signs of each impairment and deciding who can offer advice
- Causes of each impairment
- Caring for children with impairments
- Barriers to inclusion: Traditional vs Social attitudes
- Successful inclusion for children with impairments
- A child’s perspective

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21st-23rd June 2016</td>
<td>Parents of children with visual and hearing impairments</td>
</tr>
<tr>
<td>27th-29th June 2016</td>
<td>Parents of children with intellectual and physical impairments</td>
</tr>
<tr>
<td>15th September 2016</td>
<td>Parents of children with visual, hearing, intellectual and physical impairments.</td>
</tr>
</tbody>
</table>
HPs, CHWs and NCPD representatives (144 in total) were trained on care and support of children with special needs through one day workshops organised at Sector (i.e. one workshop per Sector) level between December 2015 and February 2016. A training manual for HPs, CHWs and NCPD was produced by the above mentioned technical team entitled ‘Training Manual on Identification, Care and Support for Children with Special Needs’ (Annex 8). The content of this training covered stigma, causes, impact, identification and advocacy. The training took place as follows:

Table 5: Dates and location of training of Healthcare Providers, Community Health Workers and NCPD representatives

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>14th-15th December</td>
<td>Uwinkingi Sector, Nyamagabe (at RC)</td>
</tr>
<tr>
<td>7th-9th January</td>
<td>Tare Sector, Nyamagabe</td>
</tr>
<tr>
<td>13th-15th January</td>
<td>Gasaka Sector, Nyamagabe</td>
</tr>
<tr>
<td>19th-21st January</td>
<td>Kibeho Sector, Nyaruguru</td>
</tr>
<tr>
<td>26th-28th January</td>
<td>Kibeho Sector, Nyaruguru (at RC)</td>
</tr>
<tr>
<td>2nd-4th February</td>
<td>Mata Sector, Nyaruguru</td>
</tr>
</tbody>
</table>

The above mentioned two RCs were also aimed at parents, HPs, CHWs, and NCPD representatives as well as teachers. Two Open Days were held at the Resource Centres for HPs, CHWs, and NCPD representatives (these both took place on 18th May 2016 in both Districts) and received over 150 people in total. An Open Day targeting local leaders was also held in Nyaruguru (5th-6th September 2016). The launches of the Resource centres also served as Open Days and specifically targeted parents (29th October 2015, Nyaruguru; 26th November 2015, Nyamagabe) attracting over 200 parents. All visitors were explained the
purpose of L3+ project and the Resource Centre overall and emphasis given to how the RCs were relevant to them in their roles. The role of the RC in signposting people, parents in particular, to sources of support/services for parents was particularly emphasized to this audience. All visitors were explained the need for data collection and how this was being supported by L3+ through NCPD and CHW/HPs.

Outcomes

To increase information on and visibility of CWDs in the District, HPs, CHWs and NCPD representatives were trained to identify and document CWD in their area. By the end of the project, 432 CWD (233 males and 199 females) aged 0-17 years were identified in the community as “out of school” in six sectors across the two districts. This information was reported to and recorded at the Resource Centres and transferred to the local authorities for better community support and service provision. By adding the total of CWD in school and out of school, the total number of children in the two Districts aged 0-17 years is around 874, an average of 145 per Sector.

Parents reported that they have improved ability to care for and support their children with disabilities as a result of information sessions and residential training. As well as increased knowledge, the camps provided parents with an opportunity to meet other families and share experiences. This is in itself a significant support for parents of CWD who can feel very isolated. As a direct result of coming together parents raised 25,000rwf for one particularly poor family of a child with intellectual disability. In the endline evaluation, 96% of parents in Nyamagabe and 93% of parents in Nyaruguru said that L3+ had helped them to improve the way their care for their CWD. The case studies attached (annex 8) and the below testimony recorded during endline evaluation indicate the impact of L3+ on some families as well as ongoing challenges faced by parents trying to care for their children:

“...my child was born with mental disability. He started going to school before I discouraged her to attend because of being ashamed in the community. In addition, I was afraid that she will be teased by other children. It was after attending a training organized by this project in Huye District that I decided to take back my child at school. I sometimes accompany her to school and she feels my love than never before. Now she can take care of herself...” (FGD, parents in Nyaruguru district).

Healthcare Providers and CHWs also reported improved ability to care for and support children with special needs: 93% of HPs/CHWs reported their care and support was ‘good’ or ‘very good’ after L3+ compared to 34% who said ‘good’ or ‘very good’ before the project. This improved was also noted by parents: 65% of parents said care and support for their children from HPs and CHWs after the project was ‘good’ or ‘very good’, compared to 19% who said it was ‘good’ or ‘very good’ before the project. There are also improvements against all statements used to gauge knowledge, attitude and behavior of HPs and CHWs before and after the project. All CHWs/HPs consulted said that L3+ had helped them improve the way they cared for and supported CWD.

Interviews with NCPD representatives also revealed a general trend that NCPD care and support for CWD had improved as this testimony indicates:

“...yes I have improved the support I give to CWDs, there are things I ignored before but now I can say, I know how to care and support CWDs. For example, I can use appropriate terms in different meetings I attend, I do approach parents of CWDs and discuss matters related to their children. Generally, my support is related to advocating for CWDs in different organizations, for
example, I make sure VUP makes parents of CWDs the first beneficiaries…” (NCPD Sector representative, Nyamagabe District, October 2016)

Parents also remarked on this improvement: 70% of parents said care and support for their children from NCPD representatives after the project was ‘good’ or ‘very good’, compared to only 7% who said it was ‘good’ or ‘very good’ before the project.

Through the endline evaluation CHWs reported reasonably good uptake of the Resource Centers: 82% of CHWs in Nyaruguru had used them at least once, and 73% and had used them 2 to 5 times; all CHWs consulted in Nyamagabe had used them 2 to 5 times. However, parents were less likely to use the Resource Centres especially in Nymagabe where 69% of parents consulted had never used the Resource Centre compared to 76% of parents consulted who had used their Resource Centre at least once. In total the centres received 1,593 visits (of these 501 were during open days; analysis has not been done on number of repeat visits). CHWs were more likely to agree/strongly agree that the Resource Centres had been useful (93%) compared to parents (52%). Almost half of parents (44%) were not able to say if the Resource Centre had been useful. A case study of Uwinkingi Health Centre shows an increase in referrals as a result of the RC being located on site (annex 10).

In the endline report, project stakeholders (135 teachers, parents and HPs/CHWs through quantitative survey) were also asked how far they felt this project objective on improved care and support was met: 80% of teachers, 71% of parents and 87% of HPs/CHWs felt this objective was met at least ‘a fair amount’.

INTERMEDIATE RESULT 3: Improved knowledge, attitude and behavior amongst community members towards children with special needs

Interventions

L3+ delivered a community sensitization campaign though community theatre, inclusive sports demonstration, radio media, and community work (umuganda), in order to tackle negative social attitudes which can discourage families from seeking support for their children with disabilities and sending them to schools.

More than 7,660 community members attended ten theatre performance held at Nyaruguru and Nyamagabe District (an average of around 950 per performance compared to a target of 300 per performance). Sports events took place as follows:

Table 6: Dates and locations of community theatre performances

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>29th October 2015</td>
<td>Munege Sector, Nyaruguru</td>
</tr>
<tr>
<td>3rd December 2015</td>
<td>Mata Sector, Nyaruguru</td>
</tr>
<tr>
<td>18th February 2016</td>
<td>Rusenge Sector, Nyaruguru</td>
</tr>
<tr>
<td>9th March 2016</td>
<td>Gasaka Sector, Nyamagabe</td>
</tr>
<tr>
<td>26th May 2016</td>
<td>Tare Sector, Nyamagabe</td>
</tr>
<tr>
<td>10th June 2016</td>
<td>Tare Sector, Nyamagabe</td>
</tr>
</tbody>
</table>
The performances, each of around 45 minutes, were delivered by VSO partner Troupe des Handicapés Twuzuzanye (THT), a National CSO of actors and script writers most of whom have disabilities. THT and VSO have worked together for over five years. THT designed specific performances relating to the aims of L3+. The stories performed depicted the negative social attitudes within and around families of CWD that can prevent access to education and other services. The stories ended by showing how schools and service providers can be positively influenced in order to welcome and better serve CWD. Following all performances, THT engaged with audiences to get feedback and respond to questions. Performances were jointly hosted by local authority representatives who helped deliver the positive messages of the L3+ project. Radio journalists contracted by VSO also moved amongst the audience to collect stories to cover on radio broadcasts.

*Photograph 3: Community theatre at a market place in Rusenge Sector, Nyaruguru.*
L3+ in partnership with NPC delivered 6 Sitting Volleyball demonstrations across the two Districts. These events attracted almost 3,000 community members. NPC and L3+ worked together to use sports as a means of promoting social cohesion and community sensitization on the rights of PWDs. The events took place as follows:

**Table 7: Dates and locations of sports demonstrations**

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th August 2016</td>
<td>Kibeho Sector, Nyaruguru</td>
</tr>
<tr>
<td>13th August 2016</td>
<td>Kibeho Sector, Nyaruguru</td>
</tr>
<tr>
<td>24th August 2016</td>
<td>Mata Sector, Nyaruguru</td>
</tr>
<tr>
<td>26th August 2016</td>
<td>Rusenge Sector, Nyaruguru</td>
</tr>
<tr>
<td>24th August 2016</td>
<td>Gasaka Sector, Nyamagabe</td>
</tr>
<tr>
<td>2nd September 2016</td>
<td>Tare Sector, Nyamagabe</td>
</tr>
</tbody>
</table>

The demonstration teams include people with and without disability to show that sports are inclusive and can be played by all. As with the THT performances, NPC sports demonstrations were followed by positive messaging and interaction with the gathered crowds by local authority representatives, VSO staff and radio media. In order to expand and sustain the number of such sports teams, L3+ provided six Sitting Volleyball teams in Nyamagabe and Nyaruguru with sportswear and volleyballs. The sports demonstrations culminated in a District-level tournaments.
In addition to community theatre and sports demonstrations, L3+ in partnership with local authorities and schools arranged two special community work activities (special ‘umuganda’\(^5\)) aimed at promoting inclusive school environments. These activities involved over 500 community members\(^6\). The events helped to make improvements to the physical school environment as well as raising awareness amongst the local community that the education of all children is a shared community responsibility.

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\(^5\) Officially umuganda takes place on the last Saturday of every month, communities can agree to carry out additional umuganda at any time – these are known as ‘special umuganda’.

\(^6\) Approximately 302 community members in Nyamagabe and approximately 250 community members in Nyaruguru.
The above pictured special umuganda in Nyaruguru District, Rusenge Sector, at GS RASANIRO on 9th September 2016 was attended by more than 250 local citizens and local leaders made the school accessible by filling in and leveling inaccessible ground within the school grounds. This event was attended by District Education Officer in Charge of Nursery and Primary education, District Disability Mainstreaming Officer, Interim Executive Secretary of Rusenge Sector, Executive Secretaries of Cells, School Head teachers as well as community members and pupils from the school. A similar event took place in 13th February 2016 in Uwinkingi Sector, Nyamagabe District, at Kagano primary school attracting up to 200 people.

Six radio broadcasts – both live and prerecorded – were delivered through Salus radio station which has national coverage. The broadcasts featured messages from local authority leaders as well as views of community members as follows:

<table>
<thead>
<tr>
<th>Table 8: Dates and key participants of radio broadcasts</th>
</tr>
</thead>
<tbody>
<tr>
<td>21st October 2015</td>
</tr>
<tr>
<td>31st December 2015</td>
</tr>
<tr>
<td>20th February 2016</td>
</tr>
<tr>
<td>9th July 2016</td>
</tr>
<tr>
<td>15th July 2016</td>
</tr>
<tr>
<td>13th October 2016</td>
</tr>
</tbody>
</table>
Further community sensitisation and communication materials were:

- Over 1,350 leaflets (in the national language of Kinyarwanda and English) with information about CWD and the L3+ project distributed to local community members during the community theatre and sports events and handed to visitors to the RCs during open days;
- Nine large banners (in Kinyarwanda and English) displayed at RCs and at locations in the area to provide information on CWD and L3+;
- Four signposts were also provided to the RCs (two per RC) to direct visitors to the RC (in Kinyarwanda and English);
- Sixty t-shirts distributed to participants (particularly local authority and community leaders) during special umuganda with a message that ‘Disability is not Inability’ (in Kinyarwanda);

As mentioned in Intermediate Result 1 and 2, seven Open Days were held at the Resource Centres which were aimed at all project stakeholder including community members. As well as teachers, parents/caregivers, healthcare providers, CHWs and NCPD representatives, 85 members of the wider community including village leaders also attended the Open Days.

*Photograph 8: VSO Regional Director, VSO Country Director and L3+ Project Coordinator join an Open Day for local leaders in Nyaruguru District.*

**Outcomes**

The endline evaluation included a rapid community consultation through face to face questionnaire with 100 community members (49 in Nyamagabe and 51 in Nyaruguru) who had experienced one or more of the sensitization interventions. The questionnaire aimed to capture changes in people’s attitudes, behaviors and knowledge. Despite the short period of intervention with limited time for both delivery and
monitoring and evaluation, there is evidence that community members are demonstrating improved knowledge, attitude and behavior towards children with special needs.

Respondents confirmed that their knowledge of children with special needs had improved. ‘Knowledge’ was captured by calculating positive responses to the following statements:

- I know about the rights of people with disabilities
- I know that people with disabilities have ability

**Table 9: Knowledge of community members before and after L3+**

<table>
<thead>
<tr>
<th></th>
<th>Nyamagabe</th>
<th>Nyaruguru</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>16% (8)</td>
<td>31% (15)</td>
</tr>
<tr>
<td>After</td>
<td>99% (48)</td>
<td>100% (51)</td>
</tr>
</tbody>
</table>

Source: L3+ Endline evaluation report, November 2016

Respondents confirmed that their attitudes towards children with special needs had improved. ‘Attitude’ was captured by calculating positive responses to the following statements:

- I feel that children with disabilities are valuable members of the community
- Having a disability is a curse and a punishment from God.
- I feel children with disabilities should go to the same schools as children without disabilities

**Table 10: Positive attitude of community members before and after L3+**

<table>
<thead>
<tr>
<th></th>
<th>Nyamagabe</th>
<th>Nyaruguru</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>24% (12)</td>
<td>38% (19)</td>
</tr>
<tr>
<td>After</td>
<td>76% (37)</td>
<td>81% (41)</td>
</tr>
</tbody>
</table>

Source: L3+ Endline evaluation report, November 2016

Finally, respondents confirmed that their behaviour towards children with special needs had improved. ‘Behaviour’ was captured by calculating positive responses to the following statement:

- I always treat children with disabilities with respect

**Table 11: Positive behaviour of community members before and after L3+**

<table>
<thead>
<tr>
<th></th>
<th>Nyamagabe</th>
<th>Nyaruguru</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>45% (22)</td>
<td>46% (23)</td>
</tr>
<tr>
<td>After</td>
<td>100% (49)</td>
<td>100% (51)</td>
</tr>
</tbody>
</table>

Source: L3+ Endline evaluation report, November 2016

Project stakeholders (135 teachers, parents and HPs/CHWs through quantitative survey) were also asked how far they felt this project objective on improved community knowledge, attitudes and behaviors was met: 90% of teachers, 45% of parents and 71% of HPs/CHWs felt this objective was met at least ‘a fair amount’. Teachers were more likely to say ‘a lot’.
2. MONITORING AND EVALUATION (M&E)

A project logframe was agreed with EDC at project outset upon which project implementation and monitoring was based. The VSO L3+ Project Coordinator was the lead on monitoring and evaluation with support from the VSO Learning, Impact and Accountability (LIA) team. The project start-up rapid assessment and project endline exercises were carried out by external consultants. Ongoing monitoring was carried out by the Project Officer through field visits with support from the LIA team as well as other VSO staff including Social Inclusion and Governance Technical Advisor, Inclusive Education Advisor, Head of Programmes, Programmes Specialist, Country Director and Regional Director.

VSO volunteers reported using the online VSO reporting system ‘IMPACT’. The project Training Officer and Resource Centre Assistants reported monthly to the L3+ Project Coordinator through activity/training reports.

Local authorities were also included in M&E through visits by JADF Executive Secretary and Immigration Officers. Central government, represented by NCPD Executive, Rwanda Governance Board (RGB), Ministry of Health (MINISANTE), and central level Immigration Officer, also provided feedback through the annual review of District performance contracts by central government.

3. LESSONS LEARNED

L3+ aimed to better integrate the education, care and support of CWD in to L3 overall and to provide Government of Rwanda, donors and education stakeholders with some learning for future support to the education sector in relation to learners with disabilities.

The following challenges, lessons learned and any resulting recommendations that flow from them are noted:

Table 12: Challenges, lessons learned and recommendations

<table>
<thead>
<tr>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was limited time to achieve the mindset change as well as skills level amongst project actors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lessons learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>This kind of change requires time. Creative approaches and tailored support (e.g. targeted teacher training, focused support for parents and innovative community engagement) do have a positive impact that can be seen in a short time but for greater, lasting change more long-term sustained investment and time is needed. Embedding new and improved approaches both in teaching and care and support takes time and may not always be seen within the life of short projects such as this.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government of Rwanda and development partners should invest more time and energy in to mindset change and skills development in recognition that positive impact cannot be made in a short period of time.</td>
</tr>
</tbody>
</table>
Challenges
Human and financial resources were insufficient to adequately monitor take-up of new and improved approaches.

Lessons learned
Investment in monitoring take-up is not to be underestimated in this type of project that aims to have positive impact on mindset change and skills development.

Recommendations
• Adequate resourcing of monitoring and assessment of change should be included in future initiatives.
• Follow-up observation should be carried out by Government of Rwanda and VSO (through its continued presence on the ground) post-project will highlight how far there has been take-up.

Challenges
Severe cases of disability that require medical and financial support to children especially those from very poor families were frequently seen but this was outside of the remit of this project. More investment in specialist support is vitally needed. Further a noticeable number of cases of disability were seen that were preventable.

Lessons learned
The project would have benefited from activities which aimed to assess and support (in a sustainable way) the medical needs of CWD and the affordability of these for rural parents.

Recommendations
• Future projects and initiatives should take a holistic approach to addressing barriers to education or CWD including health factors.
• Future work should also concentrate on sensitizing parents and CHWs in particular on good preventative practices and how to respond to medical conditions that could lead to disability if left untreated.

Challenges
Many children with disabilities that were touched by the project came from very poor families which need livelihoods support to generate incomes in order to support the additional costs of living of their children with disabilities.

Lessons learned
As above, the project would have benefited from consideration of the economic factors that act as barriers to education including addressing health factors.

Recommendation
Future projects and initiatives should take a holistic approach to addressing barriers to education or CWD including families’ livelihoods.
## Challenges
Mainstream schools were not able to welcome Blind children and Deaf children due to lack of Braille provision and Sign Language Interpretation. Children with severe neurological impairment (e.g. cerebral palsy) are also not sufficiently served by mainstream schools. However, such pilot projects as this should present realistic options for policy makers and in the current context the required investment is unlikely.

## Lessons learned
Inclusive mainstream education requires significant investment in specialist equipment and skills to serve children with more severe disabilities that were beyond the capacity of this project. A focus on CWD who are able to be included subject to changes in teaching methodology and environmental improvements would have been preferable especially in terms of managing parent’s expectations as well as what can be expected of teachers in mainstream schools.

## Recommendation
Specialist educational provision for these children cannot be provided in mainstream schools without significant investment in human and physical resources. Special schools located at District level or resourcing of special units attached to mainstream schools provides a better option and should be actively considered by Government and development partners.

### Challenges
- Resource Centres were useful to those in the immediate area but were not accessed by those further away.
- There was limited time and resources to adequately investigate the reasons for one location (Health Centre) to have been more popular than another (near school).
- Resource Centre Assistants often had to leave the Centre to support schools and do monitoring or logistical tasks. This left the Centre unstaffed. In both locations people attached to the locations stepped-in to keep the Centres open. This shows that there are people who could be engaged to keep such Centres operational.
- Resource Centers often ran out of materials after they were shared with visitors.

### Lessons Learned
- Resource Centres will have limited impact on a wider area unless ‘outreach’ activities are also included.
- Staffing of Resource Centres is a key success factor and community/volunteer initiatives should be supported as sustainable approaches.
- A constant source of adequate materials needs to be established in order for the Resource Centres to offer resources to visitors.

### Recommendation
- A form of ‘travelling’ Resource Centre that visits different communities on a rotating basis could be an option in the future.
- Staffing through volunteers already active as community resource persons e.g. NCPD representatives, should be explored.
- One potential option for sustainability of RCs in terms of replenishment of materials could be exchange of materials for internet usage by the local community.
Challenges
Data collection is likely to remain a challenge for schools and local authorities if they are not able to harness support of community resource persons (e.g. CHWs, NCPD) as per the L3+ model.

Lessons Learned
Data collection through schools and community actors (see result 2) under L3+ may be more accurate than official data. Based on the MINEDUC statistical yearbook for 2016 (which provides data for 2015 when data collection was also carried out through L3+), there appeared to be an average of 45 CWD in primary school. This is significantly lower than the average number of 74 CWD in school per Sector collected by L3+.

Recommendations
• Methods of collecting official education statistics on disability can be improved by partnering with community resource persons (e.g. CHWs, NCPD) to collect data. Use of recognised international tools such as the Washington Short Set of Questions\(^7\) that gather prevalence of disability should also be used going forward including by VSO which was not using these at the time of L3+.
• Individual assessment of children. The Washington Short Set of Questions is already used in the Government of Rwanda principle poverty survey\(^8\). Educational Assessment is part of the Inclusive Education Teacher Guide for the new national curriculum but teachers will need support in carrying out these assessments.

4. POLICY, DIALOGUE, AND SUPPORT

Using its position as an established voice in the education sector, in the project period VSO continued to highlight the need for attention to be given to the education of CWD using its experience L3+ and other projects running at the time. In the course of L3+, VSO participated in the review of the Education Sector Strategic Plan (ESSP) within which VSO made a number of verbal and written submissions. VSO also presented a position paper on barriers to inclusive education on behalf of RENCP to the Joint Sector Review of the Education Sector in June 2016. Through its membership of the RENCP Working Group on Equity and Inclusion, VSO also shred its approaches with other actors in the field.

5. PARTNER LINKAGES

Through L3+ and the work of VSO, USAID was able to further its commitment to increase its contribution to the education of CWD in Rwanda. This is also being felt in further USAID-sponsored initiatives in Rwanda which seek to learn from the L3+ experience (e.g. the recently launched USAID ‘Soma Umenye’ (Read and Know) project seeks to promote Kinyarwanda amongst primary school children including those with disabilities and colleagues from USAID and implementing partner Chemonics have actively engaged VSO in learning from L3+ and other VSO interventions in inclusive education).


Colleagues from the in-country EDC/L3 programme implementation team as well as international colleagues (e.g. Education Advisors) played a key role in providing both technical inputs in the project (e.g. as members of the technical working group that authored the training manuals; advising on how the Resource Centres could be improved) as well as strategic advice and support in terms of how L3+ could engage with local level actors in particular. The local EDC team also accompanied VSO on field visits to both observe activities but also engage with local officials alongside VSO. The local team also engaged positively with VSO in terms of adjustments to the workplan and budgets to enable VSO to respond to changing local context and challenges. EDC also advised on the monitoring and evaluation aspects of the project in particular engage with VSO on lessons learned. The working relationship with EDC was very positive and provided constructive challenge as well as celebrating successes with the VSO team.

In terms of VSO partnership linkages at national level, VSO’s was able to maximize on our existing partnerships and reputation with civil society partners and national government bodies (e.g. REB, UR-CoE, NCPD) to ensure national ownership of L3+ as well as building further capacity of national partners in the process. VSO hopes that by engaging government to work with civil society, greater partnership between these actors will be seen in the future in order to draw of expertise across the public and civil society sectors.

Locally, L3+ increased linkages between VSO and target schools with a focus on support for more inclusive education. Moreover, VSO strengthened its existing links with NPCD through work in these two target Districts where VSO and NPCD had not previously worked together. Similarly, VSO had worked with CHWs and HPs previously but not in these two Districts. In particular, links with the health centre at Nyamagabe were particularly successful for VSO. Finally VSO strengthened existing links with the local authorities in the two target Districts by expanding interventions in to inclusive education and community support for CWDs.

6. SUSTAINABILITY

L3+ Project’s sustainability depends on partnership between government, development partners, VSO, local leaders, schools and educators, health sector professionals and volunteers (CHWs), Resource Centre venues, and the community at large. Sustainability is more likely due to a number of factors set out below. Stakeholders were positive about the likelihood that new knowledge and approaches introduced and improved through L3+ would continue: 65% of teachers and 48% of parents said it was ‘very likely’ that the L3+ approaches would continue after the project ended.

To achieve sustainability, champion teachers, Head teachers and SEOs were all trained in new and improved approaches. Teachers demonstrated increased ability and Head teachers and SEOS have shown commitment to help embed this change. Parents have acquired knowledge and skills on identification of, care and support for children with impairments. Parents have shown commitment and more confidence to supporting their children. HPs, CHWs and NCPD representatives show greater ability and commitment to carry out their respective roles in the care and support of children with disabilities.

Great promise is shown in the positive attitude of District authorities and Resource Centre venues towards sustaining the project approach. District authorities have committed to continuing to embed new and improved approaches and to operate the two Resource Centres as summarised in a signed handover note between VSO, Nyamagabe/Nyaruguru District and UWINKINGI Health Centre/MUNEGE Primary School
(annexed). The continued application of L3+ approaches and the Resource Centres has been agreed with the District as per the agreement which allows for the following:

- The District has agreed to continue to implement the L3+ activities through NCPD Coordinators, Health Facilities, Community Health workers, Schools, Teachers, and Local leaders at all levels.
- VSO will continue to visit project locations as far as possible including the Resource Centres to assess impact – made possible through VSO education sector interventions across Rwanda from January 2017.
- In Nyaruguru, the Resource Centre will stay in the same building (opposite GS MUNEGE). The Head teacher of GS Munege has sent a written request to manage the Resource Centre including one teacher to be in the Centre every day. Teachers from other schools, and other visitors, will continue to be received. Identification of children with disabilities from the wider community will continue to be done by local leaders and the Sector NCPD Coordinator and the database will be maintained in the Sector Education Office.
- In Nyamagabe, the Resource Centre will stay in the same building of UWINKINGI Health Centre to be managed by the Health Centre at their request. The newly created Government post of Youth Centre Manager will have his/her office in the Centre so as to support the Resource Centre. L3+ community awareness activities will continue through CHWs. Teachers and other visitors will continue to be received. Identification of children with disabilities from the wider community will continue to be done by local leaders, Community Health worker and Sector NCPD Coordinators.

7. **FINANCE AND ADMINISTRATION**

As a pilot project L3+ was given flexibility in terms of allocation between budget lines based on learning and local context. A revised budget (within the original total budget) was submitted by VSO around the mid-way point of the project. This took longer to revise and approve than anticipated which had a knock-on effect with some field activities which became more concentrated towards the end of the project.

*Table 13: L3+ approved budget, revised budget and actual expenditure*

<table>
<thead>
<tr>
<th>Total Original Budget</th>
<th>Revised Budget</th>
<th>Actual spending as at end October 2016</th>
<th>Budget Balance as at end October 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 249,944</td>
<td>$ 257,419</td>
<td>$ 257,419</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

8. **ANNEXES: FINAL DOCUMENTS AND PRODUCTS**

Annex 1: L3 Plus Endline evaluation report
Annex 2: Inclusive Education Training Manual for P1-P4 Teachers
Annex 3: VSO/L3 Plus Teaching Strategies and Educational Resources Module
Annex 4: Pupil feedback
Annex 5: Champion Teacher lesson observation report
Annex 6: Training Manual for Parents and Caregivers on Identification, Care and Support for Children with Special Needs
Annex 7: Training Manual for Champion Parents through Residential Camps on Identification, Care and Support of Children with Special Needs’
Annex 8: Training Manual on Identification, Care and Support for Children with Special Needs (for HPs, CHWs and NCPD)
Annex 9a and 9b: Case studies – parents’ stories
Annex 10: Case study - Uwinkingi Health Centre
INCLUSIVE EDUCATION TRAINING MODULE FOR P1-P4 TEACHERS

Kigali, September 2015
ACKNOWLEDGEMENT

The process of writing and developing this module was done with substantial input from different stakeholders. A cross-section of stakeholders including government institutions, schools, NGOs and Civil Society shared relevant experiences that helped in developing this training module. Their names are listed below and we would like to thank all of them for their contributions. Every single input and comment was thoroughly considered and contributed to the enrichment of the module.

Many thanks go to Mr. Antoine Niyitegeka, Program Coordinator and other VSO/L3 Plus Staff who led the process of developing this manual. Special thanks go to Mr. Mark Aldridge, Mrs. Sandra Ford and other VSO Special Needs Education Volunteers for their insights and advice were very helpful in shaping this training module. Our sincere gratitude also goes to the members of Project Technical Working Group who worked tirelessly to offer valuable information in developing this module.

Listed below are other contributors who provided valuable time and experienced insights into completing this module. If we have inadvertently forgotten someone, please accept our heartfelt apologies and sincerest appreciation for your valuable assistance.

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Finally, the development and delivery of this module would not have been possible without the generous financial support from USAID via EDC. We thank them for supporting this process in particular and VSO in general.

Papa N. Diouf,
Country Director
Foreword

The government of Rwanda is committed with Education Sector Strategic Plan (ESSP), to improve and increase access to basic education for all and quality education at all levels. An inclusive education strategy has strongly been adopted to cater for learners with special needs. This L3 plus material therefore is intended to enhance awareness among stakeholders on the various forms of special needs.

This training module is part of Voluntary Service Overseas (VSO) L3 Plus materials developed by and staff working in Rwanda. VSO works in partnership with EDC and other education stakeholders to improve the teaching of literacy and numeracy skills by in-service teachers in Rwanda. Volunteers, staff and partners of diverse backgrounds have felt it worth sharing their skills with Rwandan teachers and the content of this module has been developed to use in training for 120 teachers from 30 schools of intervention in Nyaruguru and Nyamagabe District.

The module aims to provide teachers with guidance to enable them to deliver high-quality professional development opportunities for other teachers which will directly impact the quality of teaching and learning of ALL children including those with special educational needs. It is hoped that, it will also be a useful reference tool for other individuals delivering training in schools.

With continued support from all education partners and with meaningful use of this module by educators and stakeholder, all children in Rwanda should be able to enjoy their education right and achieve their learning and education goals.
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acknowledgment</td>
</tr>
<tr>
<td>2</td>
<td>Foreword</td>
</tr>
<tr>
<td>4</td>
<td>Hearing Impairment</td>
</tr>
<tr>
<td>4</td>
<td>Session 1:1: What are the Implications of Hearing Impairment on Inclusion</td>
</tr>
<tr>
<td>5</td>
<td>Session 1:2: Causes of Hearing Impairment</td>
</tr>
<tr>
<td>6</td>
<td>Session 1:3: Impact of Hearing Impairment on Learning</td>
</tr>
<tr>
<td>7</td>
<td>Session 1:4: Identify children with Hearing Impairment</td>
</tr>
<tr>
<td>9</td>
<td>Session 1:5: Actions for Supporting Pupils with Hearing Impairment.</td>
</tr>
<tr>
<td>11</td>
<td>Session 1:6 : Action Planning for Pupils with Hearing Impairment</td>
</tr>
<tr>
<td>12</td>
<td>Intellectual Impairment</td>
</tr>
<tr>
<td>12</td>
<td>Session 2:1: What are the Implications of Intellectual Impairment on Inclusion</td>
</tr>
<tr>
<td>13</td>
<td>Session 2:2: Causes of Intellectual Impairment</td>
</tr>
<tr>
<td>15</td>
<td>Session 2:3: Impact of Intellectual Impairment on Learning</td>
</tr>
<tr>
<td>16</td>
<td>Session 2:4: Identify children with Intellectual Impairment</td>
</tr>
<tr>
<td>17</td>
<td>Session 2:5: Actions for Supporting Pupils with Intellectual Impairment.</td>
</tr>
<tr>
<td>19</td>
<td>Session 2:6 : Action Planning for Pupils with Intellectual Impairment</td>
</tr>
<tr>
<td>20</td>
<td>Physical Impairment</td>
</tr>
<tr>
<td>20</td>
<td>Session 3:1: What are the Implications of Physical Impairment on Inclusion</td>
</tr>
<tr>
<td>22</td>
<td>Session 3:2: Causes of Physical Impairment</td>
</tr>
<tr>
<td>23</td>
<td>Session 3:3: Impact of Physical Impairment on Learning</td>
</tr>
<tr>
<td>24</td>
<td>Session 3:4: Identify children with Physical Impairment</td>
</tr>
<tr>
<td>27</td>
<td>Session 3:6 : Action Planning for Pupils with Physical Impairment</td>
</tr>
<tr>
<td>28</td>
<td>Visual Impairment</td>
</tr>
<tr>
<td>28</td>
<td>Session 4:1: What are the Implications of Visual Impairment on Inclusion</td>
</tr>
<tr>
<td>30</td>
<td>Session 4:2: Causes of Visual Impairment</td>
</tr>
<tr>
<td>31</td>
<td>Session 4:3: Impact of Visual Impairment on Learning</td>
</tr>
<tr>
<td>34</td>
<td>Session 4:4: Identify children with Visual Impairment</td>
</tr>
<tr>
<td>37</td>
<td>Session 4: : Action Planning for Pupils with Visual Impairment</td>
</tr>
<tr>
<td>39</td>
<td>Appendices</td>
</tr>
<tr>
<td>39</td>
<td>Appendix 1 Resource ideas for Hearing Impairment</td>
</tr>
<tr>
<td>49</td>
<td>Appendix 2 Resource ideas for Intellectual Impairment</td>
</tr>
<tr>
<td>57</td>
<td>Appendix 3 Resource ideas for Physical Impairment</td>
</tr>
<tr>
<td>67</td>
<td>Appendix 4 Resource ideas for Visual Impairment</td>
</tr>
</tbody>
</table>
Session 1:1: What are the Implications of Hearing Impairment on Inclusion?

Objectives
By the end of the session participants will be able to:
- Explain how it feels to be excluded as a result of having a hearing impairment.
- Identify some of the main implications of hearing impairment on inclusion.

Preparation
Read all activities from this session before beginning session.
Make sure that you have all the materials identified below ready for this session.

Materials
Flip chart paper and stand
Marker pens
Masking tape

Total Time
40 minutes.

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups of 8</td>
<td><strong>Activity 1: Experiencing Hearing Impairment – Chinese Whispers</strong></td>
</tr>
<tr>
<td>20 minutes</td>
<td><strong>Task:</strong> In groups of 8, ask 7 participants to stick their fingers in their ears so as to role play a pupil with a hearing impairment. The participant without their fingers in their ears speaks a short message to one participant, who in turn passes the message on verbally to the next participant and continue like this until the message gets back to the first participant. (It is important that the participants keep their fingers in their ears during this activity and do not ‘help’ the message along by taking their fingers out of their ears in order to be able to hear better.)</td>
</tr>
<tr>
<td></td>
<td><strong>Debrief:</strong> Whole group. Ask the participants what happened to the message? How did they feel as the message was going around? As a result of this experience, how do the participants think a pupil with a hearing impairment would feel during a lesson? Write responses up on a flip chart.</td>
</tr>
<tr>
<td>Whole group</td>
<td><strong>Activity 2: Experiencing Hearing Impairment – Role Play of Classroom Situation</strong></td>
</tr>
<tr>
<td>20 minutes</td>
<td><strong>Task:</strong> Role play the classroom situation as it currently stands. Ask some participants to scrape chairs, others to shout out “teacher, teacher” while clicking their fingers, one participant plays the teacher and talks towards the board and some participants, role playing pupils with hearing impairments, have their fingers in ears. Carry out the role play.</td>
</tr>
<tr>
<td></td>
<td><strong>Debrief:</strong> Whole group. Discuss the implications of this classroom situation for the hearing impaired pupil. How do the participants think the pupil would feel? Would the pupil feel included? Write the responses up on a flip chart – continue from Activity 1. Put up this flip chart of implications as a point of reference for the training that is to follow.</td>
</tr>
<tr>
<td></td>
<td>Brief feedback – ask the participants how they would improve this classroom learning environment for pupils with hearing impairment/how would they make it more inclusive?</td>
</tr>
</tbody>
</table>
**Transition:** As a result of this brief feedback, tell the participants that in Session 5 we will be considering in detail actions to take for improving the classroom learning environment for pupils with hearing impairment and that these actions can also help to improve the learning environment for all pupils.

### Session 1.2: What are the Causes of Hearing Impairment?

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify the causes of hearing impairment.</td>
</tr>
<tr>
<td></td>
<td>• Explain that hearing loss which occurs to a child before they have learned to understand and use speech is far more damaging to a child’s education than hearing loss which occurs later in life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Read all activities from this session before beginning session. Put up large diagram of the ear ready for labelling in Activity 3. Make sure that you have all the materials identified below ready for this session.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
<th>Flip-chart</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marker pens</td>
</tr>
<tr>
<td></td>
<td>Sets of 10 ‘Causes of Hearing Impairment’ statements; one set for each group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Time</th>
<th>40 minutes.</th>
</tr>
</thead>
</table>

### Overview of Session

**Grouping/Time** | **Activities**
---|---
Whole group 10 minutes | **Activity 3: Implications of Damage to any Parts of the Ear.**
**Task:** Show a large labelled diagram of the ear and ask participants to say what they think would happen if any part of the ear was damaged.

**Debrief:** if it is not made clear by the participants’ responses, tell the participants that damage to any part of the ear may result in hearing loss and that the degree of hearing loss will be dependent upon the degree of damage. Hearing loss is the result of sound signals not reaching the brain as a result of this damage.

Groups of 4 20 minutes | **Activity 4: Causes of Hearing Loss**
**Task:** Ask the participants if any of them know a person with a hearing impairment. Can they say how the hearing impairment arose? Was it from birth? As the result of an accident or an illness? Make a list of the suggestions on a flip-chart.

**Task:** Give out a set of Types of Hearing Loss to each group. Ask the participants to spend 10 minutes looking at the types of hearing loss described on the sheets and match each type with the suggestions recorded on the flip-chart.

**Debrief:** Taking the causes one by one, ask one group at a time to say whether the cause has been written up on the flip-chart and if not add it to the existing flip-chart list. Conclude by explaining that, as with other types of impairments, there is always a medical explanation for hearing loss. It is important for participants to understand this so that it is clear there is no shame or blame when a pupil has an impairment.

Any questions?
Activity 5: Importance of Early Identification and Treatment

**Task:** Tell the participants that hearing loss which occurs in a young child before she/he has learned to understand and speak is far more damaging to a child’s education than if the hearing loss occurs later in life.

**Debrief:** Ask the participants if they have any questions about this.

**Transition:** Tell the participants that we have considered the types and causes of hearing impairment in this session. In the next session we will be thinking about the impact on pupils’ learning of hearing impairment.

---

### Session 1:3: Impact on Learning of Hearing Impairment.

**Objective**

By the end of the session participants will be able to:
- Identify reasons and explain why the classroom is often a challenging learning environment for pupils with hearing impairment.
- Explain that the teacher can play a positive role towards improving this learning environment.
- Identify that pupils with hearing impairment can learn at school as well as their peers.

**Preparation**

Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.

**Materials**

- 10 Step Game statements
- Sets of True or False statements on separate pieces of card; one set for each group.
- True or False statements with answers (for facilitator reference)

**Total Time**

1 hour 10 minutes.

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 30 minutes</td>
<td>Activity 6: Success at School – Step Game.</td>
</tr>
</tbody>
</table>

**Task:** Tell the participants that we are now going to play a game where we will investigate the classroom life of a pupil with hearing impairment.

Ask the participants to go outside and line up. Ask them to imagine that they are a pupil with a moderate hearing impairment – they can hear, but not very well – and that they have to respond to the statements that you read out in either a positive or negative way. If the participant believes that the statement is a positive one for a pupil with a hearing impairment they take a step forwards, if the statement is negative they take a step backwards.

Tell the participants that the steps forwards or backwards must be a personal decision and not copying what the others are doing. It is their personal opinions that matter. If the participants are not sure they should stay where they are.
Read out the ten statements in a random order allowing time for the participants to move between each statement. When a statement is read out, ask the participants to explain why they have moved forwards, backwards or stayed where they are. Is it a positive or negative statement for a pupil with hearing impairment? Why?

**Debrief:** Once the statements have all been read out, ask the participants to say what this activity tells us about the experience of pupils with hearing impairment.

[Their responses should indicate that they understand that pupils with hearing impairment will face additional challenges to their learning in the classroom environment (the steps backward), but that with appropriate support and adaptations to teacher practices and classroom environment, these challenges can be overcome (the steps forward).]

*Any questions?*

### Activity 7: Success at School – True or False?

**Task:** Give out a set of true or false cards to each group. The cards include statements about the impact of hearing impairment on pupils and the how they learn in the classroom and experience life at school. Ask the groups to discuss the statements and to group them in to either true or false.

**Debrief:** Going through each statement one by one, ask a group at a time to identify whether the statement is true or false. Encourage the other groups to comment on the decisions that have been made.

During the feedback introduce the following issues:
- It is not the ‘correct’ identification of the statements as ‘true’ or ‘false’ but the discussions that arise as a result of the activity.
- While some of the statements could be indicators of hearing impairment it is important to understand that teachers must not jump to any conclusions about a pupil’s capacity to learn. All children can learn.
- It could be that the statement is also the indicator of another impairment or a combination of impairments.
- Pupils with hearing impairment face additional challenges to their learning, but as long as the teacher adopts the right attitudes and practices these challenges can be overcome and pupils with hearing impairment can learn and succeed at school.
- This training will help teachers to identify and support pupils with hearing impairment.
- Other trainings will support with physical, visual and intellectual impairments.

*Any questions?*

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**Session 1:4: Identifying Pupils with Hearing Impairment.**

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Identify the pupil behaviour in the classroom that may be a sign of hearing impairment.</td>
</tr>
<tr>
<td></td>
<td>- Explain what steps to take to confirm whether the pupil has a hearing impairment and what the nature of this impairment may be.</td>
</tr>
</tbody>
</table>

| **Preparation** | Read all activities from this session before beginning session. |
Make sure that you have all the materials identified below ready for this session.

<table>
<thead>
<tr>
<th>Materials</th>
<th>Flip chart paper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Masking tape</td>
</tr>
<tr>
<td></td>
<td>Signs of Hearing Impairment (for facilitator reference)</td>
</tr>
</tbody>
</table>

| Total Time | 1 hour |

### Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups of 4</td>
<td>Activity 8: Identifying Children with Hearing Impairments</td>
</tr>
</tbody>
</table>
| 40 minutes    | **Task:** In groups, ask participants to use the knowledge that they have gained today (e.g. the Step Game, True or False) and all of their previous knowledge, to brainstorm a list of pupil behaviours – signs – that they think would indicate that a pupil has a hearing impairment. E.g. asks other children what they have to do. Each group to write on flip chart paper using markers. When the groups have finished writing ask them to put up their papers around the room.  
**Debrief:** Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising. Remind the participants that the training hand-out includes a list of signs that are indicative of hearing impairment.  
**Transition:** Using the signs that have been written up, chose one that could also be the sign of an impairment other than hearing, e.g. watches and copies what other children are doing. Tell the participants that while it is important that they are aware of the signs of hearing impairment, it is also important that they do not rush to judgement too quickly and that they should follow several steps in order to confirm the impairment. This we will be considering in the next activity. |
| Whole group    | Activity 9: Confirming the Hearing Impairment |
| 20 minutes     | **Task:** Ask the participants to say what steps the teacher should take, if they believe that a pupil has a hearing impairment, to confirm whether the pupil has a hearing impairment and what this impairment may be. Facilitator to write these actions up on flip chart paper.  
**Debrief:** The facilitator and the participants discuss these steps.  
(In order to confirm the impairment, the participants should say that the teacher should:  
- First talk to the pupil to find out what the pupil is experiencing.  
- If the pupil confirms the teacher’s concerns, or even if the pupil does not, and the teacher is still concerned, then the teacher should consult with the pupil’s parents to check whether the parents have had their child’s hearing medically assessed and what the result of this assessment was.  
- If no medical assessment has taken place, then the teacher should request the parents to take their child to the local health centre or doctor in order to have the child’s hearing assessed. |
Once this has been done the parents need to report the results of this assessment to the teacher so that the teacher can put in place the necessary actions to support the pupil in class.

Tell the participants that early intervention is very important as many hearing impairments can be prevented or halted if prompt medical attention are sought.

Transition: Tell the participants that we will be considering classroom support actions for pupils with hearing impairments in the next session.

Session 1:5: Actions for Supporting Pupils with Hearing Impairment.

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Explain the role that teachers play in supporting the education of pupils with hearing impairment.</td>
</tr>
<tr>
<td></td>
<td>• Explain what to consider when identifying actions for supporting the education and learning of pupils with hearing impairment.</td>
</tr>
<tr>
<td></td>
<td>• Identify teacher and pupil actions for supporting the education and learning of pupils with hearing impairment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
<th>Flip chart paper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Masking tape</td>
</tr>
<tr>
<td></td>
<td>Power Point of ‘What to consider when identifying actions to support a pupil’s learning’.</td>
</tr>
<tr>
<td></td>
<td>Six flip chart papers titled as required by Activity 15.</td>
</tr>
<tr>
<td></td>
<td>‘Actions for Hearing Impairment’ (for facilitator reference)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Time</th>
<th>1 hour 10 minutes</th>
</tr>
</thead>
</table>

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group</td>
<td>Activity 10: Finding Solutions</td>
</tr>
<tr>
<td>15 minutes</td>
<td><strong>Task:</strong> Ask the participants to recap on what we have considered and discussed so far in the different training sessions. Facilitator to write up ideas on flip chart.</td>
</tr>
</tbody>
</table>

(If it is not raised by the participants, write the following on flip chart paper: We have looked at:

- **Implications** on inclusion for pupils with hearing impairment.
- **Causes** of hearing impairment.
- **Impact** on learning of hearing impairment.
- **Identifying** hearing impairment.)

In this context, ask the participants to say what their role is, as classroom teachers, in supporting pupils with hearing impairment.
[If it is not raised in the discussion, tell the participants that it is their responsibility to try to find practical solutions to support hearing impaired pupils. It is not the pupil that is the problem, but the learning, classroom and school environments that are the problem. *Teachers must be problem solvers!*]

**Transition:** Tell the participants that with this in mind the following activities will begin to consider how teachers can be problem solvers.

<table>
<thead>
<tr>
<th>Whole group</th>
<th>15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 11: What to Consider when Identifying Actions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Task:</strong> Ask the participants to say what simple steps they should take before they begin to identify and plan actions to support the education of a pupil with hearing impairment. Remind them of what was discussed in Activity 12: Confirming the Hearing Impairment as the steps are similar.</td>
<td></td>
</tr>
<tr>
<td><strong>Debrief:</strong> Once the participants have given verbal feedback, show the ‘What to consider when identifying actions to support a pupil’s learning’ PowerPoint in order to summarise the steps to take.</td>
<td></td>
</tr>
<tr>
<td>Any questions?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 groups</th>
<th>40 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 12: Identifying Actions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Task:</strong> In groups, ask the participants to use their learning from today and all that they already knew in order to write up a list of actions that they think could be used to support the learning of pupils with hearing impairments. Ask participants to think about:</td>
<td></td>
</tr>
<tr>
<td>• Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom</td>
<td></td>
</tr>
<tr>
<td>• Actions for the Teacher to take to Support the Pupil’s Social Life in School/Sensitise the peer group</td>
<td></td>
</tr>
<tr>
<td>• Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School</td>
<td></td>
</tr>
<tr>
<td>• Actions for the Pupil to Take to Support Themselves in School</td>
<td></td>
</tr>
<tr>
<td>Divide the participants into 4 or 8 groups (depending on the size of the group) and ask each group to start with an activity as identified above. Write the titles on top of pieces of flip chart paper as indicated above, e.g. ‘Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom’. ‘Bus stop’ the activity – each group to write one action and then move on to the next sheet, read what has been written and write one new action, then move on to the next and repeat until the groups have written all the actions they can think of. Put up the flip chart papers.</td>
<td></td>
</tr>
<tr>
<td><strong>Debrief:</strong> Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising. <strong>Alternatively:</strong> Ask for volunteers to present the findings. This is a good way of stimulating discussion and ensuring that ideas are voiced.</td>
<td></td>
</tr>
<tr>
<td>Tell the participants that while on one sheet they have identified actions for the pupil to take, it remains the responsibility of the teacher to encourage and support the pupil to take these actions. Remind the participants that the training hand-out includes a list of actions that can be used to support pupils with hearing impairment.</td>
<td></td>
</tr>
<tr>
<td><strong>Transition:</strong> In the next session we will be completing an activity that will require you to plan some support actions for a pupil with a visual impairment.</td>
<td></td>
</tr>
</tbody>
</table>
**Session 1:6: Action Planning**

| **Objective** | By the end of the session participants will be able to:  
|---------------|------------------------------------------------|
|               | • Use the Individual Education Planning form to plan actions to support the education of a pupil with hearing impairment that they have identified.  
|               | • Implement the actions that they have identified. |

| **Preparation** | Read all activities from this session before beginning session.  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Make sure that you have all the materials identified below ready for this session.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Materials</strong></th>
<th>Individual Education Planning forms – one for each participant.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Total Time</strong></th>
<th>30 minutes</th>
</tr>
</thead>
</table>

**Overview of Session**

<table>
<thead>
<tr>
<th><strong>Grouping/Time</strong></th>
<th><strong>Activities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td><strong>Activity 13: Applying Actions – Planning for the Individual Child</strong></td>
</tr>
</tbody>
</table>
| 30 minutes        | **Task**: Tell the participants that they are now going to think about a pupil they know who has a hearing impairment and plan some actions to take to support the pupil with their learning in school.  
|                   | Tell the participants that they will be expected to go back to their schools to implement these actions and that this will be followed up as part of the training activity and L3+ project.  
|                   | Give out the Individual Education Planning forms and ask the participants to complete the form while thinking about the best actions that could be used for supporting this pupil with their learning and life in school.  
|                   | **Debrief**: Ask some of the participants to read out some of the actions that they have identified in their forms. Ask participants to explain their reasoning behind these actions – how will the intended action support this pupil with their learning and life in school?  
|                   | Remind the participants that, as part of this project, the participants will be visited in their schools in order to follow up the actions that have been identified in their plans. They will be expected to have these plans ready for viewing when they are visited.  
|                   | Any questions? |
Session 2:1: What are the Implications of Intellectual Impairment on Inclusion?

<table>
<thead>
<tr>
<th>Objectives</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify some of the difficulties faced by pupils with intellectual impairment in the classroom.</td>
</tr>
<tr>
<td></td>
<td>• Identify how these difficulties may affect the feelings of a pupil with intellectual impairment.</td>
</tr>
<tr>
<td></td>
<td>• Explain how failure can lead to feelings of exclusion.</td>
</tr>
<tr>
<td></td>
<td>• Explain the importance of the role of the teacher in enabling a pupil with an intellectual impairment, or any pupil, to succeed in school.</td>
</tr>
</tbody>
</table>

| Preparation | Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session. |

<table>
<thead>
<tr>
<th>Materials</th>
<th>Flip chart paper and stand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marker pens</td>
</tr>
<tr>
<td></td>
<td>Masking tape</td>
</tr>
<tr>
<td></td>
<td>Jumbled Words and Not Jumbled Words sheets; one sheet for each pair dependent upon the type of activity that you want them to carry out (read the activity for explanation)</td>
</tr>
</tbody>
</table>

| Total Time | 1 hour |

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group</td>
<td>Activity 1: Intellectual Impairment – Sharing Experiences from the Classroom</td>
</tr>
<tr>
<td>30 minutes</td>
<td><strong>Task</strong>: Ask the participants to think of a pupil in their class who they think may have an intellectual impairment and ask them to identify some of the difficulties faced by pupils with intellectual impairment in the classroom. Write these ideas on flip chart paper and discuss any issues arising.</td>
</tr>
<tr>
<td></td>
<td><strong>Task</strong>: Once all of the ideas have been written down, ask the participants to identify what effect these difficulties could have on the feelings of a pupil with intellectual impairment. Write these ideas on flip chart paper.</td>
</tr>
<tr>
<td></td>
<td><strong>Debrief</strong>: Discuss these ideas with the participants. If it has not been raised, tell the participants that:</td>
</tr>
<tr>
<td></td>
<td>• The feeling of failure is something that a pupil with intellectual impairment will experience every time he/she cannot complete a task and...</td>
</tr>
<tr>
<td></td>
<td>• Every time that a pupil experiences failure he/she will feel excluded from the lesson and his/her peers.</td>
</tr>
<tr>
<td></td>
<td>• When pupils experience failure too often, they will stop trying and drop out of school.</td>
</tr>
</tbody>
</table>
- Also, pupils who fail in the classroom can stop trying and develop poor behaviour as a result of such feelings of failure.

**Transition:** Tell the participants that in the next activity they will be asked to complete a task where some of them will be experiencing failure, and that we will be discussing further the consequences of such failure and the role that the teacher can play in supporting pupils with intellectual impairment to succeed in school.

<table>
<thead>
<tr>
<th>Activity 2: Experiencing Intellectual Impairment – Jumbled Words</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Task:</strong> Tell the participants that they will be completing a ten-minute timed task where they will be required to draw three animals that are found in Rwanda, using the information included in the written descriptions that they will be given. Some pairs will represent pupils with intellectual impairment – the jumbled words – and the task will be given in three different ways:</td>
</tr>
<tr>
<td>Pair type 1. The words in the descriptions will be jumbled making it hard to read and no teacher support will be given.</td>
</tr>
<tr>
<td>Pair type 2. The words will be jumbled but support from the teacher will be given.</td>
</tr>
<tr>
<td>Pair type 3. The words will not be jumbled.</td>
</tr>
<tr>
<td>Give out the descriptions to the pairs ensuring that there is a balance of group types. Stop the activity when one of the pairs has finished.</td>
</tr>
<tr>
<td><strong>Note:</strong> Take time to explain that having reading difficulties is not necessarily an indication of an intellectual impairment. Many children experience difficulties with reading for a very wide range of reasons. This activity is not about reading skills but it is used to indicate the feelings associated with not understanding a task. <em>Teachers should not conclude that difficulties in reading are an indication of an intellectual impairment.</em></td>
</tr>
<tr>
<td><strong>Debrief:</strong> Ask the participants how the activity went. Specifically, follow-up on:</td>
</tr>
<tr>
<td>- If a pair found the activity difficult and they were not able to complete the task, how did they feel?</td>
</tr>
<tr>
<td>- What would have helped the pair to complete the task?</td>
</tr>
<tr>
<td>- What did help the pair to complete the task?</td>
</tr>
<tr>
<td>Tell the participants that:</td>
</tr>
<tr>
<td>- The feeling of failure is something that a pupil with intellectual impairment will experience every time they cannot complete a task.</td>
</tr>
<tr>
<td>- Every time that a pupil experiences failure they will feel excluded from the lesson and their peers.</td>
</tr>
<tr>
<td>- Support from the teacher is important if a pupil with an intellectual impairment, or any pupil, is going to reach their full potential.</td>
</tr>
</tbody>
</table>

---

**Session 2:2: What are the Causes of Intellectual Impairment?**

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Explain what is meant by the term ‘intellectual impairment’.</td>
</tr>
<tr>
<td></td>
<td>- Identify some of the main causes of intellectual impairment.</td>
</tr>
</tbody>
</table>

| **Preparation** | Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session. |
### Materials
- Flip chart paper and stand
- Marker pens
- Masking tape
- ‘What is Intellectual Impairment’ sheet; two sheets for each group.
- ‘What is Intellectual Impairment’ questions and answers for the facilitator.
- ‘Causes of Intellectual Impairment’ PowerPoint.

### Total Time
1 hour

### Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **Activity 3: What is Intellectual Impairment?** | **Task:** Ask the participants to say what they think is meant by the term intellectual impairment. Write up the suggestions.  
Tell the participants that they are now going to be given some information about intellectual impairment which they have to read as there will be a quiz about this information. Give out two copies of the ‘What is Intellectual Impairment’ sheet to each group of four. Give them ten minutes to read the sheet and allow time for any arising questions. Then begin the quiz. The participants work together in groups of four to write the answers to the questions.  
**Debrief:** Once the quiz is finished, go through the answers giving the participants the opportunity to ask questions about any issues arising. Remind the participants that intellectual impairment can only be diagnosed if the criteria are met:  
- limitations in intellectual functioning  
- limitations in adaptive behaviours – social skills, self-care and practical skills  
Any questions? |
| Groups of 4 | 30 minutes |

| **Activity 4: Common Causes of Intellectual Impairment** | **Task:** Ask the participants to say what they think are possible causes of intellectual impairment. Write up the ideas.  
Present the ‘Causes of Intellectual Impairment’ PowerPoint to the participants and read though the contents. Discuss any issues arising.  
Distribute a set of ‘Causes of Intellectual Impairment’ cards to each group. The information for each of the four categories has been separated from the category heading. The participants need to read through information that they have been given and group the correct information with the correct heading. Remind the participants of the four categories by showing them slide 4 of the PowerPoint:  
- before birth (pre-natal)  
- during birth (peri-natal)  
- after birth (post-natal)  
- multiple causes (a combination of before, during and after)  
**Debrief:** Once the groups have finished, ask the participants to identify the correct category heading with the respective description. |
| Groups of 4 | 30 minutes |

**Objective**

By the end of the session participants will be able to:
- Identify the main impacts of intellectual impairment on learning.
- Understand that all pupils, including those with intellectual (and other) impairments can learn at school.

**Preparation**

Read all activities from this session before beginning session.
Make sure that you have all the materials identified below ready for this session.

**Materials**

Sets of True or False statements on separate pieces of card; one set for each group.
True or False statements with answers (for facilitator reference)

**Total Time**

30 minutes.

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups of 4 30 minutes</td>
<td>Activity 5: Success at School – True or False?</td>
</tr>
</tbody>
</table>

**Task:** Give out a set of true or false cards to each group. The cards include statements about the impact of intellectual impairment on pupils and how they learn in the classroom and experience life at school. Ask the groups to discuss the statements and to group them in to either true or false.

**Debrief:** Going through each statement one by one, ask a group to identify whether the statement is true or false. Encourage other groups to comment on and discuss the decisions that have been made.
Tell the participants that:
- It is not the ‘correct’ identification of the statements as ‘true’ or ‘false’ but the discussions that arise as a result of the activity.
- While some of the statements could be indicators of intellectual impairment it is important to understand that teachers must not jump to any conclusions about a pupil’s capacity to learn. *All children can learn.*
- Pupils with intellectual impairment face additional challenges to their learning, but as long as the teacher adopts the right attitudes and practices these challenges can be overcome and pupils with intellectual impairment *can learn and succeed at school.*
- It could be that the statement is also the indicator of a different impairment or a combination of impairments. E.g. ‘If a pupil has difficulty paying attention in lessons, then they have an intellectual impairment’ could be an indicator of intellectual, hearing or visual impairment.
**Session 2:4: Identifying Pupils with Intellectual Impairment.**

| Objective | By the end of the session participants will be able to:  
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify signs that may suggest that a pupil has an intellectual impairment.</td>
</tr>
</tbody>
</table>

| Preparation | Read all activities from this session before beginning session.  
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Make sure that you have all the materials identified below ready for this session.</td>
</tr>
</tbody>
</table>

| Materials | Flip chart paper and stand  
|-----------|----------------------------------------------------------------|
|           | Marker pens  
|           | Masking tape  
|           | Signs of intellectual impairment (for facilitator reference)  |

<table>
<thead>
<tr>
<th>Total Time</th>
<th>40 minutes</th>
</tr>
</thead>
</table>

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Groups of 4  
40 minutes | Activity 6: Identifying Children with Intellectual Impairment  |

**Task:** In groups ask participants to use the knowledge that they have gained today, and all of their previous knowledge, to brainstorm a list of pupil behaviours that are possible signs that may suggest that a pupil has intellectual challenges. Ask for examples, (e.g. finds it difficult to remember what to do, has difficulty with tasks that involve reading or writing), to check that the groups understand what to do before they start.

Each group to write on flip chart paper using markers. When the groups have finished writing ask them to put up their papers around the room.

**Debrief:** Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising.

**A note of caution:** It is really important to emphasize the fact that the signs are an indication that a pupil might have an intellectual impairment. There can be a number of reasons why pupils exhibit certain behaviours and signs and teachers mustn’t be too quick to reach conclusions which may not be accurate. Remind the participants that the training hand-out includes a list of signs that are indicative of intellectual impairment.

**Transition:** Using the signs that have been written up, choose one that could also be the sign of impairment other than intellectual, e.g. has difficulty following verbal instructions.
Tell the participants that while it is important that they are aware of the signs of intellectual impairment, it is also important that they do not rush to judgement too quickly and that they should follow several steps in order to confirm the impairment. This we will be considering in the next activity.

Tell the participants that there are separate trainings on other impairments that will also help with this. The rest of this training will help teachers to identify and support pupils with intellectual impairment.

Session 2:5: Actions for Supporting Pupils with Intellectual Impairment.

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of the session participants will be able to:</td>
</tr>
<tr>
<td>• Explain what to consider when identifying actions to take to support the education and school life a pupil with intellectual impairment.</td>
</tr>
<tr>
<td>• Explain that people learn best through active participation and that teachers must consider this when they are identifying and planning actions.</td>
</tr>
<tr>
<td>• Identify actions to take to support the education and school life a pupil with intellectual impairment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip chart paper and stand. Marker pens. PowerPoint of ‘What to consider when identifying actions to support a pupil’s learning’ PowerPoint of ‘Learning by Doing’ ‘Actions to take to Support a Pupil with Intellectual Impairment’ (one copy for Facilitator reference)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 hours</td>
</tr>
</tbody>
</table>

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 30 minutes</td>
<td>Activity 7: What to Consider When Identifying Actions</td>
</tr>
</tbody>
</table>

**Task:** Ask the participants to say what steps they think they should take before they begin to identify and plan actions to support the education of a pupil with an intellectual impairment.

Tell the participants that we will be looking at a PowerPoint that identifies some suggested steps to take later in the activity, but first we want to discover what you think.

**Debrief:** Write down on flip-chart paper the ideas of the participants. Discuss issues arising.

Show the ‘What to consider when identifying actions to support a pupil’s learning’ PowerPoint which identifies steps for the teacher to take before they begin to identify and plan actions to support the education of a pupil with an intellectual impairment.
### Activity 8: How do we Learn?

**Task:** Ask the participants to think of a time when they learned a new skill. It could have been when they were a child or later in life, in school or out of school. Ask the participants to think about:
- what they learned
- who they were with
- how they were taught
- how they learned

When they have thought of something that they learned, ask them to share their experience of learning with a partner as it will be the partner who describes how their partner was taught and learned.

**Debrief:** Ask some of the participants to describe their partner’s experiences of learning a new skill. (Hopefully it should be that their partner learned by doing. It is rare for people to say that they sat and listened to a teacher in order to learn a new skill.)

Tell the participants that people learn best through active participation and that pupils are no different, so teachers must take this into account when they are identifying and planning actions. Show the ‘Learning by Doing’ PowerPoint. Discuss any issues arising.

**Transition:** Tell the participants that this session is purposefully called ‘Actions for supporting pupils with intellectual impairment’ as we are concerned with the practical actions that the teacher can take in the classroom and school to support the learning and school life of a pupil with intellectual impairment. This is the focus of the next activity.

### Activity 9: Identifying Actions

**Task:** In groups, ask the participants to use their learning from today and all that they already knew in order to write up a list of actions that they think could be used to support the learning of pupils with an intellectual impairment. Ask participants to think about:
- Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom
- Actions for the Teacher to take to Support the Pupil’s Social Life in School/Sensitise the peer group
- Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School
- Actions for the Pupil to Take to Support Themselves in School

Divide the participants in to 4 or 8 groups (depending on the size of the group) and ask each group to start with an activity as identified above. Write the titles on top of pieces of flip chart paper as indicated above, e.g. ‘Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom’. ‘Bus stop’ the activity – each group to write one action and then move on to the next sheet, read what has been written and write one new action, then move on to the next and repeat until the groups have written all the actions they can think of.

Put up the flip chart papers.

**Debrief:** Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising.

**Alternatively:** Ask for volunteers to present the findings. This is a good way of stimulating discussion and ensuring that ideas are voiced.
Tell the participants that while on one sheet they have identified actions for the pupil to take, it remains the responsibility of the teacher to encourage and support the pupil to take these actions. Remind the participants that the training hand-out includes a list of actions that can be used to support pupils with intellectual impairment.

Transition: In the next session we will be completing an activity that will require you to plan some support actions for a pupil with intellectual impairment.

4 – 8 groups  
30 minutes  
Activity 10: The Peer Group  
Task: Display the sheet, “Actions for the Teacher to take to Support the Pupil’s Social Life in School/Sensitise the peer group” from Activity 9.  
Tell the participants that they will continue to discuss this in their groups.  
- Ask them to list why a pupil with an intellectual impairment might experience difficulties in the peer group.  
- List best practices in ensuring that the peer group is supportive and inclusive.  
Debrief: Give each group an opportunity to feedback their main points and highlight good practices.  
Note: Teachers are well placed to role model positive attitudes and empathy towards all pupils. Pupils who have an intellectual impairment are most at risk of being misunderstood by their peers and so it is important that teachers consider how they can sensitise the peer group to show respect and value to all of the class members, acknowledging that every child is different but equally valuable.

Session 2: 6: Action Planning

Objective  
By the end of the session participants will be able to:  
- Use the Individual Education Planning form to plan actions to support an identified pupil with intellectual impairment with their learning and life in school.  
- Explain how the intended action will support this pupil.  
- Implement the actions that they have identified.  
- Explain that they will be visited in their schools in order to follow up the actions that have been included in their plans.

Preparation  
Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.

Materials  
Individual Education Planning forms – one for each participant.

Total Time  
30 minutes

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual 30 minutes</td>
<td>Activity 11: Applying Actions – Planning for the Individual Child</td>
</tr>
<tr>
<td>Task: Tell the participants that they are now going to think about a pupil they know who they think might have an intellectual impairment and plan some actions to take to support the pupil with their learning in school.</td>
<td></td>
</tr>
</tbody>
</table>
Tell the participants that they will be expected to go back to their schools to implement these actions and that this will be followed up as part of the training activity and L3+ project.

Give out the Individual Education Planning forms and ask the participants to complete the form while thinking about the best actions that could be used for supporting this pupil with their learning and life in school.

Debrief: Ask some of the participants to read out some of the information that they have written on their forms: strengths, challenges, actions. When they are reading about the actions that they have identified, ask the participants to explain their reasoning behind these actions – how will the intended action support this pupil with their learning and life in school?

Remind the participants that, as part of this project, the participants will be visited in their schools in order to follow up the actions that have been identified in their plans. They will be expected to have these plans ready for viewing and discussion when they are visited.

Any questions?

Session 3:1: What are the Implications of Physical Impairment on Inclusion?

Objectives

By the end of the session participants will be able to:

- Identify some of the difficulties faced by pupils with physical impairment both in and outside the classroom.
- Explain what effect these difficulties will have for the feelings of a pupil with physical impairment.
- Explain that every time a pupil with a physical impairment, or any pupil, experiences failure they will feel excluded.
- Explain the importance of the role of the teacher in enabling a pupil with a physical impairment, or any pupil, to succeed in school.

Preparation

Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.

Materials

- Flip chart paper and stand
- Marker pens
- Masking tape
- Cloth ties, enough for six participants
- A4 paper, one sheet for each participant

Total Time

1 hour

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 30 minutes</td>
<td>Activity 1: Physical Impairment – Sharing Experiences from the Classroom</td>
</tr>
<tr>
<td>Task: Ask the participants to think of a pupil in their class who they believe has a physical impairment and ask them to identify some of the difficulties faced by pupils with this impairment, both inside and outside the classroom.</td>
<td></td>
</tr>
</tbody>
</table>
Write these ideas on flip chart paper and discuss any issues arising.

**Task:** Once all of the ideas have been written down, ask the participants to identify what effect these difficulties will have for the feelings of a pupil with physical impairment. Write these ideas on flip chart paper.

**Debrief:** Discuss these ideas with the participants.
If it has not been raised, tell the participants that:
- The more difficult that it is for a pupil to physically access school, the less they will feel valued by the school and the more they will feel excluded.

**Transition:** Tell the participants that in the next activity they will be asked to complete a task where some of them will be experiencing failure and we will be discussing further the consequences of this and the role that the teacher can play in supporting pupils with physical impairment to succeed in school.

---

### Activity 2: Experiencing Physical Impairment

**Task:** Tell the participants that some of them will now be role-playing what it could be like to have a physical impairment. While the role-play is not the same as the reality for a person with physical impairment it will help the participants to begin to understand what the classroom life could be like for a pupil with physical impairment.

Give each participant a sheet of A4 paper, then ask all of the participants to walk outside of the classroom, about 30 metres from the classroom door. Ask for six volunteers. Using the cloth ties provided, tie the feet together of three participants and the hands together of the other three participants.

Ask all of the participants to walk back into the classroom and sit down in their seats. Once most of the participants are back in the classroom and sitting down, (and, if possible, before the participants with their feet tied are back in the classroom) ask them to draw a picture of their favourite animal. Allow enough time for some of the participants to have finished drawing.

**Debrief:** Ask the participants who had their hands and feet tied:
- How they felt during the activity.
- What would have helped them to join in with the activity?
- What help did the other participants give?

Ask the other participants:
- How they felt during the activity?
- What help did they give to those participants with their hands and feet tied?
- What help could they have given?
- What assumptions did they have about what the people with a physical impairment could and could not do (those with their hands and feet tied)?

To sum-up, tell the participants that:
- The more difficult that it is for a pupil to physically access school and learning, the less they will feel valued by the school and the more they will feel excluded.
- The feeling of failure is something that a pupil with physical impairment will experience every time they cannot join in with an activity.
- Every time that a pupil experiences failure they will feel excluded from the lesson and their peers.
- Support from the teacher is important if a pupil with a physical impairment, or any pupil, is going to reach their full potential.
- However, a pupil with physical impairment will not need support all of the time and independence should be encouraged.

Any questions?

**Session 3:2: What are the Causes of Physical Impairment?**

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of the session participants will be able to:</td>
</tr>
<tr>
<td>- Explain what is meant by the term ‘physical impairment’.</td>
</tr>
<tr>
<td>- Identify some of the main causes of physical impairment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read all activities from this session before beginning session.</td>
</tr>
<tr>
<td>Make sure that you have all the materials identified below ready for this session.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip chart paper and stand</td>
</tr>
<tr>
<td>Marker pens</td>
</tr>
<tr>
<td>Masking tape</td>
</tr>
<tr>
<td>‘What is Physical Impairment’ sheet; two sheets for each group.</td>
</tr>
<tr>
<td>‘What is Physical Impairment’ PowerPoint.</td>
</tr>
<tr>
<td>Sets of ‘Some Common Causes of Physical Impairment’ cards; one set for each group.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Time</th>
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<tbody>
<tr>
<td>50 minutes</td>
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**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups of 4 30 minutes</td>
<td><strong>Activity 3: What is Physical Impairment?</strong></td>
</tr>
<tr>
<td><strong>Task:</strong> Ask the participants to say what they think is meant by the term physical impairment. Write up the suggestions. Any questions?</td>
<td></td>
</tr>
<tr>
<td><strong>Task:</strong> Tell the participants that they are now going to be given some information about physical impairment which they have to read. However, some words have been removed from this information and the participants will have to work in groups in order to put the words back in the correct place in order to make sense of the information. Give out two copies of the ‘What is Physical Impairment’ sheet to each group of four. The group only has to complete one sheet as the other is to make it easier for everyone in the group to see a sheet. The participants are allowed to ask questions if they are unsure of the meaning of certain words – though encourage them to read the complete sentence as this will help them to make sense of the text.</td>
<td></td>
</tr>
</tbody>
</table>
Debrief: Once the groups have finished, giving each group the chance to read out a phrase or sentence that they have completed, ask the participants to read out what they have written. Allow the other groups to suggest a correction if they think they identify a mistake in what has been read out.

Once finished, show the ‘What is Physical Impairment’ PowerPoint as this indicates the completed text. Read through this, allowing the participants to ask questions as necessary.

Transition: On the PowerPoint, refer to the ‘Physical impairment has many different causes’ and can take many different forms’ sentence and tell the participants that we are now going to look at some common causes of physical impairment.

<table>
<thead>
<tr>
<th>Groups of 4</th>
<th>Activity 4: Common Causes of Physical Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>Task: Ask the participants to say what they think are possible causes of physical impairment. Write up the ideas. Give out a set of ‘Some Common Causes of Physical Impairment’ cards to each group. Give these out to groups of 4 and ask each group to read through the descriptors.</td>
</tr>
<tr>
<td>Debrief:</td>
<td>After 10 minutes, ask the participants to say what the cause of each impairment is (e.g. accident or genetic) and add any new causes to the list which has already been started. Briefly explain that physical impairment, just like all types of impairment always has a cause and that there should be no blame or shame attached. Any questions?</td>
</tr>
</tbody>
</table>

Session 3:3: Impact of Physical Impairment on Learning

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Understand that all pupils, including those with physical (and other) impairments can learn at school.</td>
</tr>
<tr>
<td></td>
<td>• Identify the main impacts on learning of physical impairment.</td>
</tr>
</tbody>
</table>

| Preparation | Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session. |

| Materials | Flip chart paper and stand Marker pens Masking tape Sets of ‘True or False’ cards; one set for each group. True or False statements with answers (for facilitator reference). Sets of ‘Some Common Causes of Physical Impairment’ cards; one set for each group (from previous activity). |

| Total Time | 1 hour. |
### Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Groups of 4, 30 minutes | **Activity 5: Success at School – True or False?**  
**Task:** Give out a set of true or false cards to each group. The cards include statements about the impact of physical impairment on pupils and the how they learn in the classroom and experience life at school. Ask the groups to discuss the statements and to group them into either true or false.  
**Debrief:** Going through each statement one by one, ask a group to identify whether the statement is true or false. Encourage other groups to comment on and discuss the decisions that have been made.  
Tell the participants that:  
- It is not the ‘correct’ identification of the statements as ‘true’ or ‘false’ but the discussions that arise as a result of the activity.  
- While some of the statements could be indicators of physical impairment it is important to understand that teachers must not jump to any conclusions about a pupil’s capacity to learn. Stress that all children can learn.  
- It could be that the statement is also the indicator of a different impairment or a combination of impairments, e.g. ‘the pupil has difficulty paying attention in lessons’. This could be as a result of one of, or a combination of, intellectual, hearing, visual or physical impairments.  
- Pupils with physical impairment face additional challenges to their learning, but as long as the teacher adopts the right attitudes and practices these challenges can be overcome and pupils with physical impairment can learn and succeed at school.  
- Activities later on in this training will help teachers to identify and support pupils with physical impairment.  
- Other trainings will support with intellectual, visual and hearing impairments. Any questions? |
| Groups of 4, 30 minutes | **Activity 6: Identify the Main Impacts on Learning of Physical Impairment**  
**Task:** In groups, ask the participants to use the descriptions of some common causes of physical impairment from the previous session, information learned during the ‘True or False’ activity and any prior knowledge that they may have from their experiences in the classroom, to discuss, identify and write down a list of the main impacts on learning that are faced by pupils with physical impairment.  
Before they start writing ask for an example of an impact, e.g. has difficulty moving around the classroom.  
Give a sheet of flip chart paper and marker pens to each group.  
**Debrief:** When the groups have finished writing, ask one group at a time to identify one impact on learning. Write these up on flip chart paper. When no more new ideas have been raised then ask the participants if they have any questions about what has been written.  
Where necessary, identify those impacts that could also be the result of a different impairment, e.g. fails to follow instructions, and remind the participants that it is their responsibility as teachers to investigate the nature of the impairment in order to be best able to support the pupil. |
**Session 3:4: Identifying Pupils with Physical Impairment.**

**Objective**

By the end of the session participants will be able to:

- Identify the signs that may indicate that a pupil has a physical impairment.

**Preparation**

Read all activities from this session before beginning session.

Make sure that you have all the materials identified below ready for this session.

**Materials**

- Flip chart paper and stand
- Marker pens
- Masking tape
- ‘Signs of Physical Impairment’ (reference copy for facilitator)

**Total Time**

40 minutes

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups of 4 40 minutes</td>
<td><strong>Activity 7: Identifying Children with Physical Impairment</strong></td>
</tr>
</tbody>
</table>

**Task:** In groups ask participants to use the knowledge that they have gained today, and all of their previous knowledge, to brainstorm a list of pupil behaviours – signs – that they think would indicate that a pupil has a physical impairment. Ask for examples, (e.g. has a missing limb, one arm hangs by the side of the body), to check that the groups understand what to do before they start.

Each group to write on flip chart paper using markers. When the groups have finished writing ask them to put up their papers around the room.

**Debrief:** Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising.

Remind the participants that the training hand-out includes a list of signs that are indicative of physical impairment.

**Transition:** Using the signs that have been written up, chose one that could also be the sign of impairment other than physical, e.g. becomes tired easily.

Tell the participants that while it is important that they are aware of the signs of physical impairment, it is also important that they do not rush to judgement too quickly and that they should follow several steps in order to confirm the impairment. This we will be considering in the next session.
Tell the participants that there are separate trainings on other impairments that will also help with this. The rest of this training will help teachers to identify and support pupils with physical impairment.

### Session 3:5: Actions for Supporting Pupils with Physical Impairment.

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>By the end of the session participants will be able to:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• Explain what to consider when identifying actions to support the education and school life of a pupil with physical impairment.</td>
</tr>
<tr>
<td></td>
<td>• Identify actions to support the education and school life of a pupil with physical impairment.</td>
</tr>
</tbody>
</table>

| **Preparation** | Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session. |
| **Materials**   | Flip chart paper and stand. Marker pens. ‘What to consider when identifying actions to support a pupil’s learning’ PowerPoint. ‘Actions to take to Support a Pupil with Physical Impairment’ (one copy for Facilitator reference) |

| **Total Time** | 1 hour 15 minutes |

### Overview of Session

<table>
<thead>
<tr>
<th><strong>Grouping/Time</strong></th>
<th><strong>Activities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group</td>
<td><strong>Activity 8: What to Consider When Identifying Actions</strong></td>
</tr>
<tr>
<td>30 minutes</td>
<td><strong>Task:</strong> Ask the participants to say what steps they think they should take before they begin to identify and plan actions to support the education of a pupil with a physical impairment. Tell the participants that, later in the activity, we will be looking at a PowerPoint which identifies some suggested steps to take, but first we want to discover what you think. <strong>Debrief:</strong> Write down on flip-chart paper the ideas of the participants. Discuss issues arising. Show the ‘What to consider when identifying actions to support a pupil’s learning’ PowerPoint which identifies steps for the teacher to take before they begin to identify and plan actions to support the education of a pupil with a physical impairment.</td>
</tr>
<tr>
<td>4-8 groups</td>
<td><strong>Activity 9: Identifying Actions</strong></td>
</tr>
<tr>
<td>45 minutes</td>
<td><strong>Task:</strong> In groups, ask the participants to use their learning from today and all that they already knew in order to write up a list of actions that they think could be used to support the learning of pupils with a physical impairment. Ask participants to think about: • Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom • Actions for the Teacher to take to Support the Pupil’s Social Life in School/Sensitise the peer group</td>
</tr>
</tbody>
</table>
- Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School
- Actions for the Pupil to Take to Support Themselves in School

Divide the participants into 4 or 8 groups (depending on the size of the group) and ask each group to start with an activity as identified above. Write the titles on top of pieces of flip chart paper as indicated above, e.g. ‘Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom’. ‘Bus stop’ the activity – each group to write one action and then move on to the next sheet, read what has been written and write one new action, then move on to the next and repeat until the groups have written all the actions they can think of.

Put up the flip chart papers.

Debrief: Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising.

Alternatively: Ask for volunteers to present the findings. This is a good way of stimulating discussion and ensuring that ideas are voiced.

Tell the participants that while on one sheet they have identified actions for the pupil to take, it remains the responsibility of the teacher to encourage and support the pupil to take these actions.

Remind the participants that the training hand-out includes a list of actions that can be used to support pupils with physical impairment.

Transition: In the next session we will be completing an activity that will require you to plan some support actions for a pupil with physical impairment.

---

### Session 3:6: Action Planning for Pupils with Physical Impairment

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Use the Individual Education Planning form to plan actions to support an identified pupil with physical impairment with their learning and life in school.</td>
</tr>
<tr>
<td></td>
<td>• Explain how the intended action will support this pupil.</td>
</tr>
<tr>
<td></td>
<td>• Implement the actions that they have identified.</td>
</tr>
<tr>
<td></td>
<td>• Explain that they will be visited in their schools in order to follow up the actions that have been included in their plans.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
<th>Individual Education Planning forms – one for each participant.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total Time</th>
<th>30 minutes</th>
</tr>
</thead>
</table>

### Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Activity 10: Applying Actions – Planning for the Individual Child</td>
</tr>
<tr>
<td>30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

27
**Task:** Tell the participants that they are now going to think about a pupil they know who has a physical impairment and plan some actions to take to support the pupil with their learning and life in school. Tell the participants that they will be expected to go back to their schools to implement these actions and that this will be followed up as part of the training activity and L3+ project.

Give out the Individual Education Planning forms and ask the participants to complete the form while thinking about the best actions that could be used for supporting this pupil with their learning and life in school.

**Debrief:** Ask some of the participants to read out some of the actions that they have identified in their forms. Ask participants to explain their reasoning behind these actions – how will the intended action support this pupil with their learning and life in school?

Remind the participants that, as part of this project, the participants will be visited in their schools in order to follow up the actions that have been identified in their plans. They will be expected to have these plans ready for viewing and discussion when they are visited.

Any questions?

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**Session 4:1: What are the Implications of Visual Impairment on Inclusion?**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Identify some of the main implications of visual impairment on inclusion</td>
</tr>
<tr>
<td></td>
<td>- Identify some simple actions to take to support inclusion in this situation</td>
</tr>
<tr>
<td></td>
<td>- Explain that visual impairment can make it difficult to respond appropriately to people’s feelings.</td>
</tr>
</tbody>
</table>

| Preparation | Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session. |

| Materials | Two separate flip-chart papers for recording ‘Feelings’ and ‘Actions’ Items to use that make a quiet sound, e.g. a bottle of water with a screw top, a pencil case or bag with a zip, chalk and chalkboard, a marker pen and sheet of paper, packet of crisps, packet of biscuits. Flip chart paper and stand Marker pens Facial expression photographs; one between two participants |

| Total Time | 1 hour 30 minutes. |

<table>
<thead>
<tr>
<th>Overview of Session</th>
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<tbody>
<tr>
<td><strong>Grouping/Time</strong></td>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td><strong>Activity 1: Experiencing Visual Impairment – As a Group.</strong></td>
<td></td>
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</tbody>
</table>
**Activity 2: Experiencing Visual Impairment – Feeling Left Out.**

**Task:** Ask for another two volunteers from among the participants. One of the volunteers should close their eyes and sit down and the facilitator and the other volunteer should stand next to the seated person.

The facilitator and the standing volunteer should begin to talk to each other without using their names or including the sitting volunteer in their conversation. The facilitator could begin the conversation and the standing volunteer respond accordingly:

- “Have you had a good day?”
- “What did you do at the weekend?”
- “Would you like a biscuit?” (Offer both volunteers a biscuit, without using names.)
- “Do you want to go and watch the football?”

Silently lead the standing person away, leaving the seated person alone.

**Debrief 1:** Ask sitting person to open their eyes and talk about how this situation felt. Write up the statements on the existing ‘Feelings’ chart as they are given.

**Debrief 2:** Ask the participants to say what might have helped the sitting person to understand what was happening and helped them to feel included in this situation. Facilitator to write these up on the existing ‘Actions’ flip-chart paper.

Possible answers could involve gentle appropriate touching, naming and speaking, providing a verbal commentary. E.g. “Good morning Mediatrice, how are you?” “Good morning Peter, how are you?” “Peter, would you like a biscuit?”

**Activity 3: Experiencing Visual Impairment – Finding the Way.**
<table>
<thead>
<tr>
<th>Task: Ask for another volunteer from among the participants. Take the volunteer to a place in the room, perhaps near the door. Point towards where you would like them to independently walk. This might be to a table at the front of the room. Ask the volunteer to close their eyes and keep them shut as they walk to this place in the room. Tell them to be very careful and to walk slowly. When the volunteer has arrived at their destination, ask them to open their eyes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Debrief 1:</strong> Ask the volunteer to describe how the experience felt. Write up the statements on the ‘Feelings’ chart.</td>
</tr>
<tr>
<td><strong>Debrief 2:</strong> Ask the participants to say what might have helped the volunteer to understand what was happening and helped them to feel included in this situation. Facilitator to write these up on the ‘Actions’ flip-chart paper. Possible answers could involve gentle hand holding, physical route orientation beforehand, filling in the missing visual information by providing a verbal commentary. Eg. “Adelphine, take my hand and let me show you the way”, “Walk slowly forward. Stop. The table is on your left, slowly stretch your hand out and you will feel the table.”</td>
</tr>
<tr>
<td><strong>Activity 4: Summing-up of Activities 1 to 3 – What are the Implications of Visual Impairment on Inclusion?</strong></td>
</tr>
<tr>
<td><strong>Task:</strong> Facilitator to read through the ‘Feelings’ and ‘Actions’ charts in order to summarise the findings from the first three activities.</td>
</tr>
<tr>
<td><strong>Debrief:</strong> Do the participants have any questions about what has been written? Tell the participants that the ‘Feelings’ chart highlights implications for the inclusion of pupils with visual impairment, so it is very important that we consider the needs of these pupils when we are running and organising our classrooms. Having a seat in school does not mean the pupil is included and the teacher must actively implement actions to take to ensure the inclusion of children with impairments. We will be considering actions for supporting pupils with visual impairments in more detail in Session 5.</td>
</tr>
<tr>
<td><strong>Activity 5: How Do They Feel?</strong></td>
</tr>
<tr>
<td><strong>Task:</strong> Give out photographs, one between two participants, showing people who have different facial expressions. Ask the participants to say how the people in their photographs feel.</td>
</tr>
<tr>
<td><strong>Debrief 1:</strong> Ask the participants to say why it is important to know how people are feeling. If it does not arise through the discussion, tell the participants that if we are able to see and understand how a person is feeling then we can respond appropriately to the visual clues offered by the facial expression. If the pupil cannot see clearly it is more difficult to understand how the other person is feeling and hence more difficult to respond appropriately.</td>
</tr>
<tr>
<td><strong>Debrief 2:</strong> Ask the participants to say what might help in the situation where a pupil with visual impairment is unable to see other pupils’ facial expressions.</td>
</tr>
</tbody>
</table>
The participants should identify (as with activity 3) that the missing visual information should be filled in verbally. E.g. the pupil will need to be verbally told how the other pupil is feeling – filling in the visual gaps with words.

Session 4:2: What are the Causes of Visual Impairment?

**Objective**

By the end of the session participants will be able to:
- Explain that different people interpret visual information in different ways and that damage to any part of the visual system will make interpretation of this visual information difficult.
- Identify the main causes of visual impairment.

**Preparation**

Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session. Put up the large rice sack diagram of the eye.

**Materials**

Set of ‘What can You See?’ pictures; one set per pair
Flip chart paper and stand
Marker pens

**Total Time**

30 minutes

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Pairs 15 minutes | **Activity 6: What Can You See?**  
**Task:** Give out a set of ‘What can you see’ pictures to the pairs. Ask the participants to look at the pictures and ask them to identify what they can see. Ask them to look again more closely and see if there is something else to be seen? (The pictures can be interpreted differently: either as a young or old lady; or as a duck or a rabbit.)  
**Debrief:** Ask the participants what their different experiences tells us about how we interpret visual information.  
The pictures we have looked at demonstrate that we all interpret visual information differently but also demonstrate that damage to the visual pathways from the eye to the brain and across the brain causes real problems for pupils with visual impairment in accurately processing information from the eye.  
Tell the participants that visual impairment can be caused by a structural problem with the eye – an ocular visual impairment – but also by how the brain processes the information from the eye – a cortical visual impairment. Visual information travels from the eye to the brain via the optic nerve.  
Any questions? |
| Groups of four 15 minutes | **Activity 7: Identifying the Main Causes of Visual Impairment.**  
**Task:** In groups, the participants should try to think of as many causes of visual impairment as they can. To help, suggest to the participants that they think about people |
they know with visual impairments and to think what has caused the visual impairment. Write causes down on A4 paper.

Debrief: When they cannot think of any more, ask each group in turn to read out one of the causes that they have identified. Facilitator writes these down on flip chart paper. Examples might include:

- Accidental or deliberate injury
- Genetic/inherited
- Diet
- Hygiene
- Illness such as measles or meningitis
- Infection
- Maternal illness or infection

Any questions?
Make the comment that it is important to understand that visual impairment always has an actual cause and, as with all types of disability, there should be no stigma attached.

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### Session 4:3: Impact of Visual Impairment on Learning.

#### Objective
By the end of the session participants will be able to:

- Identify the main impacts that visual impairment will have on learning.
- Explain that, as teachers, we will have to adapt our approach and attitudes to teaching in order to support the education of pupils with visual impairment.
- Identify that pupils with visual impairment can learn at school so long as we adapt our attitudes and approaches to teaching.

#### Preparation
Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.

#### Materials
- ‘Simulations of Visual Impairment’ PowerPoint.
- Mystery object for the ‘Experiencing Impact of Visual Impairment’ activity, one for each pair.
- Sets of True or False statements on separate pieces of card; one set for each group.
- True or False statements with answers (for facilitator reference).
- Flip chart paper and stand.
- Marker pens.

#### Total Time
1 hour 30 minutes

#### Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Whole group 30 minutes | **Activity 8: Every Child is Different**
Task: Tell the participants that the previous activities have focused on pupils who are totally blind to enable them to investigate and discuss how a person with a visual impairment could feel. However, there are many different types of visual difficulties that their pupils may experience, resulting in a range of learning and emotional implications.

Present the PowerPoint of simulations of visual impairments. For each slide ask participants to identify the effect on vision. |
### Debrief:
Ask the participants to say what the simulations show us about the implications for learning of the possible visual impairments in the pupils that we work with.

Tell the participants that there is a wide range of visual impairments and what each pupil sees will vary enormously and that this will impact in different ways upon their learning in the classroom and even on his or her interactions. It is therefore important that we know something about how the visual impairment is impacting upon the pupil’s learning.

### Transition:
Tell the participants that in this session we will be considering how visual impairment can impact upon learning and that in the following two sessions we will be identifying signs and indicators of visual impairment and then identifying actions that we can take to support the learning of visually impaired pupils in the classroom.

### Whole group/pairs
**30 minutes**

### Activity 9: Experiencing Impact of Visual Impairment

**Task:** Ask for a volunteer to come to the front, sit in the chair provided and for them to close their eyes. Without introduction, take their hand and put a mystery object into it. Ask the question, “What is it?” and then be quiet. Wait for them to say what they think the object is.

**Debrief:** Ask the volunteer to open their eyes and ask them how they felt about the experience.

In response to this, ask the other participants to say what they think might have helped the volunteer to identify the object.

**Task:** Repeat the activity with another volunteer, but this time modelling the ‘hand over hand’ approach in order to demonstrate an approach to teaching that is evidence of an understanding of the impact of having a visual impairment and is a practical action that can be taken to show due care and respect.

Pass the object to the volunteer, but all the time provide a verbal commentary about what you are doing. E.g. “I am now going to pass the object to you.” “If you hold out your hand I will carefully place it up in to your hand”. “Have you got it? Can I let go now?” “Do you have any idea about what it may be?”

Ask questions about the object to help the volunteer to decide what it might be.

**Debrief:** Ask the participants to explain the differences between the two approaches. Which approach is better? Why? Any questions about this?

**Task:** Ask the participants to repeat this activity in pairs so that participants can practice and experience the difference between the two approaches.

**Debrief:** Ask the participants what this activity suggests to us about how we should approach the teaching of pupils with visual impairments.

Tell the participants that this activity suggests that we must adapt our approach to teaching to meet the differing needs of pupils with visual impairments in our schools. In Session 5 we will be looking at further actions that we can take to adapt our approach.

### Groups of 4
**30 minutes**

### Activity 10: Success at School – True or False?

**Task:** Give out a set of true or false cards to each group. The cards include statements about the impact of visual impairment on pupils and the how they learn in the classroom.
and experience life at school. Ask the groups to discuss the statements and to group them in to either true or false.

**Debrief:** Going through each statement one by one, ask a group to identify whether the statement is true or false. Encourage other groups to comment on the decisions that have been made.

Tell the participants that:

- It is not the ‘correct’ identification of the statements as ‘true’ or ‘false’ but the discussions that arise as a result of the activity.
- While some of the statements could be indicators of visual impairment it is important to understand that teachers must not jump to any conclusions about a pupil’s capacity to learn. All children can learn.
- It could be that the statement is also the indicator of another impairment or a combination of impairments.
- Pupils with visual impairment face additional challenges to their learning, but as long as the teacher adopts the right attitudes and practices these challenges can be overcome and pupils with visual impairment can learn and succeed at school.

**Application:** Children with visual impairments have a right to education and have the right to be able to reach their potential and learn. Parents of children with visual impairments have a responsibility to ensure that their children’s needs are met. An awareness of the impact of visual impairment on learning will inform parents so that they can be a voice for their own children and others in the community.

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**Session 4:4: Identifying Children with Visual Impairment.**

**Objective**

By the end of the session participants will be able to:

- Identify the signs that may indicate that a child has a visual impairment.
- Identify the steps that a teacher might take if she/he suspects that a pupil has a visual difficulty.
- Explain the importance of early intervention.

**Preparation**

Read all activities from this session before beginning session.

Make sure that you have all the materials identified below ready for this session.

**Materials**

- Flip chart paper and stand.
- Signs of visual impairment (for facilitator reference).

**Total Time**

1 hour

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups of 4</td>
<td><strong>Activity 11: Identifying Children with Visual Impairment</strong></td>
</tr>
</tbody>
</table>
40 minutes

**Task:** In groups, ask participants to use the knowledge that they have gained today and all of their previous knowledge, to brainstorm a list of behaviours – signs – that they think would indicate that a child has a visual impairment. Ask for examples, e.g. ‘the child cannot copy from the chalkboard’, to check that the groups understand what to do before they start. (Examples can be given from home, school and community life)

Each group to write on flip chart paper using markers. When groups have finished writing ask them to put up their papers around the room.

**Debrief:** Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising.

**Transition:** Using the signs that have been written up, choose one that could also be the sign of impairment other than visual, e.g. tilts the head in order to follow the lesson. (Sign of hearing impairment as well.) Tell the participants that while it is important that they are aware of the signs of visual impairment, it is also important that they do not rush to judgement too quickly and that they should follow several steps in order to confirm the impairment. These steps we will be considering in the next activity.

---

**Whole group**

**20 minutes**

**Activity 12: Confirming the Visual Impairment**

**Task:** Ask the participants to say what steps should be taken, if they believe that a child has a visual impairment. Facilitator to write these actions up on flip chart paper.

**Debrief:** The facilitator and the participants discuss these steps.

To summarise:

**Step 1:** Encourage parents to talk to the child to find out what the child is experiencing.  
**Step 2:** Parents to take their child to the local health centre or doctor in order to have the child’s vision assessed. Once this has been done the parents need to report the results of this assessment to the teacher so that the teacher can put in place the necessary actions to support the pupil in class.

Tell the participants that early intervention is very important as a few visual impairments can be prevented or halted if prompt medical attention is sought. (e.g. children who have the early stages of dry eye, which is caused by vitamin A deficiency, can often have the condition successfully treated in the early stages.) While it is not the role of the teacher to remedy or diagnose eye conditions, they can play an important role in simply advising parents to have a child checked.

Encourage the participants to be a voice on behalf of children in the community who show signs of visual impairment.

**Transition:** Tell the participants that we will be considering classroom support actions for children with visual impairments in the next session.

---

**Session 4:5: Actions for Supporting Pupils with Visual Impairment.**

**Objective**

By the end of the session participants will be able to:
*Explain that it is their responsibility to find practical solutions to support the learning of visually impaired pupils.*
*Explain that it is not the pupil with Visual Impairment that is the problem; but the learning, classroom and school environments that are the problem.*
*Identify what to consider when identifying actions to take to support the education and school life a pupil with visual impairment.*
*Identify actions to take to support the education and school life a pupil with visual impairment.*

**Preparation**
Read all activities from this session before beginning session. Make sure that you have all the materials identified below ready for this session.

**Materials**
- Flip chart paper and stand.
- Marker pens.
- PowerPoint of ‘What to consider when identifying actions to support a pupil’s learning’.
- Hand-out of ‘Identifying the Nature of the Visual Impairment’; one for each pair.
- One copy of ‘Identifying the Nature of the Visual Impairment w. answers’ document for the facilitator.

**Total Time**
2 hours 5 minutes

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 20 minutes</td>
<td><strong>Activity 13: Finding Solutions</strong></td>
</tr>
<tr>
<td><strong>Task:</strong> Ask the participants to recap on what we have considered and discussed so far in the different training sessions. Facilitator to write up ideas on flip chart.</td>
<td></td>
</tr>
<tr>
<td>(If it is not raised by the participants, write the following on flip chart paper: We have looked at:</td>
<td></td>
</tr>
<tr>
<td>• Implications on inclusion for pupils with visual impairment.</td>
<td></td>
</tr>
<tr>
<td>• Causes of visual impairment.</td>
<td></td>
</tr>
<tr>
<td>• Impact of visual impairment on learning.</td>
<td></td>
</tr>
<tr>
<td>• Identifying visual impairment.)</td>
<td></td>
</tr>
<tr>
<td>In this context, ask the participants to say what their role is, as classroom teachers, in supporting the learning of pupils with visual impairment.</td>
<td></td>
</tr>
<tr>
<td>If it is not raised in the discussion, tell the participants that it is their responsibility to try to find practical solutions to support the learning of pupils with visual impairment. It is not the pupil that is the problem, but the learning environment that is the problem. Teachers must be problem solvers!</td>
<td></td>
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<tr>
<td>Write ‘Teachers must be problem solvers!’ on to the flip chart.</td>
<td></td>
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<tr>
<td><strong>Transition:</strong> Tell the participants that with this in mind the following activities will begin to consider how teachers can be problem solvers.</td>
<td></td>
</tr>
</tbody>
</table>

| Whole group 30 minutes | **Activity 14: What to Consider When Identifying Actions** |
**Whole group 30 minutes**

**Activity 15: Identifying the Nature of the Visual Impairment**

**Task:** Tell the participants that we are now going to consider some of the actions that will help a teacher to identify the nature of the pupil’s visual impairment and how the pupil uses their vision to learn. These actions are not part of a medical diagnosis; they are intended to help the teacher identify how a pupil’s vision functions in and around the classroom. Using this resulting information the teacher will be better able to identify the actions they need to adopt in order to support the pupil.

Give out a copy of the ‘Identifying the Nature of the Visual Impairment’ document to each pair. In turn, ask participants to read out an action. Ask them to say what they think this action will tell them about the pupil’s vision.

(Remind them about the ‘Common Visual Impairments in Young Children’ and PowerPoint of ‘Simulations of Visual Impairment’ activities. There is also a copy of the ‘Identifying the Nature of the Visual Impairment’ document for the facilitator that has suggested answers.)

**Debrief:** Tell the participants that while carrying out these actions will enable the teacher to be better able to identify the actions they need to adopt in order to support the pupil it is important to remember that the best thing to do is talk to the pupil about how and what they are seeing. Remember that a pupil will not necessarily know what they can’t see and it may be that the pupil believes the way they are seeing is the way that all pupils see!

Any questions?

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**4 or 8 groups 45 minutes**

**Activity 16: Identifying Actions**

**Task:** In groups, ask the participants to use their learning from today and all that they already knew in order to write up a list of actions that they think could be used to support the learning of pupils with visual impairments.

Ask participants to think about:
- Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom
- Actions for the Teacher to take to Support the Pupil’s Social Life in School/Sensitise the peer group
- Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School
- Actions for the Pupil to Take to Support Themselves in School

Divide the participants in to 4 or 8 groups (depending on the size of the group) and ask each group to start with an activity as identified above. Write the titles on top of pieces of flip chart paper as indicated above, e.g. ‘Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom’. ‘Bus stop’ the activity – each group to write one action and then move on to the next sheet, read what has been written and write one new
action, then move on to the next and repeat until the groups have written all the actions they can think of.
Put up the flip chart papers.

Debrief: Ask participants to circulate around the room to read what the other groups have written. Ask participants if they have any questions about what has been written. Discuss any issues arising.
Alternatively: Ask for volunteers to present the findings. This is a good way of stimulating discussion and ensuring that ideas are voiced.
Tell the participants that while on one sheet they have identified actions for the pupil to take, it remains the responsibility of the teacher to encourage and support the pupil to take these actions.
Remind the participants that the training hand-out includes a list of actions that can be used to support pupils with visual impairment.

Transition: In the next session we will be completing an activity that will require you to plan some support actions for a pupil with a visual impairment.


Objective
By the end of the session participants will be able to:
• Use the Individual Education Planning form to plan actions to support an identified pupil with visual impairment with their learning and life in school.
• Explain how the intended action will support this pupil.
• Implement the actions that they have identified.
• Explain that they will be visited in their schools in order to follow up the actions that have been included in their plans.

Preparation
Read all activities from this session before beginning session.
Make sure that you have all the materials identified below ready for this session.

Materials
Individual Education Planning forms – one for each participant.

Total Time
30 minutes

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual 30 minutes</td>
<td>Activity 17: Applying Actions – Planning for the Individual Child</td>
</tr>
</tbody>
</table>

Task: Tell the participants that they are now going to think about a pupil they know who has a visual impairment and plan some actions to take to support the pupil with their learning in school.
Tell the participants that they will be expected to go back to their schools to implement these actions and that this will be followed up as part of the training activity and L3+ project.

Give out the Individual Education Planning forms and ask the participants to complete the form while thinking about the best actions that could be used for supporting this pupil with their learning and life in school.
Debrief: Ask some of the participants to read out some of the actions that they have identified in their forms. Ask participants to explain their reasoning behind these actions – how will the intended action support this pupil with their learning and life in school?

Remind the participants that, as part of this project, the participants will be visited in their schools in order to follow up the actions that have been identified in their plans. They will be expected to have these plans ready for viewing and discussion when they are visited.

Any questions?

Appendix 1: Resource ideas for Hearing Impairment

Causes of Hearing Loss

Repeated Exposure to Loud Noise
A common cause of hearing loss is damage to the inner ear from repeated exposure to loud noises over time. This is known as noise-induced hearing loss, and it occurs when the sensitive hair cells inside the inner ear (cochlea) become damaged.

A perforated eardrum
Occurs when the eardrum is torn or has a hole in it. It can be uncomfortable, but usually heals within a few weeks or months provided the ear is kept dry and there is no infection. A hole in the eardrum can be caused by:
- a middle ear infection, if pus builds up inside your ear and puts pressure on your eardrum
- an injury to the eardrum, such as a severe blow to the ear or poking an object such as a cotton bud deep into the ear
- a sudden loud noise, such as a loud explosion

**Too much ear wax**
Ear wax is a waxy material produced in the auditory canal. The wax cleans, lubricates and protects the lining of the ear by trapping dirt and repelling water. Ear wax doesn't usually cause problems, but if too much ear wax is produced it can lead to a blocked and painful ear with resulting hearing loss.

**A Sudden Very Loud Noise**
Hearing loss can also occur suddenly as a result of damage to the inner ear when it is exposed to an exceptionally loud noise, such as an explosion.

**Hereditary**
Hearing loss can also be caused by the genes you inherit – some people may be born deaf or become deaf over time because of a genetically caused abnormality in the inner ear.

**The Aging Process**
Age is the biggest single cause of hearing loss. Age-related hearing loss is most commonly caused by changes to the inner ear that occur as people grow older.

**Meningitis**
Meningitis related hearing loss can happen for two reasons: the death of the nerve endings (hair cells) in the cochlea, which leads to mild to medium hearing
loss; and damage to cochlea itself, which can lead to severe-to-profound hearing loss.

**Glue ear**
This is a common childhood condition where the middle ear becomes filled with fluid, preventing the three auditory bones from moving freely and thus preventing the passage of sound vibrations from the ear drum to the cochlea. It is estimated that about 8 in every 10 children will have had glue ear at least once by the time they're 10 years old. In most cases glue ear will disappear within three months, but in some cases the condition will persist for a longer period of two to three years.

**Damage to the auditory bones**
If the three auditory bones in the middle ear are damaged through physical injury to the head, they will not be able to move freely and will not be as effective at carrying sound vibrations from the ear drum to the cochlea.

**Viral Infections**
Viral infections of the cochlea – such as mumps or measles and viral infections of the auditory nerve – such as mumps or rubella can lead to hearing loss.

**Step Game**
Ask the participants to go outside and line up. Ask them to imagine that they are a pupil with a moderate hearing impairment – they can hear, but not very well – and that they have to respond to the statements that you read out in either a positive or negative way. If the participant believes that the statement is a positive one for a pupil with a hearing impairment they take a step forwards, if the statement is negative they take a step backwards.

Tell the participants that the steps forwards or backwards must be a personal decision and not copying what the others are doing. It is their personal opinions that matter. If the participants are not sure they should stay where they are.

Read out the ten statements in a random order allowing time for the participants to move between each statement. When a statement is read out, ask the participants to explain why
they have moved forwards, backwards or stayed where they are. Is it a positive or negative statement for a pupil with hearing impairment? Why?

**Positive statements**
I sit near to the front of the class.
I can hear my friends when we work as part of group.
The teacher writes neatly on the chalk board.
The teacher has allocated a pupil (a ‘buddy’) to me who supports me in class.
The teacher checks that I have heard and understood.

**Negative statements**
The teacher talks while they are writing on the chalkboard.
I sit at the back of the class.
I do not have the confidence to tell the teacher that I did not hear the instruction clearly.
The classroom is very noisy.
I find it difficult to make friends because I cannot always hear what they say.

**True or False?**

Read the following statements carefully and discuss together whether the statement is true or false.

- All hearing problems can be fixed by wearing a hearing aid.
- Hearing impaired people always have good sight.
- Hearing impaired people usually have a vision impairment as well.
Hearing impaired children are less intelligent.

Hearing impaired children can learn.

Hearing impaired pupils can learn as well as their peers if the necessary support is put in place.

Children with hearing loss may not hear their own voices when they speak.

Children with hearing loss may speak too loudly or not loud enough.

Pupils with hearing impairment may find it difficult to make friends at school.

Early identification followed by prompt medical intervention can effectively reduce the impact of hearing impairment on the life of an individual.

The earlier in the life of a child the hearing impairment occurs, the more serious its impact will be.

Hearing loss that occurs before a child develops speech and language skills is referred to as prelingual.

Hearing loss that occurs after a child develops speech and language skills is known as postlingual.

Hearing impaired pupils can walk around school independently.

Hearing impaired children can take part in sport.

Computers can be used to help people with hearing impairments.
Pupils with hearing impairment should take full part in lessons.

Vision is very important for hearing impaired pupils as a method of getting educational information.

Children with hearing impairment can find it hard to make friends.

A child with hearing impairment will find it helpful to have opportunities to use their other senses, such as touch and vision.

Children with hearing impairment cannot do sport.

A pupil with a severe hearing impairment will face more difficulties at school than a pupil with a mild hearing impairment.

Pupils with hearing impairment cannot take part in group work.

True (T) or False (F)?

Read the following statements carefully and discuss together whether the statement is true or false.

All hearing problems can be fixed by wearing a hearing aid. F
Hearing impaired people always have good sight. F
Hearing impaired people usually have a vision impairment as well. F
Hearing impaired children are less intelligent. F
Hearing impaired children can learn. T
Hearing impaired pupils can learn as well as their peers if the necessary support is put in place. T
Children with hearing loss may not be able to hear their own voices when they speak. T
Children with hearing loss may speak too loudly or not loud enough. T
Pupils with hearing impairment may find it difficult to make friends at school. T
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Hearing impaired children can take part in sport. T
Computers can be used to help people with hearing impairments. T
Pupils with hearing impairment should take full part in lessons. T
Vision is very important for hearing impaired pupils as a method of getting educational information. T
Children with hearing impairment can find it hard to make friends. T
A child with hearing impairment will find it helpful to have opportunities to use their other senses, such as touch and vision. T
Children with hearing impairment cannot do sport. F
A pupil with a severe hearing impairment will face more difficulties at school than a pupil with a mild hearing impairment. T
Pupils with hearing impairment cannot take part in group work. F

**Signs of Hearing Impairment**

- Has difficulty following verbal instructions/understanding what is being said.
- Asks the teacher or the other pupils to speak louder.
- Asks other children what they have to do.
- Copies work from another pupil’s book.
- Gives the wrong answers/fails to answer.
- The pupil has a strong facial/body response to classroom situations, e.g. looks confused, shows pleasure when understanding.
- Strong body response.
- Speech may be slurred.
- There is a physical sign of impairment, e.g. missing auricle.
- Turns her/his head to use the better ear to hear.
- Can appear shy, isolated or anti-social.
- Loses concentration in a poorly lit room.
- Watches and copies what other children are doing.
There may be a mucus discharge from the ear.
Some days they can hear better than others. (Hearing loss may appear to be fluctuating.)
The pupil’s academic results do not seem to be as good as their general intelligence.
Responds better when the teacher is close by.
Responds better when the teacher provides practical tasks or visual teaching aids.

Actions to take to Support a Pupil with Hearing Impairment

**Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom**

1. Talk with the pupil about how and what they are hearing in order to be best able to support them.
2. Do not speak when you are writing on the board.
3. Face the class when you are speaking.
4. Speak clearly and at a moderate pace – not quickly – and encourage the pupils to do the same.
5. Do not speak with your hand covering any part of your mouth.
6. Make sure that you have all the pupils’ attention when you speak.
7. Encourage the pupils to listen to each other when they speak.
8. Speak in phrases or sentences as this gives context to meaning, thus making understanding easier.
9. Write neatly on the chalk board using print writing.
10. Keep the board clean so that the writing is clearly visible.
11. Write all important and key words, information and instructions on the board, including textbook page numbers at the beginning of the lesson. Read out what you have written. Repeat important information.
12. Outline the lesson plan at the beginning of the lesson so that the pupil has a clear understanding of what will be covered in the lesson.
13. Check with the pupil that any instructions given have been fully understood – it is helpful to remember that the pupil cannot lip-read words they do not know.
14. Check that the pupil is on task regularly to ensure the pupil has understood what to do.
15. If the child’s speech is not clear, take time to listen and praise their efforts. Help by repeating the words correctly.

16. During the lesson use continuous monitoring to ensure that all pupils are on task — move around the classroom.

17. Show the pupil what you want them to do as well as telling them.

18. Get the pupil to practice their skills with different materials. E.g., reading words on flashcards, writing words in the sand, reading words in books, writing on the chalkboard.

19. Hearing impaired pupils will benefit greatly from visual learning aids, such as maps, pictures or diagrams. Their understanding will be much better if they can hold it close and look at it.

20. They will also benefit from any activity where they are required to make an object associated with the learning objective of the lesson.

21. Link the lessons with the pupil’s experiences and everyday life. What do they do at home?

22. Summarise or correct the key information revealed by pupils’ answers or comments during class discussion. Make sure that the hearing impaired pupil has heard them.

23. Review the main points at the end of the lesson to consolidate learning.

24. Keep to a classroom routine; if a pupil misses something they will be better able to predict what they should be doing or what will happen next.

25. The pupil and teacher can agree on a signal that can be used when the pupil is finding it difficult to understand what is required for them to do. For example, by cupping a hand behind one ear, putting a finger on one side of the nose or hanging a hand over the front of the desk and wiggling the fingers could all be confidential signals between the pupil and the teacher. With this reminder, the teacher can provide the necessary support required.

26. If the lesson is being transmitted via a speaker then repeat the key information for the hearing impaired pupil. This also helps the other children.

27. Hearing impaired pupils get tired more quickly than the other pupils as they have to concentrate harder to hear. Be sensitive to this need.

28. Try to understand the nature and degree of the pupil’s problem (e.g. impairment in one ear only? is the impairment mild, moderate, severe or profound?).

29. If there is discharge from the ear, immediate referral to the Health Centre must take place.

Actions for the Teacher to take to Support the Pupil’s Social Life in School

1. Help the pupil to make friendships by putting in small groups for group work in a quiet environment.

2. Provide quiet play games (e.g. draughts, chess) for the pupil to play with other children.

3. Pair the pupil with a hearing ‘buddy’ or ‘buddies’ that can support with work and life around school. Agree with the hearing impaired pupil a procedure for this, though try to give different pupils the opportunity to provide this support.

4. It is recommended that the pupil’s hearing difficulties should be brought to the notice of the rest of the class in a sensitive manner.

5. Do not be over-protective of the pupil or simplify learning or content unnecessarily.

6. Sensitise the whole class to support the pupil but ensure independence is also encouraged.

Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School

1. Where the pupil sits in the classroom is often a compromise between the needs for the pupil to:
   - Sit near to the front of the room so they can hear you more easily and see your face when you talk.
   - Sit at the end of a desk so that it is easier for them to turn to face whoever is speaking and to move from their seat if necessary.
   - Sit at a desk that enables them to see the teacher and as many of their classmates as possible without undue movement or turning.
   - Move to another seat or place in the classroom that allows them to hear and see better as classroom activities change.
   - Have their better ear facing the teacher or pupil who is speaking (if one ear hears better than the other).

2. Make sure there is light on your face so the pupil can see your face and can lip-read what you are saying.

3. Do not stand in front of an open door or window, as this puts your face in the shade, making lip-reading difficult.
4. Keep your windows clean and shutters open. A well lit room is easier to learn in.
5. Try to reduce echo from hard surfaces, for example, by hanging posters from walls.
6. Keep classroom background noise to a minimum. Pupils should speak one at a time and not shout out “teacher, teacher”.
7. Keep outside noise to a minimum. Pupils must be taught not to stand outside classrooms while a lesson is in progress inside. The school should timetable lessons and breaks with this in mind.
8. Keep the classroom door closed to minimise outside noise.

**Actions for the Pupil to Take to Support Themselves in School**

1. Encourage the pupil to turn to listen to and watch other pupils as they speak.
2. Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the hearing impaired pupil to always let the teacher know if they do not understand.
3. Ask for information to be repeated or clarified if they do not understand.

---

**Individual Education Planning Form**

Name of Pupil:  
Age:  
Name of Teacher:  

Gender: Girl □ Boy □  
Class:  

Brief Description of the Pupil’s Need:

To meet the Pupil’s Special Educational Need I am going to:

1.  
2.  
3.  
4.  

48
Appendix 2: Resource ideas for Intellectual

Read the following descriptions of three animals found in Rwanda and use the information to draw a picture of each.

This farm animal can be seen all over Rwanda, in fields and in sheds. It has a stocky rectangular body with four legs and a long tail. They can be brown, white or black, or any mixture of these colours. Their heads have horns that point outwards and upwards. The female of this animal has a large udder from which milk can be taken.

This wild animal can be seen swinging from tree to tree in Rwanda. They are small animals with long arms and legs and an even longer tail which they use for balancing. They hold on to branches using their fingers and toes. Their bodies are covered in fur, which can be grey, brown, black or white.
This wild animal has recently been re-introduced to Akagera National Park. They have strong, compact bodies and powerful legs, teeth and jaws for pulling down and killing prey. Their coats are yellow-gold. Adult males have shaggy manes that range in colour from blond to reddish-brown to black. The female does not have a mane and is slightly smaller than the male.

Read the following descriptions of three animals found in Rwanda and use the information to draw a picture of each.

This farm animal can be seen all over Rwanda, in fields and in sheds. It has a stocky rectangular body with four legs and a long tail. They can be brown, white or black, or any mixture of these colours. Their heads have horns that point outwards and upwards. The female of this animal has a large udder from which milk can be taken.

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each the following Read Rwanda of three animals found and use of draw descriptions the information in to a picture.

This can be seen farm all over Rwanda animal, in and in sheds fields. It stocky has a legs rectangular body with four tail and a long. They brown can or be, white black, or any of these colours mixture. Their heads have udder that outwards and upwards point. The female of this milk has a large horns from which animal can be taken.

This animal swinging can be from tree to wild tree in Rwanda seen. are even animals with They long arms and small legs and an longer tail use which they for balancing. They fingers on to hold branches using their and toes. Their are bodies covered in, which can be grey, brown, black fur or white.

Akagera animal This wild re-introduced has recently been National to Park. They powerful have prey, compact bodies and legs, teeth strong and for pulling down jaws and killing. Their are yellow-gold coats. Adult have reddish-brown shaggy that males range in manes
colour from blond to black. The mane does not have a and is slightly smaller than the male female.

Each the following Read Rwanda of three animals found and use of draw descriptions the information in to a picture.

This can be seen farm all over Rwanda animal, in and in sheds fields. It stocky has a legs rectangular body with four tail and a long. They brown can or be, white black, or any of these colours mixture. Their heads have udder that outwards and upwards point. The female of this milk has a large horns from which animal can be taken.

This animal swinging can be from tree to wild tree in Rwanda seen. are even animals with They long arms and small legs and an longer tail use which they for balancing. They fingers on to hold branches using their and toes. Their are bodies covered in, which can be grey, brown, black fur or white.

Akagera animal This wild re-introduced has recently been National to Park. They powerful have prey, compact bodies and legs, teeth strong and for pulling down jaws and killing. Their are yellow-gold coats. Adult have reddish-brown shaggy that males range in manes colour from blond to to black. The mane does not have a and is slightly smaller than the male female.

What is Intellectual Impairment Quiz

Read the following carefully. There will be a quiz in ten minutes!

Intellectual impairment is a term used when a person has certain limitations in intellectual functioning and skills, including communication, social and self-care skills. These limitations can cause a child to develop and learn more slowly or differently than a typically developing child. Children may take longer to learn language, develop social skills, and take care of their personal needs. Learning will require more repetition (using different teaching strategies), given extra time and content adapted to the learning level of the individual child.

A person can be identified as having an intellectual impairment if she or he meets these criteria:
Criteria 1. **Where there are limitations in intellectual functioning – the mental capacity for learning, reasoning and problem solving**, and where IQ* is below 70. There are different ranges of intellectual functioning:

- IQ 50 – 70  
  mild intellectual impairment
- IQ 35 – 50  
  moderate intellectual impairment
- IQ 20 – 35  
  severe intellectual impairment
- IQ below 20  
  profound intellectual impairment

*Intelligence quotient (IQ) is a score derived from one of several tests designed to assess human intelligence. Approximately two-thirds (67%) of the general population scores between IQ 85 and IQ 115. There are problems in using IQ tests, in that measurements can vary during a person’s growth and development but more importantly it does not capture the person’s strengths and abilities very well. IQ tests come with a Western cultural bias and are probably not appropriate within the Rwandan context.

Criteria 2. **Where there are limitations in adaptive behaviours** – social skills that are needed to live, work and play independently in the community; self care skills such as washing, toileting and personal hygiene and practical skills such as following routines, cooking and the use of money or a mobile phone.

**Questions:**

1. Name one thing that a pupil with intellectual impairment will take longer to learn. (Answer: language, social skills, taking care of personal needs)

2. Where there are limitations in intellectual functioning – the mental capacity for learning, reasoning and problem solving – below what IQ score is indicative of intellectual impairment? (A: 70)

3. Give an example of a limitation in a practical skill that would be indicative of intellectual impairment? (A: following routines, cooking, the use of money or a mobile phone.)

**Causes of Intellectual Impairment**
**Before birth (pre-natal)**

**During birth (peri-natal)**

**After birth (post-natal)**

**Multiple causes**

When a person’s intellectual impairment is caused by a combination of before, during and after birth factors.

Covers causes such as illnesses, injury or environmental conditions experienced by the newborn baby. For example, meningitis, brain injury or children being deprived of their basic needs where they are malnourished, neglected or physically abused.

Includes the baby not getting enough oxygen during birth, which can lead to brain damage. It can also include physical injury to the baby because of complications during birth, and difficulties resulting from premature birth.

Covers genetic causes, where abnormal genes are inherited from parents or errors when genes combine in the mother’s womb. Down syndrome and Fragile X syndrome are the commonest examples of genetic causes. Some conditions develop when parents share too many of the same genes; as happens when parents are too closely related. Illness in the mother such as measles, rubella or meningitis can cause intellectual impairment to the developing baby. Other things that can affect a baby’s development before it is born are malnutrition of the mother during pregnancy, drug or alcohol use by the mother and physical injury of the mother.

**Signs of Intellectual Impairment**
(These signs are given as guidance only. It is important to remember that not all children with an intellectual impairment will exhibit all of these signs. It is also important to remember that there can be many different reasons for many of these signs.)
• The pupil shows poor attention in class.
• Has difficulty following verbal instructions.
• Compared with peer group, the pupil has difficulty understanding what is being said.
• Compared to their peer group, the pupil finds it difficult to remember things.
• Is slow to respond to verbal and visual instructions.
• Speech is not as well developed as peers of the same age.
• The pupil shows little interest or curiosity in new things.
• The pupil has difficulty copying shapes onto paper after 1 year at school.
• Has difficulty with tasks that involve reading or writing.
• Finds it difficult to solve problems.
• Is very slow to learn new information and skills and needs a high level of repetition.
• Watches and copies what other children are doing.
• The pupil has difficulty sequencing tasks or stories in the right order.
• After 1 year at school the pupil is significantly struggling with classwork compared to their peers.
• Shows slow development of fine motor skills such as writing.
• There are delays in the development of adaptive behaviours such as daily living skills; washing, hygiene.
• May appear shy, withdrawn, disobedient or isolated.
• Has difficulty understanding how to behave in the class and school environment – following social rules.
• Is unable to recognise consequences of their actions.
• The pupil is slow to adapt to new situations.
• Finds new situations upsetting and this can lead to inappropriate behaviour.
• May act younger than their actual age.
• May not understand when other children are making fun of them.

Actions to Take to Support a Pupil with Intellectual Impairment

Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom

1. Use simple words and short sentences accompanied with gestures or pictures to support understanding.
2. Speak clearly and face the pupils when speaking.
3. Read out what you have written on the chalkboard.
4. Write neatly on the chalkboard.
5. Make sure you have the pupil’s attention and minimise any distractions.
6. Repeat instructions or directions frequently.
7. Avoid long words, complex words and technical words where possible.
8. Ask one question at a time and provide adequate time for pupil to reply.
9. Teach specific skills directly to the pupil when necessary.
10. Encourage the pupil to use their finger when reading to help them keep their place.
11. Have the pupil start with what they can already do. Break the new task or learning objective in to
small steps and review the pupil’s progress frequently.
12. Check the pupil understands and knows what to do before moving on to the next task.
13. Provide specific and immediate corrective feedback if necessary.
14. Do one activity at a time and complete it. Make it very clear when one task is finished and another
is starting.
15. Give the pupil the opportunity to repeat activities so that they can successfully master skills.
16. Make time to work with the pupil individually for short periods. Use this time to introduce
differentiated tasks they can do when you are teaching the whole class.
17. Move around the class when the pupils are working to check if they understand and are doing the
right thing (continuous monitoring and evaluation).
18. Develop a procedure for the pupil to ask for help (e.g. cue card, raising hand).
19. Use group or paired work so the pupil can learn with and from their classmates.
20. Use real objects and visual supports to introduce and explain new concepts.
21. Show what you mean rather than just giving verbal directions.
22. Provide the pupil with hands-on materials and experiences – real objects the pupil can feel and
handle.
23. Try to ensure the pupil practises their skills with different materials, e.g. reading words on
flashcards, writing words in the sand, reading words in books.
24. Link the lessons with the pupil’s experiences and everyday life, e.g. counting using real objects, e.g.
pens, chalks, bottle tops.
25. Give the pupil extra time to complete tasks or give fewer tasks to complete.
26. It may be necessary to give the pupil extra time to practice new skills.
27. Consider alternative activities that would be less difficult for the pupil, while maintaining the same
or similar learning objectives.
28. Give extra time for writing tasks if needed or make the task shorter.
29. Encourage the pupil to join in with asking and answering questions. Allow extra time for this if
necessary.
30. Maintain high yet realistic expectations to encourage social and educational potential.
31. Provide an encouraging and supportive learning environment.
32. Emphasise the pupil’s strengths, especially in front of peers.
33. Praise and encourage the pupil for trying and when successful. Praise with words and through
gestures. When praising the child, be specific, e.g. “I really liked...”

Actions for the Teacher to take to Support the Pupil’s Social Life in School
1. Maintain high yet realistic expectations to encourage social and educational potential.
2. Praise the pupil’s successes and emphasise their strengths, especially in front of peers.
3. Develop positive relationships with the pupils and between pupils.
4. Link the lessons, learning objectives and tasks with the pupil’s experiences and everyday life.

Actions for the Teacher to take to Support the Pupil with the Physical Environment of the
Classroom/School and Safety around School
1. Try to have a quiet working environment with few distractions.
2. Think about where the pupils sit in the classroom, give them specific seats.
3. Make sure the chalkboard is not in direct sunlight and that the chalk shows clearly – keep the board
clean.

Actions for the Pupil to Take to Support Themselves in School
1. Ask for information to be repeated or clarified if they do not understand.
2. Develop a procedure with the teacher for the pupil to ask for help (e.g. cue card, raising hand, hand over front of desk).
3. Always face whoever is speaking.
4. Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the pupil to always let the teacher know if they do not understand.
Individual Education Planning Form

Name of Pupil:          Gender: [Girl] [Boy]
Age:            Class: 
Name of Teacher: 

Brief Description of the Pupil’s Strengths and Challenges:

To meet the Pupil’s Special Educational Need I am going to implement the following actions:

1. 
2. 
3. 
4. 
5. 

Appendix 3: Resource ideas for Physical Impairment

What is Physical Impairment?

Read the following description of physical impairment. The text has some words missing. Use the words below to fill in these missing words in order to make sense of the description. The missing words are in mixed up order and the size of the spaces is not indicative of the missing word.

Physical impairment is where a person’s _____ capacity to move, coordinate their physical actions, or perform physical activities is significantly _____ or delayed and is exhibited by difficulties in one or _____ of the following areas:
  • perform physical tasks (fine and _____ motor skills)
  • independent movement
  • carry out day-to-day _____
Physical impairment has many different causes and can take many different forms. It can be temporary or permanent, fluctuating, stable or degenerative, and may affect parts of the body or the whole of it.

activities, permanent, more, physical, causes parts, limited, gross

**Answers**

Physical impairment is where a person’s physical capacity to move, coordinate their physical actions, or perform physical activities is significantly limited or delayed and is exhibited by difficulties in one or more of the following areas:

- perform physical tasks (fine and gross motor skills)
- independent movement
- carry out day-to-day activities

Physical impairment has many different causes and can take many different forms. It can be temporary or permanent, fluctuating, stable or degenerative, and may affect parts of the body or the whole of it.

**Some Common Causes of Physical Impairment**

Read the descriptions of some common causes of physical impairment. What is the cause of each impairment?

**Rickets**

A bone disease that affects infants and young children. The child’s growing bones fail to develop properly due to malnutrition resulting from a lack of vitamin D, but a lack of adequate calcium in the diet may also be a cause (cases of severe diarrhoea and vomiting can cause of the deficiency).

Symptoms are: skeletal deformities (e.g. prominent forehead, larger spaces between the bones that make up the skeleton of the head, bowed legs, exaggerated curvature of the spine), soft and fragile bones, bone fractures, bone and muscle pain, impaired growth, dental problems and muscle weakness.
**Acquired Brain Injury**

Refers to any type of brain injury that occurs after birth. It can include damage sustained by infection, disease, lack of oxygen or a blow to the head.

The long term effects of the condition are difficult to predict. The effects will be different for each person and can range from mild to profound.

It is common for persons with the condition to experience increased physical and mental fatigue and a slowing down in the speed with which they can process information. Sometimes, but not always, there can also be changes to their thinking and learning skills, their physical and sensory abilities and their behaviour and personality.

**Physical Injury/Accident**

Leads to physical impairments, such as loss of limbs, loss of use of limbs and mobility impairments.

**Spina Bifida**

Where a baby's spinal cord (the nerves that run down the spine) does not develop normally during pregnancy.

The effect on a person’s life depends on the location and the degree of damage to the spinal cord and nerves. Children with the condition may have:

- muscle weakness
- partial or full paralysis from below where the damage occurred to the spinal cord
- partial or full paralysis of the legs
- difficulties with bowel and bladder control
- bone and joint deformities
- curvature (bending) of the spine

**Cerebral Palsy**

Caused by damage to the parts of the brain which control movement and body posture (the manner in which a person sits or stands). The condition can occur if the brain develops abnormally or is damaged before, during or shortly after birth.

It is a permanent condition, though the symptoms may change as the child grows older. Children may have problems with:

- movement of parts of the body or the whole body
- muscle weakness or tightness
- body posture
- balance and coordination
- vision and hearing problems
- language and learning

These problems can range from mild to severe.
Muscular Dystrophy
A group of genetic, hereditary muscle diseases that cause progressive muscle weakness over time. Some cases may be mild and progress very slowly over a normal lifespan, while others progress more quickly and produce severe muscle weakness with a resulting loss of mobility. The disease follows a predictable pattern and the child is usually aware they are losing skills. The first muscles affected are those near the centre of the body, e.g. shoulders and hips. The muscles in the fingers are usually affected later as the condition progresses. Eventually the person will need a wheelchair.

Polio
An infectious disease caused by a virus which mainly affects young children. The virus attacks part of the spinal cord and damages the nerves that control movement. The parts of the body affected will be different for each person. The most common symptoms are: lack of strength and stamina, pain in muscles, difficulties in breathing and speaking. In a small proportion of cases, the disease causes paralysis, which is often permanent. There is no cure; it can only be prevented by immunisation.

True or False?
Read the following statements carefully and discuss together whether a statement is true or false.

If a pupil has a physical impairment, then they will have difficulty paying attention in lessons.

It is a sign of physical impairment if a pupil is quiet in class.

Pupils with physical impairment cannot play sport.
If a pupil has a physical impairment, they will also have an intellectual impairment.

If a pupil appears not to have as good a memory as their peers in the class then this is the sign of physical impairment.

Pupils with a physical impairment will need more teacher support to complete their work.

A pupil with a physical impairment will benefit from working as part of a group or pair.

A pupil with a physical impairment will benefit from using teaching aids in class.

Pupils with physical impairment will find it difficult to make friends. If a child has a physical impairment they will also have a speech impairment.

A pupil with a physical impairment can learn as well as their peers.

A pupil with a physical impairment will play differently to children of the same age.

A pupil with a physical impairment may have difficulty adapting to new routines or situations.
A pupil with a physical impairment will have difficulty following verbal instructions.

True or False?

Read the following statements carefully and discuss together whether a statement is true or false.

If a pupil has a physical impairment, then they will have difficulty paying attention in lessons.

False, as having a physical impairment has no direct effect on a pupil’s ability to pay attention. However, pupils with physical impairment may get tired more quickly than their peers, so may lose attention as the school day passes.

It is a sign of physical impairment if a pupil is quiet in class.

False. However, if a pupil is quiet in class the teacher should talk with the pupil to try to identify the reason for this.
Pupils with physical impairment cannot play sport.
False.

If a pupil has a physical impairment, they will also have an intellectual impairment.
False.

If a pupil appears not to have as good a memory as their peers in the class then this is the sign of physical impairment.
False.

Pupils with a physical impairment will need more teacher support to complete their work.
False. Having a physical impairment will not directly affect a pupil’s ability to learn. However, it is important for the teacher to talk with the pupil to find out what support they will need in the classroom to accommodate their physical impairment.

A pupil with a physical impairment will benefit from working as part of a group or pair.
True. All pupils will benefit from this strategy.

A pupil with a physical impairment will benefit from using teaching aids in class.
True. All pupils will benefit from this strategy.

Pupils with physical impairment will find it difficult to make friends.
True. Having a physical impairment can present barriers to the inclusion of the pupil in the social life of school. The teacher needs to actively support the inclusion of such pupils.

If a child has a physical impairment they will also have a speech impairment.
False.

A pupil with a physical impairment can learn as well as their peers.
True.
A pupil with a physical impairment will play differently to children of the same age.

True. The impact of the physical impairment can result in this.

A pupil with a physical impairment may have difficulty adapting to new routines or situations.

True. Support will be needed from the teacher.

A pupil with a physical impairment will have difficulty following verbal instructions.

False. However, if the instruction requires a physical action then the teacher needs to be aware that the pupil may have difficulty carrying out the action and may need additional support.

Signs of Physical Impairment

1. Moves differently to peers.
2. Is unable to sit without support.
3. Is not able to walk independently.
4. Cannot balance on one foot.
5. Has unclear speech patterns.
6. Uses a wheelchair for mobility.
7. Becomes tired easily and does not like sports.
8. Has difficulty holding a pen and writing.
9. Has a visible physical difference, e.g. a missing limb, a deformed part of the body.
10. Walks with the aid of crutches.
11. Some limbs (arms and legs) are smaller than the others.
12. Is unable to move a part, or parts, of the body.

Actions to take to Support a Pupil with Physical Impairment
Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom
1. Tell the pupil to ask for assistance when needed.
2. Meet with the pupil’s parents in order to discuss how best the pupil can be supported in school.
3. Discuss with the parents to ensure that they are having their child’s physical impairment checked at the health centre on a regular basis. Ask the parents to report any relevant information to the teacher.
4. Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) who can support with school work.
5. If the pupil has difficulty with writing, allow the pupil to write less and/or give answers verbally. Give marks and praise in the same way that you would for the other pupils.
6. Working in a pair or group, where other pupils can take responsibility for writing if the pupil has difficulty, will be of benefit.
7. Give the pupil written notes where possible to reduce the copying that they have to do from the board.

Actions for the Teacher to take to Support the Pupil’s Social Life in School
1. Include the pupil in all activities and subjects (e.g. PE lessons should be adapted so that all can participate).
2. It is recommended that the pupil’s physical difficulties be brought to the notice of the rest of the class in a sensitive manner.
3. Inform the other pupils about the range of impairments that exist in order to address issues of prejudice and discrimination.
4. Do not be over-protective of the pupil or simplify learning or content unnecessarily.
5. Sensitise the whole class to support the pupil but also encourage the pupil to be as independent as possible.
6. Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) who can support with work and life around school.

Actions for the Teacher/School to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School
1. All classrooms and toilets should be level with the ground or be accessible via a ramp.
2. Doorways should be wide enough to accommodate a wheelchair.
3. Make sure that edges to steps and doorways are well marked. This could be done with brightly coloured paint.
4. Ensure that the student has a comfortable, accessible position in the classroom.
5. Allocate a place in the classroom for the wheelchair user that is easy to access from the classroom door and allows access and easy vision to the chalkboard and rest of the classroom where possible.
6. Does the pupil need an adapted desk to sit at?
7. Ensure that the classroom chalkboards are low enough for...
8. Arrange the classroom furniture to enable the pupil to move around freely.
9. Keep the floor of the classroom clear of objects as far as possible – everyone is embarrassed if they trip up in front of others, but especially a pupil with a visual impairment.
10. The playground should be as level and as clear of objects as possible.
11. Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) that can support with mobility around school.
12. Discuss with parents the possible provision of assistive devices to enable the child to move around.
Actions for the Pupil to Take to Support Themselves in School

1. Involve the pupil in deciding upon the best actions to take.
2. Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the pupil to always let the teacher know if they do not understand.
3. The pupil must respond by always letting the teacher know if they do not understand.
4. Make an effort to participate in all activities.

Individual Education Planning Form

Name of Pupil: 
Age: 
Name of Teacher: 

Brief Description of the Pupil’s Need: 

To meet the Pupil’s Special Educational Need I am going to:

1. 
2. 
3. 
Individual Education Planning Form

Name of Pupil:          Gender: Girl  Boy
Age:            Class:  
Name of Teacher:

Brief Description of the Pupil’s Need:

To meet the Pupil’s Special Educational Need I am going to:

1.                                 
2.                                 
3.                                 
4.                                 
5.                                 

Appendix 4: Resource ideas for visual impairment

Facial Expressions
What can you see?

True or False?
Read the following statements carefully and discuss together whether the statement is true or false.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True or False</th>
</tr>
</thead>
<tbody>
<tr>
<td>All vision problems can be fixed by wearing glasses.</td>
<td>True</td>
</tr>
<tr>
<td>Reading at close distance can damage the eyes.</td>
<td>True</td>
</tr>
<tr>
<td>Blind people can only see darkness.</td>
<td>False</td>
</tr>
<tr>
<td>Blind/visually impaired children are less intelligent.</td>
<td>False</td>
</tr>
<tr>
<td>Blind/visually impaired children can learn.</td>
<td>True</td>
</tr>
<tr>
<td>Blind/visually impaired children can walk around school independently.</td>
<td>True</td>
</tr>
<tr>
<td>Blind/visually impaired children can take part in many sports.</td>
<td>True</td>
</tr>
<tr>
<td>Computers can be used to help people with visual impairments.</td>
<td>True</td>
</tr>
<tr>
<td>Children get most of their knowledge of the world through sight.</td>
<td>True</td>
</tr>
<tr>
<td>Most of what we learn about the world comes naturally through observation.</td>
<td>True</td>
</tr>
<tr>
<td>Children with visual impairment should take part in lessons.</td>
<td>True</td>
</tr>
<tr>
<td>Visual impairment does not affect a child’s ability to speak.</td>
<td>True</td>
</tr>
</tbody>
</table>
Children with visual impairments might need to be taught their way around the school.

Listening is very important for children who are blind or have a visual impairment as a method of getting educational information.

Children with visual impairment can find it hard to make friends.

A child with visual impairment will find it helpful to have opportunities to use their other senses, such as touch.

Children with visual impairment may miss out on facial expressions.

Children with visual impairment cannot do sport.

A child with a serious visual impairment will face more difficulties at school than a child with a mild visual impairment.

Children with visual impairment cannot take part in group work.

**True and False Statement with Answers**

**True or False?**
Read the following statements carefully and discuss together whether the statement is true or false.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Truth</th>
</tr>
</thead>
<tbody>
<tr>
<td>All vision problems can be fixed by wearing glasses.</td>
<td>False.</td>
</tr>
<tr>
<td>False. Not all vision problems can be fixed by wearing glasses.</td>
<td></td>
</tr>
<tr>
<td>Reading at close distance can damage the eyes.</td>
<td>False.</td>
</tr>
<tr>
<td>Blind people can only see darkness.</td>
<td>False.</td>
</tr>
<tr>
<td>False. Blind people can see colours and shades of light and dark.</td>
<td></td>
</tr>
<tr>
<td>Blind/visually impaired children are less intelligent.</td>
<td>False!</td>
</tr>
<tr>
<td>Blind/visually impaired children can learn.</td>
<td>True!</td>
</tr>
<tr>
<td>Blind/visually impaired children can walk around school independently.</td>
<td>True.</td>
</tr>
<tr>
<td>True. However, it will help the pupil to be ‘orientated’ around (shown around) the school.</td>
<td></td>
</tr>
<tr>
<td>Blind/visually impaired children can take part in many sports.</td>
<td>True.</td>
</tr>
<tr>
<td>Computers can be used to help people with visual impairments.</td>
<td>True.</td>
</tr>
<tr>
<td>True. For example, computers with screen reading software that reads out aloud what is on the screen.</td>
<td></td>
</tr>
<tr>
<td>Children get most of their knowledge of the world through sight.</td>
<td>True.</td>
</tr>
<tr>
<td>True. It has been estimated that as much as 80% of a child’s learning occurs through the eyes. Reading, writing and chalkboard work are among the visual tasks pupils perform daily.</td>
<td></td>
</tr>
<tr>
<td>Most of what we learn about the world comes naturally through observation.</td>
<td>True.</td>
</tr>
<tr>
<td>Statement</td>
<td>Correctness</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Children with visual impairment should take part in lessons.</td>
<td>True</td>
</tr>
<tr>
<td>Visual impairment does not affect a child’s ability to speak.</td>
<td>True</td>
</tr>
<tr>
<td>Children with visual impairments might need to be taught their way around the school.</td>
<td>True</td>
</tr>
<tr>
<td>Listening is very important for children who are blind or have a visual impairment as a method of getting educational information.</td>
<td>True</td>
</tr>
<tr>
<td>Children with visual impairment can find it hard to make friends.</td>
<td>True. Where necessary, the teacher should actively support pupils with visual impairment to make friendships.</td>
</tr>
<tr>
<td>A child with visual impairment will find it helpful to have opportunities to use their other senses, such as touch.</td>
<td>True</td>
</tr>
<tr>
<td>Children with visual impairment may miss out on facial expressions.</td>
<td>True</td>
</tr>
<tr>
<td>Children with visual impairment cannot do sport.</td>
<td>False</td>
</tr>
<tr>
<td>A child with a serious visual impairment will face more difficulties at school than a child with a mild visual impairment.</td>
<td>True</td>
</tr>
<tr>
<td>Children with visual impairment cannot take part in group work.</td>
<td>False. Group work is a good way for pupils with visual impairment to work.</td>
</tr>
</tbody>
</table>
Signs of Visual Impairment

1. Shows poor attention in class.
2. May appear withdrawn or isolated.
3. Frequently blinks or frowns when doing close work.
4. Cannot copy from the chalkboard.
5. Does not join in with activities which need good distance vision, e.g. sports and playground games.
6. Is very sensitive to light.
7. Has sore, uneven or unusual eyes.
8. Each eye looks in different directions (squint).
10. The eye looks cloudy.
11. Often rubs their eyes.
12. Is unable to locate or pick up something small.
13. Feels for objects around them.
14. Writes letters and words in reversal form, e.g. was/saw or b/d.
15. Tilts the head when trying to focus on something.
16. Covers one eye in order to make use of their better eye.
17. Cannot follow the lines on the page when writing.
18. Cannot follow straight lines when walking.
19. Holds a book or reading material very close to the eyes when trying to read.
20. Holds a book far from their eyes.
21. Has discharge from the eyes.
22. Has difficulties with, or dislikes, activities that require good clarity of close vision, e.g. sewing.
23. Knocks things over, drops things.
24. Bumps in to things, trips over.
25. Complains of feeling sick or of having headaches.

**Identifying the Nature of the Visual Impairment**

Carrying out the following actions will help the teacher to identify the nature of the pupil’s visual impairment and how the pupil uses their vision to learn. Knowing this, the teacher will be better informed to identify actions that they could take in order to support the pupil in class.

- Watch the child walk through doorways.
- Are they able to complete board work?
- Pass an object to the pupil from both sides to discover whether the pupil misses objects that are passed from one side or the other.
- Scatter things on a table in front of the child and see if they miss picking any up.
- Watch to see if they move their head in strange ways in order to see.
- Observe to see if they close or cover one eye.
- Observe to see if the pupil holds objects close to their eyes.
- Observe to see if the pupil holds objects far from their eyes.
- Do they complain of feeling sick or having double vision?
- Observe to see if they read for only a short time.

**Identifying the Nature of the Visual Impairment (w. answers)**

Carrying out the following actions will help the teacher to identify the nature of the pupil’s visual impairment and how the pupil uses their vision to learn. Knowing this, the teacher will be better informed to identify actions that they could take in order to support the pupil in class.
• Watch the child walk through doorways. 
  *If the child bumps in to either side of the doorway this suggests that the child has problems with their peripheral vision or has limited vision on one side.*
• Are they able to complete board work? 
  *Could be multiple causes, though talk to the pupil in order to identify the best place for them to sit in the class.*
• Pass an object to the pupil from both sides to discover whether the pupil misses objects that are passed from one side or the other. 
  *If the pupil misses the object this suggests that the pupil has problems with their peripheral vision or limited vision on one side. This helps the teacher and the other pupils to know which side to approach when passing objects to the pupil.*
• Scatter things on a table in front of the child and see if they miss picking any up. 
  *This suggests that the child has problems with their peripheral vision or limited vision on one side or distance vision.*
• Watch to see if they move their head in strange ways in order to see. 
  *Position the pupil in the classroom so that it reduces the amount of movement that they need to perform in order to be able to see the board or work closely.*
• Observe to see if they close or cover one eye. 
  *This results from a squint where each eye is looking at different things. Where the pupil sits in the class is important.*
• Observe to see if the pupil holds objects close to their eyes. 
  *While this is a sign short-sightedness, it could also be as the result of other causes. Allow the child easy access to the board so that they can easily copy from the chalk board.*
• Observe to see if the pupil holds objects far from their eyes. 
  *Ask the pupil where the best place would be for them to sit in the classroom. If possible, ask the parents to have their child’s vision tested.*
• Do they complain of feeling sick or having double vision? 
  *This could be as the result of unidentified/undiagnosed vision problems. Follow-up with the parents to have their child’s vision tested.*
• Observe to see if they read for only a short time. 
  *Teacher needs to proactively observe the behaviour of children and follow-up with parents.*

**Actions to take to Support a Pupil with Visual Impairment**

**Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom**
1. Talk with the pupil about how and what they are seeing in order to be best able to support them.
2. Sit the pupil with peers they can work well with as they will need to ask questions from time to time.
3. Pay attention to group and paired work to ensure the pupil is included.
4. Emphasise the pupil’s strengths and ensure that the pupil is aware of her/his abilities.
5. Speak clearly when giving instructions and information.
6. Write neatly on the chalk board using white chalk and keep the chalk board clean.
7. Be careful about using coloured chalks as these can be difficult to see. Discuss this with the pupil.
8. Read out what has been written on the chalk board after you have written it.
9. Use large writing on the chalk board and on visual teaching aids.
10. Organise written information on the chalk board in an orderly manner.
11. Face the pupil when you speak.
12. Use the pupil’s name when asking them a question so that they are clear that you are talking to them.
13. Give verbal information about what others are doing, e.g. name the pupils who have their hands up or who are speaking during a discussion. Explain what is happening.
14. Provide verbal commentary to supplement information from pictures, e.g. “this is a map of Rwanda, the Eastern Province is in yellow, the Southern Province in blue...”
15. When passing objects or items to the pupil, pass them to the side where their better eye is.
16. Provide real objects for the pupil to feel, hold and use.
17. Visually impaired pupils get tired more quickly than the other pupils as they have to concentrate harder to see. Be sensitive to this need.

Actions for the Teacher to take to Support the Pupil’s Social Life in School
1. Make sure that the child takes part in as many activities as possible, including sport and play at breaktimes. Be aware that the pupil might need differentiated expectations and activities.
2. The teacher will need to actively support the inclusion of the pupil in to break time activities.
3. Encourage small groups of children that include the pupil with visual impairment to play together.
4. It is recommended that the pupil’s visual difficulties should be brought to the notice of the rest of the class in a sensitive manner.
5. Do not be over-protective of the pupil or simplify learning or content unnecessarily.
6. Sensitise the whole class to support the pupil but ensure independence is also encouraged.

Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School
1. Seat the pupil in the best place for them to use their vision and hearing. Discuss this with the pupil.
   Things to consider are:
   • Do they have one eye that is stronger than the other? If so, seat them in a position where they can use their better eye.
   • Give the pupil a seat which is out of the glare from the Sun or lights, but is well lit.
   • Shade the pupil if there is over sensitivity to light.
   • Where can they sit to best see the teacher, the chalk board and the other pupils?
   • Think about where they should best sit for group activities.
2. Try to have a quiet working environment – pupils with visual impairment rely heavily on their hearing to learn.
3. Do not stand with a light source behind you as this puts your face in shade.
4. Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) that can support with work and life around school. Agree with the visually impaired pupil a procedure for this, though try to give different pupils the opportunity to provide this support.
5. Make sure that edges to steps and doorways are well marked. This could be done with brightly coloured paint.
6. Keep regularly used teaching resources in the same place so that the pupil can independently move around and collect what they need. If necessary, teach the pupil with low vision where the resources are and how the classroom furniture is arranged.
7. Provide mobility orientation to ensure that the pupil knows their way round the school and classroom. Warn them about obstacles that cannot be moved.
8. When guiding the pupil, or walking with them, make sure that you walk on the side of the weaker eye.
9. Keep your floor clear as far as possible – everyone is embarrassed if they trip up in front of others, but especially pupils with a visual impairment.

**Actions for the Pupil to Take to Support Themselves in School**
1. Wear glasses or utilise any available visual aids, e.g. dome or monocular telescopic magnifiers.
2. Always face the speaker.
3. Ask for information to be repeated or clarified if they do not understand.
4. Wear a hat outside for breaks or sport if sensitive to light. If sunglasses are available, would wearing those help?
5. Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the pupil to always let the teacher know if they do not understand.
6. Ask for information to be repeated or clarified if they do not understand.

**Individual Education Planning Form**

Name of Pupil: 
Age: 
Name of Teacher: 

Brief Description of the Pupil’s Need:
To meet the Pupil’s Special Educational Need I am going to:

1.
2.
3.
4.
5.

---

**Individual Education Planning Form**

Name of Pupil:          Gender: Girl  Boy
Age:            Class:
Name of Teacher:

Brief Description of the Pupil’s Need:

To meet the Pupil’s Special Educational Need I am going to:

1.
2.
3.
4.
5.
ACKNOWLEDGEMENT

The process of writing and developing this module was done with substantial input from different stakeholders. A cross-section of stakeholders including government institutions, schools, NGOs and Civil Society shared relevant experiences that helped in developing this training module. Their names are listed below and we would like to thank all of them for their contributions. Every single input and comment was thoroughly considered and contributed to the enrichment of the module.

Many thanks go to Mr. Antoine Niyitegeka, Program Coordinator and other VSO/L3 Plus Staff who led the process of developing this manual. Special thanks go to Mrs. Sandra Ford and James Aggrey Arikod, VSO Special Needs Education Volunteers for their insights and advice were very helpful in shaping this training module. Our sincere gratitude also goes to the members of Project Technical Working Group who worked tirelessly to offer valuable information in developing this module.

Listed below are other contributors who provided valuable time and experienced insights into completing this module. If we have inadvertently forgotten someone, please accept our heartfelt apologies and sincerest appreciation for your valuable assistance.

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Finally, the development and delivery of this module would not have been possible without the generous financial support from USAID via EDC. We thank them for supporting this process in particular and VSO in general.

Papa N. Diouf,
Country Director
VSO Rwanda Program
**Introduction**

This training module is part of the L3 Plus materials developed by Voluntary Service Overseas (VSO) volunteers and staff working in Rwanda. VSO works in partnership with EDC and education stakeholders to improve the teaching of literacy and numeracy skills by in-service teachers. Volunteers, L3 Plus staff and partners of diverse backgrounds have felt it worth sharing their skills with Rwandan teachers and the content of this guide has been based on L3 materials to be piloted in six schools of intervention at Nyaruguru and Nyamagabe District.

The module aims to provide teachers with guidance to enable them to deliver high-quality professional development opportunities for other teachers which will directly impact the quality of teaching and learning of ALL children including those with special educational needs. It is hoped that, it will also be a useful reference tool for other individuals delivering training in schools.
Foreword

The government of Rwanda is committed with Education Sector Strategic Plan (ESSP), to improve and increase access to basic education for all and quality education at all levels. An inclusive education strategy has strongly been adopted to cater for learners with special needs. This L3 plus material therefore are intended to enhance awareness among education stakeholders on the various forms of special needs.

The Rwandan government and REBs initiative through EDC/L3 project in 2013 developed L3 materials to enhance the literacy and numeracy skills among the Primary 1 to Primary 3 class children in their lower primary education. It should be noted however that, there are many categories of learners with special learning needs in these lower primary main stream classes who are in one way/either are not benefiting from these L3 materials. Inclusive education therefore demanded reorientation of and delivery of these materials to and innovative changes were made in teaching and learning process to achieve the goals and objectives of education for all learners.

Therefore VSO, Rwanda L3 Plus project with collaboration with EDC/L3 project, reviewed REB L3 literacy and numeracy materials and developed teaching strategies and educational resources to help learners with special educational needs grow up with the literacy and numeracy skills that are fundamental for quality education.

With continued support from all education partners and with meaningful use of this module by educators and stakeholder, all children in Rwanda should be able to enjoy their education right and achieve their learning and education goals.
Session 1: Making the most of L3 Materials when Working with Children with SEN

**Objectives**

By the end of this session, participants will be able to:

- Explain some of the reasons why learners with impairments face difficulties in reading and writing.
- Discuss some activities related to oral language awareness and developing writing skills.
- Identify and demonstrate some preparatory activities to develop foundations for mathematics among children with special needs.
- Create inclusive friendly learning classroom environment.

**Preparation**

Make copies of the Kinyarwanda/English Alphabet and mathematics charts, Matching cards and descriptions of teaching approaches/activities.

Note: Read and make resources on Appendix 1:2; before training.

**Resources**

- Flip charts, Marker pens, Masking tape, Hand-outs.
- Appendix 1:1 Teaching activities/strategies
- Appendix 1:2 Alphabet chart, matching pictures and letters
- Appendix 1:3 Work cards

**Suggested timing**

4 ½ hours

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Methods / Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Groups 30 minutes</td>
<td><strong>Activity 1. Difficulties in reading and writing and in mathematics</strong></td>
</tr>
</tbody>
</table>

**Task:** Ask participants to think about the main reasons why learners may develop difficulties in learning to read and write and in mathematics. Instruct participants in 3 groups (Kinyarwanda, English and Mathematics) to discuss and list some reasons why learners have difficulties in learning how to read and write and in mathematics. Ask participants to share their ideas and make a list on the board or flip chart.

**Debrief:** Compare participants suggestions to some causes to why learners may develop difficulties in reading, writing and mathematics, which may be include:

- Some pupils may find the timing or pace to be too quick for them to cope up with.
- Pupils may fall behind and miss out on the building blocks of learning
- Stigma associated with disability impacts on the emotional well-being
of pupils

- Social inclusion. If a child is excluded learning is difficult for emotional and also academic reasons
- Lack of adjustments to resources
- Ensuring that a child can follow instructions and follow the lesson content
- Physical comfort
- Inflexible learning styles which don’t, for example, allow pupils access to learning aids
- Physical barriers
- Adjustments to seating plans
- Appropriate peer support
- Fatigue

**Note:** Skills in reading and writing as well as in mathematics are based on the understanding of the language of instruction and basic concepts as well as the ability to use oral/sign language as a means for thinking, reasoning and communicating. For example, if a pupil doesn’t understand that letters represent sounds, how can he/she learn to read? Without an understanding of what numbers represent, how can he/she develop their mathematical skills. Practically, we need to find ways of enabling pupils to build up the basic skills needed to develop literacy and maths.

<table>
<thead>
<tr>
<th>Groups 3-4 (15 Minutes)</th>
<th>Activity 2: Identifying good practices in teaching and learning of literacy and language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Task:</strong> In groups of 3-4 ask the participants to brainstorm as many ideas as they can think of which can be used to teach language and literacy skills (e.g. role play or songs.) After a few minutes, hand out L3 Teacher’s Guides and Pupils’ Readers and suggest that the participants take 10 minutes to look to see if they can add ideas to their lists from looking at these resources.</td>
</tr>
<tr>
<td></td>
<td>Write the suggestions up on a flipchart and discuss which activities the participants have found to be most effective in their own classes.</td>
</tr>
<tr>
<td></td>
<td><strong>Debrief:</strong> Explain that children benefit from a multi-sensory approach to learning. Some children learn better from ‘doing’ while others benefit more from seeing or hearing and many benefit from a varied approach to learning.</td>
</tr>
</tbody>
</table>
### Activity 3: How can teachers help learners develop reading and writing skills in (local language) both Kinyarwanda and English?

#### Task A:

- Distribute cards to participants in four groups. The cards should be printed on both sides i.e. one side baring a single lower case letter then on the back baring two letters e.g. a and ch, e and se, t and gi etc. Have as many cards as possible for this activity.
- Instruct participants to make high frequency words with the cards while each participant notes down words he/she forms. The rule of the game is that each participant plays one card at a time. Make sure the letter cards are distributed equally to all group members before starting the game.
- The game stops after 5 minutes and participants in groups read out their formed words with correct pronunciations and spellings. A list is made on the flip chart. For example: the, and, a, to, said, in, he, of, it, was, you, they, on. **See Appendix 1:2 some high frequency words**

**Debrief:** Explain that in English 13 different words make up a quarter of all the words we read and write. Just 100 words make up 50% of what we read and write. So if children can learn high frequency words it will add to their frequency and fluency.

**Ask the question:** 'Why is this activity important for children who have hearing, visual, intellectual or physical impairment?'

**Importance of using letter cards or games**

- Assists young readers with finding a purpose for reading
- Motivation
- Improves reading ability
- Helps in supporting learners knowledge of structure
- Develops fluency

Memorizing and creating the ability to recognize words e.g. the, is, to and are etc.

### Activity 4: Teaching new words through an action songs

- Teach participants a song related to the new words to be learnt e.g. P.1 and P.2 class *Days of the week* song
  
  - **Sunday**  
  - **Monday**  
  - **Tuesday**  
  - **Wednesday**  
  - **Thursday**  
  - **Friday**  
  - **Saturday**  
  - **7 days are in the week**

**Debrief:** What are the benefits in teaching language through songs? Ask the participants to give their ideas. The list might include the following:
<table>
<thead>
<tr>
<th>3-4 Groups</th>
<th>Activity 5: Identifying and Over-coming Barriers to Inclusion - Action Songs</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Minutes</td>
<td><strong>Task:</strong> In groups of 3-4, ask the participants to think about:</td>
</tr>
<tr>
<td></td>
<td>1. How Activity 4 might be challenging for pupils who have an impairment. (The impairment should be specified, according to the focus of the training.)</td>
</tr>
<tr>
<td></td>
<td>2. What could the participants, as teachers, do to ensure that the activity is an accessible and worthwhile learning experience for a child with an impairment?</td>
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<tr>
<td></td>
<td>After ten minutes ask the groups to feedback their ideas and discuss the best solutions for removing barriers to inclusion.</td>
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<tr>
<td></td>
<td><strong>Debrief:</strong> Remind the participants that the actions they choose to take should be inclusive. This means that pupils should not feel singled out and made to feel different. The majority of well thought out actions will benefit many children e.g. ensuring pupils are quiet and attentive when instructions are given or clearly speaking through the words of a song and demonstrating its actions will benefit all children, but just a child who has an impairment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whole group (20 Minutes)</th>
<th>Activity 6: Matching games (a way of showing why matching pictures to print is a good idea.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Task:</strong> Place 8 objects or pictures on a tray and show these to the participants for about a minute. Cover them up and ask the participants to write down as many as they can remember.</td>
</tr>
<tr>
<td></td>
<td>Find out how many objects/pictures the participants were able to recall and let them see the objects again.</td>
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<tr>
<td></td>
<td>Repeat this activity but this time display cards showing the first 8 pictures from the L3 alphabet chart (Appendix 5). As the participants look at the pictures, say the following, “A is for apple, B is for ball, C is for cat, D is for dog, E is for egg, F is for fish, G is for goat, H is for hen.” Cover the pictures up and ask the participants to again write down as many of the 8 pictures as possible.</td>
</tr>
<tr>
<td></td>
<td>Find out how many pictures were remembered and ask the participants whether they found the first or the second game easiest and why.</td>
</tr>
<tr>
<td></td>
<td><strong>Debrief:</strong> Learning the ‘sounds’ or ‘phonemes’ which make up language is essential if pupils are to develop literacy skills. Having pictures to attach that</td>
</tr>
</tbody>
</table>
learning to will help the majority of children. In activity above use the name of letters rather than the sound but pupils will benefit from having activities which match sounds to pictures and they will then extend this to finding these sounds in other sources through their L3 lessons.

4 Groups
15 Minutes

Activity 7: Using Pictures

Task: Explain that activity 7 demonstrated that it is good to have images help attach learning to. Ask the participants to suggest other ways that the learning of literacy and language could be supported through the use of pictures. The following ideas might be included in those suggested by the group:

- Symbols/pictures can be used to explain concepts such as night and day or feelings like happy and sad
- Pictures in story books often support the understanding of stories and add to their interest value
- Picture and sound/word matching games

Ask the participants to spend time considering how the activities they have listed would:

1. Increase access to learning for pupils who have the impairment they are working with?
2. What adjustments would need to be made to ensure that these methods work for pupils who have the impairment they are working with?

Debrief: Using symbols and pictures will help the majority of pupils to increase their understanding of language. Using simple descriptions about the picture or attaching a word to a picture would be benefit learners with visual impairment for example a blue colour, a boy is running to school among others

4 Groups
(15 Minutes)

Activity 8: Matching words to pictures

- Display pictures and ask the participants to guess the picture name, instruct them to pick the correct word pronounce it correctly and match it to the picture.

fish

- Allow participants to construct sentences using the words orally and some sentences written on the flipchart.

Instruct participants in respective groups to discuss in 5 minutes possible strategies of giving learners of physical, intellectual, visual and hearing
impairments such activity and ensure all learners participate. Make sure each group is assigned a specific impairment and this must be done randomly.

Debrief: Make a summary of the teachers ideas on a flip chart using examples from the activity and discuss reasons of using these strategies;

Possible solutions: Clear instructions to all learners, clear bold writings, activity should be for the learners level, correct signage to be used, Sign/spell exact word/ every key word and each sentence (incase a class has learners with hearing impairment), signing each group a leader, learners play at a place of their convenience, adequate activity space, a teacher monitoring groups of learners with impairments, learners practice writing learnt words and daily alphabet letters etc.

Group Activity
40 Minutes

Activity 9: Preparatory activities to develop foundations for mathematics

Facilitator displays a number of brightly coloured objects (stones, sticks, shapes, cut out figures, wooden cube of different sizes, number names and beads) and ask participants to practically organize the objects according to quantity, size, order, quantity and number names and using relative concepts like more than, less than etc.

For example: The squared shapes are more that circular shapes, 1 is less than 2, the black circular shape is bigger than the yellow and red one, four beads is same as 4 etc.

Guiding Question:
   a) How can you help learners with visual impairments to differentiate the colours incase they are not able to.
   b) How can you make sure a learner with hearing impairment grasps what audio teacher is explaining in mathematics audio lesson?
   c) What remedies would you ensure that two learners with physical
impairment (on wheel chairs) and two other children with intellectual impairment isolated because of their working phase, participate in demonstrating activities as instructed by the audio teacher using objects/learning aids placed at the teachers table at the front of the classroom?

d) Decide the best alternatives of having this activity benefit all learners at the same specified time duration?

**Practical activity:** *Play a P.1 Mathematics, term 1 (lesson 4)*
Discuss and appropriate instructional strategies of having all learners participate and benefit in this mathematics lesson.

**Debrief:** Ensure availability of learning resources (print reach environment), total communication for HI learners and using multisensory learning activities as a great way to help learners with impairment benefit from audio lessons. Make sure the key words and constructions are well signed and explained to learners with hearing impairment. **Other Ideas like:** counting, number names and recognition, counting a head and backwards, articulation, builds confidence etc

---

**Session 2: Creating an Inclusive Classroom**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>By the end of this session, participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Experience barriers faced by children with impairments in an mainstream classrooms</td>
</tr>
<tr>
<td></td>
<td>• State the benefits of creating an inclusive classroom friendly environment.</td>
</tr>
<tr>
<td></td>
<td>• Create an inclusive classroom</td>
</tr>
</tbody>
</table>

| Preparation | Make sure the session slides are prepared in advance or two participants can be given the 2 class descriptions to read to the whole group during **Activity 2.** |
| Resources | Flip charts, Makers, Power-point slides and Resources 1:4 |
| Suggested timing | 1 hour |

<table>
<thead>
<tr>
<th>Group Activity (10 mins)</th>
<th>Activity 1: Creating an Inclusive Classroom – Inclusion Step Game</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduction: Present the aim of the “Inclusion Step Game”: Experiencing barriers children with impairments encounter in school and explain to participants that the “Inclusion Step Game” is fun, but that it has a</td>
</tr>
</tbody>
</table>
serious intent (quality education) for all.

**Task:** Divide participants into pairs/groups of five and give them a card describing a child in school. Some cards describe children with impairments and some have no impairments.
- Ensure there is a large open space where this game can be played.
- Once the participants have had time to read and discuss their card, bring them outside and ask them to stand in a line like at the start of a race. Check that they understand the information that is on the card. See-Appendix:1:5

**Instructions:**
The facilitator reads a list of questions. Participants have to decide if the answer to the question is ‘Yes’ or ‘No’ and if the answer is ‘Yes’, the participants should take one step forward.

**Debrief:**
- Ask the participants to explain what barriers they encountered and write these up on a flip-chart
- Once this has been completed, ask the participants to suggest ways that these barriers could be overcome.

*Participants at the end of the activity will experience the barriers in the classroom environment for children with impairments and suggest possible ways of helping to overcome these barriers. Participant’s ideas will be noted on the flip chart when fully explained.*

<table>
<thead>
<tr>
<th>Group Activity (20 Minutes)</th>
<th>Activity 2: What is an inclusive friendly learning classroom environment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participants are organised to work in 4 groups. Give them 5 minutes to look at each classroom description and decide if the classroom shown is inclusive and learning-friendly? They should list the reasons for their answer.</td>
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</tr>
</tbody>
</table>

**Classroom: A**

*In P.3 class, a Kinyarwanda teacher always copies daily activity stories on the chalkboard from textbook, making sure that she writes it exactly as it is written in the textbook. The boys, who are sitting on the right side of the room, copy what the teacher has written into their exercise books. The girls, who are sitting on the left side of the room, wait for the teacher to move so that they can see what she has written and copy it into their exercise books. As keeps on asking, “Are you copying the story on the chalk board as she writes?” All children answer, “Yes, teacher.”*

**Classroom: B**

*Pupils in P.3 class are learning about new words like; shirt, skirt, hurt, purse and ladder.*
The teacher grouped children into five groups containing girls and boys. He reads the word and asks learners to guess the correct picture then place it on top of the word on the flannel board. In groups, the children are talking about the learnt word. The children make the words using letter cards and draw the pictures on a manila paper. Every child participates in colouring the pictures. In the other group, some of the children are cutting shapes using cloth that look like shirts, hurts, skirt. The teacher goes round guiding learners, and in one group a child with hearing difficulties writes sentences using these words and smiles at the teacher. The teacher smiles back at her and says “very good Tina,” making sure that the child can see her lips as she speaks. A parent, who has volunteered to be a classroom helper for a day, assists a learner with low vision that could not differentiate between a shirt and skirt on a picture by requesting that another child explains the differences between the two. The child explained it perfectly and was thanked by the teacher.

2. Compare your list with a colleague’s. What items on your lists are the same? What items are different?

Debrief: After participants complete comparing their ideas, a list is made and matched with some ideas on Appendix 2:1

The participants’ lists may include:

- How the children are seated
- The teaching materials that are being used
- Support in the classroom
- Positive relationships between the teacher and pupils and between pupil

<table>
<thead>
<tr>
<th>Group Activity (15 Minutes)</th>
<th>Activity 3: What are the elements of an inclusive friendly learning classroom environment (IFLCE)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Task:</td>
</tr>
<tr>
<td></td>
<td>o Brainstorm in same groups what you think are the important elements of an inclusive, friendly learning classroom environment at school.</td>
</tr>
<tr>
<td></td>
<td>o Place a large writing surface on the wall/chalkboard, draw a large circle in the middle and write in the circle “IFLCE.”</td>
</tr>
<tr>
<td></td>
<td>o On the outside of this circle, ask your participants to post/write down two characteristics that they feel are most important in an IFLCE.</td>
</tr>
<tr>
<td></td>
<td>Debrief: When all participants have finished posting their ideas outside the drawn circle, hung Appendix 2:2 diagram close to the one made by participants. Ask participants to;</td>
</tr>
<tr>
<td></td>
<td>1. Compare their diagram with the one on the Appendix 2:2</td>
</tr>
<tr>
<td></td>
<td>2. Are any characteristics missing on the diagram?</td>
</tr>
</tbody>
</table>
3. Which characteristics do our classrooms/schools require to improve on?

<table>
<thead>
<tr>
<th>Four group activity</th>
<th>Activity 4: Why is it Important to create an inclusive friendly classroom environment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Minutes</td>
<td>Task: Participants are organised into 4 groups and asked to discuss the importance of creating an inclusive friendly learning classroom environment (Why is it important to create an inclusive friendly learning classroom environment?). They should make a list as a group (at least 5 reasons!), feedback with the whole group and make a comprehensive list on the board. Debrief: Possible reasons are: to make an attractive classroom environment, to help learners to learn, children become more self-confident and develop greater self-esteem, children’s communication skills are improved, to increase motivation and creativity, to create a good working environment, to make learners safe, to make learning real and concrete. <strong>see ideas on Appendix 2:2</strong></td>
</tr>
</tbody>
</table>

| Additional information | Ensure the resource ideas on Appendix 2:2 are made earlier before the workshop training day. |

---

**Session 3: Including Children in Mainstream Schools**

Inclusive education often refers solely to the inclusion of children with disabilities in regular classrooms.

**Session 3:1 Physical Impairment**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify signs for children with physical impairment in main stream classrooms.</td>
</tr>
<tr>
<td></td>
<td>• Discuss and identify basic strategies to support learners with physical impairment to succeed in school.</td>
</tr>
</tbody>
</table>

| Preparation | Adequate preparation by reading carefully session Appendix 3:1 and ensuring all materials for the training are at hand and clearly made before training day. |

<table>
<thead>
<tr>
<th>Materials</th>
<th>• Flip chart paper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Marker pens</td>
</tr>
<tr>
<td></td>
<td>• Masking tape</td>
</tr>
<tr>
<td></td>
<td>• Laminated and enlarged “Signs and Actions” for each impairment: Physical Impairments, Signs and Actions’ hand out for each participant</td>
</tr>
<tr>
<td></td>
<td>• Samples of learning materials for SEN learners.</td>
</tr>
</tbody>
</table>
Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities/Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group</td>
<td><strong>Activity 1: Including Children with Physical impairment in mainstream schools</strong></td>
</tr>
<tr>
<td>10 minutes</td>
<td><strong>Task:</strong> Instruct participants to write simple description of a physical impairment in relation to teaching and learning on a post it card. Participants discuss their responses in a plenary session.</td>
</tr>
<tr>
<td></td>
<td><strong>Note:</strong> Physical impairment is a disability that limits a person’s physical capacity to move, coordinate actions, or perform physical activities.</td>
</tr>
<tr>
<td>Group activity</td>
<td><strong>Activity 2: Signs for physical impairment</strong></td>
</tr>
<tr>
<td>20 Minutes</td>
<td>Participants will find out more about the signs of physical impairment with children in regular classrooms.</td>
</tr>
<tr>
<td></td>
<td><strong>Task:</strong> Participants are divided into four groups of five-six participants. Each group gets a set of mixed cards with signs of impairments on them. They discuss the cards and decide which impairment the card is a sign matching physical impairment task. They then place/attach the card on to the rice sack that they have chosen.</td>
</tr>
<tr>
<td></td>
<td>When finished have all participants discuss and decide the rightful signs for physical impairment and finally attach it to the general signs of physical impairment rice sack on the wall. Have a guided discuss on some signs of impairments and allow for questions to be asked. Facilitator guides participants to point out any errors and give elaborate explanation on identified errors if any.</td>
</tr>
<tr>
<td>Whole group</td>
<td><strong>Activity 3: Action that can be taken to support children with physical Impairment in mainstream classrooms</strong></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Participants will find out more about the actions that they can take in school to support children with SEN in regular classrooms.</td>
</tr>
<tr>
<td></td>
<td><strong>Task:</strong> Have the participants in their same groups discuss appropriate actions teachers can take to support children with physical impairment in mainstream classrooms.</td>
</tr>
</tbody>
</table>
Instruct participants to match discussed actions to rightful impairment while taking note of action that work for all children which are indicated in bold print cards.

**Debrief:** The actions a teacher can take to help a learner in a particular class will depend on the nature of the physical impairment and learning activities planned for specific L3 lesson or subject material. *see Appendix 3:1*

Some Actions for the Pupil with Physical Impairment may include:

- Involve the pupil in deciding upon the best actions to take.
- Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the child to let the teacher know if a task is physically challenging.
- Make an effort to participate in as many activities as possible.
- Place tape on pens, crayons and markers to make them easier to grip.

### Additional information

These activities can easily be demonstrated using learning games *Appendix 1:4* and *Appendix 3:1* resource ideas.

---

**Session 3:2 Sensory Impairment (Visual Impairment)**

| Objectives | By the end of the session participants will be able to:
| --- | --- |
| | • Identify signs for children with sensory impairment (Visual) in mainstream classrooms.
| | • Discuss and identify basic strategies to support learners with visual impairment to succeed in school. |

| Preparation | Adequate preparation by reading carefully session *Appendix 3:1* and ensuring all materials for the training are at hand and clearly made before training day. |

| Materials | • Flip chart paper  
• Marker pens  
• Masking tape  
• Laminated and enlarged “Signs and Actions” for visual impairment  
• Signs and Actions’ hand out for each participant  
• Samples of learning materials for SEN learners. |

| Total Time | 50 Minutes |

### Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities/Method</th>
</tr>
</thead>
</table>
| Whole group 10 minutes | Activity 1: Including Children with Visual Impairment in mainstream schools

**Task:** Instruct participants to write simple description of a visual impairment in relation to teaching/learning process and post it on the flip chart. |
Participants discuss their responses in a plenary session.

**Note: Visual Impairment** is a loss/reduction in vision – usually associated with age, disease, injury or genetic – that cannot be corrected by prescription glasses, contact lenses, medicine or even surgery.

<table>
<thead>
<tr>
<th>Group activity</th>
<th>Activity 2: Signs for visual impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Minutes</td>
<td>Participants will find out more about the signs of visual impairment with children in regular classrooms.</td>
</tr>
<tr>
<td><strong>Task:</strong> Participants are divided into four groups of five-six participants. Each group gets a set of mixed cards with signs of impairments on them. They discuss the cards and decide which impairment the card is a sign matching visual impairment task. They then place/attach the card on to the rice sack that they have chosen.</td>
<td></td>
</tr>
<tr>
<td>When finished have all participants discuss and decide the rightful signs for physical impairment and finally attach it to the general signs of visual impairment rice sack on the wall. Have a guided discuss on some signs of impairments and allow for questions to be asked. Facilitator guides participants to point out any errors and give elaborate explanation on identified errors if any.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whole group</th>
<th>Activity 3: Action that can be taken to support children with visual Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>Participants will find out more about the actions that they can take in school to support children with VI in regular classrooms.</td>
</tr>
<tr>
<td><strong>Task:</strong> Have the participants in their same groups discuss appropriate actions teachers can take to support children with physical impairment in main stream classrooms. Instruct participants to match discussed actions to rightful impairment while taking note of action that work for all children which are indicated in bold print cards. <strong>Use Appendix 3:1 ideas</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Debrief:</strong> Working with visually impaired children (pupils with visual impairment) may require you to use different teaching methods; such as describing actions and visions in explicit detail, or using auditory teaching materials. <strong>Use learning materials that contain basic designs and bright colors.</strong> Visual aids that are considered &quot;busy&quot; in appearance and contain multiple graphics and colors can be more difficult for visually impaired children to interpret.</td>
<td></td>
</tr>
<tr>
<td>- Use materials with pictures and graphics that contain circles, squares,</td>
<td></td>
</tr>
</tbody>
</table>
| -
and triangles, and other basic designs since they are not able to interpret details on pictures and designs due to limited sight.

- Use colors that are bold and bright in appearance, such as red, bright yellow, and blue.

Additional information

The L3 print materials for learners (Kinyarwanda & English daily readers) can be enlarged and pictures interpreted in print form as a reference to be used during this session.

Session 3:3 Sensory Impairment (Hearing Impairment)

Objectives

By the end of the session participants will be able to:

- Identify signs for children with sensory impairment (Hearing) in mainstream classrooms.
- Discuss and identify basic strategies to support learners with Hearing Impairment to succeed in school.

Preparation

Adequate preparation by reading carefully session Appendix 3:1 and ensuring all materials for the training are at hand and clearly made before training day.

Materials

- Flip chart paper
- Marker pens
- Masking tape
- Laminated and enlarged “Signs and Actions” for Hearing Impairment
- Signs and Actions’ hand out for each participant
- Samples of learning materials for SEN learners.

Total Time

50 Minutes

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities/Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 10 minutes</td>
<td><strong>Activity 1: Including Children with Hearing Impairment</strong> in mainstream schools</td>
</tr>
</tbody>
</table>

**Demonstration:** Give following instructions to a briefed participant with unclear gestures e.g. say goat, spell the word goat, write the word goat on the chalk board, construct a sentence using the word goat etc. The participant says go, remains silent, writes go and again says go. Ensure all participants are attentive and taking note of actions demonstrating participant.

Instruct participants to write simple description of this impairment in relation to teaching/learning process and post it on the flip chart. Participants discuss their responses in a plenary session.

Note: “Hearing Impairment” is a description of someone who is hard of hearing or who has no hearing(deaf) “Deaf” generally implies that the person doesn’t hear well enough to
understand speech from their hearing. **Hard of Hearing (HOH)** refers to someone who doesn’t hear well. This may be because they were born with a hearing loss or they may have lost some or all of their hearing later in life.

<table>
<thead>
<tr>
<th>Group activity</th>
<th>Activity 2: Signs for hearing impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Minutes</td>
<td>Participants will find out more about the signs of Hearing Impairment (Deaf/Hard of hearing) with children in regular classrooms.</td>
</tr>
<tr>
<td></td>
<td><strong>Task:</strong> Participants are divided into four groups of five-six participants. Each group gets a set of mixed cards with signs of impairments on them. They discuss the cards and decide which impairment the card is a sign matching hearing impairment task. They then place/attach the card on to the rice sack that they have chosen.</td>
</tr>
<tr>
<td></td>
<td>When finished, all participants discuss and decide the rightful signs for physical impairment and finally attach to the general signs of hearing impairment (deaf and hard of hearing) rice sack on the wall.</td>
</tr>
<tr>
<td></td>
<td>Have a guided discuss on some signs of impairments and allow for questions to be asked.</td>
</tr>
<tr>
<td></td>
<td>Facilitator guides participants to point out any errors and give elaborate explanation on identified errors if any. See Appendix 3:1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whole group</th>
<th>Activity 3: Action that can be taken to support children with hearing Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>Participants will find out more about the actions that they can take in school to support children with SEN in regular classrooms.</td>
</tr>
<tr>
<td></td>
<td><strong>Task:</strong> Have the participants in their same groups discuss appropriate actions teachers can take to support children with physical impairment in main stream classrooms.</td>
</tr>
<tr>
<td></td>
<td>Instruct participants to match discussed actions to rightful impairment while taking note of action that work for all children which are indicated in bold print cards. Use Appendix 3:1 resource ideas for this activity.</td>
</tr>
<tr>
<td></td>
<td><strong>Debrief:</strong> A child with HI will learn from what he/she sees and what he does (action). He learns a great deal incidentally by watching others. Instruction in a large group can be very beneficial for this child because he can prepare for his response while waiting for his turn.</td>
</tr>
<tr>
<td></td>
<td>• Encourage the pupil to turn to listen to and watch other pupils as they speak.</td>
</tr>
<tr>
<td></td>
<td>• Ensuring effective communication between the teacher and the pupil is not</td>
</tr>
<tr>
<td>Additional information</td>
<td>Have a demonstration activity for this session using any of L3 audio materials without a speaker connected to the phone but ensure the participants grasp slightly what is being delivered more by actions and learning materials.</td>
</tr>
</tbody>
</table>

**Session 3.4 Intellectual Impairment**

| Objectives | By the end of the session participants will be able to:  
- Identify signs for children with intellectual impairment in main stream classrooms.  
- Discuss and identify basic strategies to support learners with **Intellectual impairment** to succeed in school. |

| Preparation | Adequate preparation by reading carefully session Appendix 3.1 and ensuring all materials for the training are at hand and clearly made before training day. |

| Materials | • Flip chart paper  
• Power point (case story)  
• Marker pens  
• Masking tape  
• Laminated and enlarged “Signs and Actions” for **Intellectual impairment**  
• Signs and Actions’ hand out for each participant (Appendix 3.1 ideas)  
• Samples of learning materials for SEN learners. |

| Total Time | 50 Minutes |

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities/Method</th>
</tr>
</thead>
</table>
| Whole group 10 minutes | **Activity 1:** Including Children with Intellectual Impairment in mainstream schools  
**Case story:** Misaki can understand and obey simple instructions, he is able to speak only 15 to 20 words, and many of these were difficult to understand. He can’t identify colors, recite the alphabet, and count. He also has problems performing self-care tasks typical of children his age. For example, he cannot dress himself, wash his face, brush his teeth, or eat with utensils. He also shows significant problems with his behavior. First, he is hyperactive and inattentive. Second, Misaki shows serious problems with defiance and aggression. When he does not get his way, he will tantrum and throw objects. He would also hit, kick, and bite other children and adults when he became upset.  
**Task:** What could be this Childs’ impairment? Participants discuss their responses in a plenary session. |
**Note: Intellectual Impairment** is a disability characterized by significant limitations both in **intellectual functioning** (reasoning, learning, problem solving) and in **adaptive behavior**, which covers a range of everyday social and practical skills.

<table>
<thead>
<tr>
<th>Group activity</th>
<th>Activity 2: Signs for intellectual impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Minutes</td>
<td>Participants will find out more about the signs of intellectual impairment with children in regular classrooms.</td>
</tr>
<tr>
<td></td>
<td><strong>Task:</strong> Participants are divided into four groups of five-six participants. Each group gets a set of mixed cards with signs of impairments on them. They discuss the cards and decide which impairment the card is a sign matching <em>(Misakis case)</em> intellectual impairment task. They then place/attach the card on to the rice sack that they have chosen.</td>
</tr>
<tr>
<td></td>
<td>When finished have all participants discuss and decide the rightful signs for physical impairment and finally attach it to the general signs of intellectual impairment rice sack on the wall.</td>
</tr>
<tr>
<td></td>
<td>Have a guided discuss on some signs of impairments and allow for questions to be asked.</td>
</tr>
<tr>
<td></td>
<td>Facilitator guides participants to point out any errors and give elaborate explanation on identified errors if any. See <strong>Appendix 3:1 ideas</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Debrief:</strong> Some of the possible signs of intellectual impairment may include:</td>
</tr>
<tr>
<td></td>
<td>- Persistence of childlike behavior, possibly demonstrated in speaking style.</td>
</tr>
<tr>
<td></td>
<td>- Trouble understanding social rules and customs such as taking turns, or waiting in line.</td>
</tr>
<tr>
<td></td>
<td>- Failure to appreciate and avoid dangerous situations such as playing in class, or touching electric wirings etc.</td>
</tr>
<tr>
<td></td>
<td>- A lack of curiosity or interest in the world around them.</td>
</tr>
<tr>
<td></td>
<td>- Difficulty learning new information and skills despite significant effort and repetition/practice.</td>
</tr>
<tr>
<td></td>
<td>- Difficulty solving ordinary, simple problems and remembering things.</td>
</tr>
<tr>
<td></td>
<td>- Difficulty meeting educational demands.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whole group</th>
<th>Activity 3: Action that can be taken to support children with Intellectual Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td>Participants will find out more about the actions that they can take in school to support children with SEN in regular classrooms.</td>
</tr>
<tr>
<td></td>
<td><strong>Task:</strong> Have the participants in their same groups discuss appropriate actions teachers can take to support children with intellectual impairment in main stream classrooms.</td>
</tr>
<tr>
<td></td>
<td>Instruct participants to match discussed actions to rightful impairment while taking note of action that work for all children which are indicated in bold print</td>
</tr>
</tbody>
</table>
Debrief: **Actions for supporting Pupils with Intellectual Impairments**
- Ask for information to be repeated or clarified if they do not understand.
- Develop a procedure with the teacher for the pupil to ask for help (e.g. cue card, raising hand, and hand over front of desk).
- Always face whoever is speaking.
- Directly teach social skills, such as turn-taking, social distance, reciprocal conversations, etc.
- Provide frequent opportunities to practice skills in role-playing situations.
- Provide opportunities to practice skills in many different environments.
- Provide many opportunities for students to interact directly with each other.
- Provide opportunities for learners to assume responsibilities, such as distributing papers or readers.
- Teach other students to ignore inappropriate attention-seeking behaviors.
- Have other students (who demonstrate appropriate behavior) serve as peer tutors.
- Be aware that some learners may work better alone.
- Carefully consider and monitor seating arrangements in the classroom.

**Note:** These activities can easily be demonstrated using L3 English and Kinyarwanda readers and story pictures. *See story on pages 87-91 (Kinyarwanda, Umwaka 3)*

<table>
<thead>
<tr>
<th>Whole group 30 minutes</th>
<th>Activity 4: Action that can work for ALL Children in mainstream classrooms.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants will find out more about the actions that they can take in school to support ALL children in regular classrooms.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Task:</strong> Have the participants gather around the ‘What works for all children’ rice sack and allow participants to debate whether an action is for all children or only for children with specific impairments.</td>
<td></td>
</tr>
<tr>
<td>Instruct participants to select and discuss actions that work for all children which are indicated in bold print cards.</td>
<td></td>
</tr>
<tr>
<td><strong>Debrief: Actions that work for ALL Children</strong></td>
<td></td>
</tr>
<tr>
<td>1. Praise and encourage the child for trying and when successful. Praise with words and through gestures. When praising the child, be specific, ‘I really liked...’</td>
<td></td>
</tr>
<tr>
<td>2. Teach using real objects children can feel and handle. This is better than doing paper and pencil work. Try to link the lessons with the child’s experiences and everyday life. Ex: use bottle tops in maths</td>
<td></td>
</tr>
<tr>
<td>3. Use group or paired work so the child can learn from their classmates.</td>
<td></td>
</tr>
</tbody>
</table>
**Activity 5: Supporting a Child’s Social Inclusion**

Task: Organise participants into pairs. Ask ‘Why is it important to build a social aspect of life in children with impairments?’ Give participants a short time to discuss in pairs and write two actions which can be taken to support a child in terms of their social inclusion at school.

Ask pairs to feedback their ideas and make a comprehensive list on the board.

*(Possible answers: S sensitively ensure that all children have some understanding of impairment, role model good practice and make sure that children talk appropriately to each other as well as about each other, help pupils to make friends by putting them in group, pair pupils with a friend who can offer them a little support around school, do not be over-protective of children, praise pupils’ successes and emphasise their strengths especially in front of their peers, include the pupil in all activities and subjects (e.g. PE lessons should be adapted so that all can participate in some way, whenever possible).*

**Additional information**

Place the ‘What works for all children’ rice sack in a central place where participants can easily see it. Give each participant a copy of the ‘Signs and Actions’ hand out at the end of the training. Use Appendix 3:1 resources.

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**Session 4: Additional Resources for Supporting Children with Impairments when using L3 materials**

Children with a variety of impairments will benefit from having some additional resources to enable them to gain the most benefit from L3 materials.

**Objectives**

By the end of the session participants will be able to:

- Identify and make some low or no-cost learning materials for inclusive education to enhance the teaching/learning of children with impairments in mainstream classrooms.
- Demonstrate effective strategies of using learning materials in mainstream classrooms.

**Preparation**

Adequate preparation by reading carefully session activities and ensuring all materials for the training are at hand and clearly made before training day.

**Materials**

Appendix 4:1 Ideas; Flip chart paper, marker pens, alphabet rice sack, sticks, stones, scotch/tape, paper, cardboard boxes, food containers, paper bags, markers, string, leaves, Fanta caps, cassava flour, wood pieces, wood dust, waste paper, wood/office glue, water, basins etc.

**Total Time**

5 ½ hours
## Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Group activity 40 minutes | **Activity 1: Introduction**  
Why are resources especially important for children with impairments?  

**Method:**  
- Facilitators organise participants into small groups and instruct each group to explain the meaning of learning aids and list the benefits of using teaching aids in lessons.  
- What visual aids have we seen in our schools already?  
- Which of these have you ever tried in your mainstream classroom?  
 Invite feedback from the groups and discuss their ideas. |
| Group activity 20 minutes | **Activity 2: Identify how to obtain locally sourced materials to make teaching aids.**  

**Task:** Facilitator guides participants in discussing ways of obtaining cheaply sourced materials for making teaching aids and share with the rest of participants in plenary. Ask the participants to list resources which are found naturally in the environment or at school or home. (If you want to make this more interesting, you could ask the participants to go outside and look to see what is around them which could be used)  

**Debriefing:** Examples of low cost materials include:-  
- Used papers which can be used for making; counters, paper Marcie, beads etc  
- Old newspapers for activities related to reading and writing e.g. ‘Hunting’ specific sound (letter) and circling it, tearing and cutting out single words and creating sentences, making stories out of pictures etc.  
- Dry banana leaves for making flash cards  
- Natural materials e.g. stones, seeds, sticks for sorting, counting, calculations  
- Everyday items such as coloured clothes (for sorting into colours or sizes just to demonstrate that teachers should think about what is to be found at home. etc. |
| Group work 30 minutes | **Activity3: Critical thinking expo**  

**Task:** Give participants the opportunity to see some concrete examples of made teaching aids they can make for their inclusive classroom and will be encouraged to evaluate how useful they would be.  

Participants are given plenty of time to walk around the room and look at the sample resources provided and discuss the resources observed *(Appendix 4:1)*.  

Organize participants into small groups. Each group should choose one resource from displays and explain to the rest of their group why they like it and how they could use it in inclusive education i.e. L3 lessons. |
| Groups in 3 subject areas. (3 hours) | **Activity 4: Making resources for using L3 materials in inclusive classrooms.**  
This activity encourages the participants to use available materials to create resources for use in mainstream classrooms.  
Some participants may find it difficult to come up with ideas, so it is important for the facilitator to circulate resource ideas and give encouragement and support to groups.  

**Procedure:**  
- Place a selection of locally available materials on a table at the front of the room (e.g. sticks, stones, scotch tape, paper, cardboard boxes, food containers, paper bags, markers, string, leaves, Fanta caps etc.)  
- Arrange participants into groups by subject. Tell them that they are going to use the materials provided to make a resource that they will be able to use in mainstream classrooms.  
- Establish ground rules e.g. no idea is wrong, creative thinking is encouraged!  
- Some teachers may find this challenging. If they are stuck, give them ideas. E.g. **Mathematics:** make a clock with moveable hands to teach the time. **English:** make jigsaws of different animals by drawing on and then cutting up pieces of cardboard. **Kinyarwanda:** Make letters by writing on bottle tops then use the letters to make words.  
- Ask every group to demonstrate their ideas to the other participants. |
| Groups in subject areas (Kinyarwanda, English and Mathematics) (30 minutes) | **Activity 5: Display of made teaching aids**  
Instruct participants stick up their materials on the wall / tables when complete.  
Participants have time to look at the completed learning aids and comment on each material displayed and how they could do this at school. |
| In three subject groups (30 minutes) | **Activity 6: Demonstrating how to use the made teaching aids**  
**Task:** Participants in their subject groups demonstrate how each to their learning materials can be used in a mainstream class to deliver a lesson in literacy and numeracy to benefit ALL children.  
The teachers are guided through on how to use their made teaching aids for teaching and learning in a class situation especially when using L3 materials. |
| Additional information | Establish a collection point/container for used up materials (bottle tops, water bottles, waste paper) during the first and second day of the workshop. These used items can be useful during this training session. |
Bibliography:


Rimer W et al. (2003) Toolkit for Assessing and Promoting Equity in the Classroom, Edited by Marta S.


Appendix 1:1 Multi-sensory teaching/learning approaches/activities

Ways of Learning

Children have different ways they can learn best for instance one may prefer reading and taking notes, others through studying visual materials, and still others through body movement (dance, sports) or musical activities. Some like to work on problems individually, while others like to interact with others to find solutions. If we can observe or discover the many ways by which children in our inclusive classrooms learn, we can help all children to learn better, and we will gain greater satisfaction from teaching.

Active and participatory learning can be used in many ways to help children learn effectively through:

- **Verbal or linguistic**, where some children think and learn through written and spoken words, memory, and recall.
- **Logical or mathematical**, where some children think and learn through reasoning and calculation. They can easily use numbers, recognize abstract patterns, and take precise measurements.
- **Visual or spatial**, where some children like art, such as drawing, painting, or sculpture. They can easily read maps, charts, and diagrams.
- **Body or kinaesthetic**, where some children learn through body movement, games, and drama.
- **Musical or rhythmic**, where some children learn best through sounds, rhyme, rhythm, and repetition.
- **Interpersonal**, where some children learn easily in groups through cooperative work. They enjoy group activities, they easily understand social situations, and they can develop relationships with others easily.
- **Intra-personal**, where some children learn best through personal concentration and self-reflection. They can work alone, are aware of their own feelings, and know their own strengths and weaknesses.

Multi-sensory teaching/learning approaches/activities

| Games          | Games are a fun way to develop learning as well as cooperation between children. Children who are enjoying their learning are more likely to make progress and remember some or all of the activity. It is important that children are not made to feel silly if they are always the first one to make a mistake in a game like ‘Simon Says’. Encourage children who struggle to understand and follow the rules of a game by standing close to a friend who they can watch in order to have some support. Don’t be too quick to tell children that they are ‘out’.
|                | • Always giving the instructions when it is quiet
|                | • Make sure that the on-going comments can be heard clearly by all children by making sure that children who have difficulty hearing or focusing are standing in the best place to hear the instructions
|                | • Even when playing a fun game, speak clearly and slowly
|                | • Find creative ways of including children with physical impairments. Pairing children up is often a good way of ensuring they can enjoy taking part

| Songs          | When information is attached to a tune, most children will have success in fixing this into their memory. Songs can be sung repeatedly, without children becoming bored by the |
Children with intellectual impairments often need information repeated in order for it to stay in their long-term memory, so singing is of great benefit in fixing information in this way.

Ensure that children with hearing impairments and intellectual impairments are clear in what they are singing. Carefully going through the words of a song and demonstrating it before singing it will certainly help children with hearing impairments. Some children will opt out of this kind of activity and it is important to observe to check that all children are taking part and benefitting from the repetition.

Singing can be a good opportunity for some children to show talent and can be used to build self-esteem in children who find many other learning activities difficult. Teachers should look out for opportunities to praise children who need to be built up.

Using actions in songs, such as “Head, Shoulders, Knees and Toes” will further increase a child’s multi-sensory learning. Physical actions such as patting and clapping can aid memory.

Actions should be demonstrated while it is quiet so that children with hearing, visual and intellectual impairments have the chance to make a connection between the words being sung and the actions.

The teacher can gently show the actions to a child with visual impairments by including them, along with peers in a demonstration of the actions. It is important to avoid constantly singling a child out, but the teacher could gently pat a child’s head, shoulders, knees and toes or encourage children to gently work with each other in this way. This strategy could also be considered when involving some children with physical impairments.

| Pointing Games | When setting up a game, such as the team activities which involve pointing at letters on the chalkboard think about the following issues:

- Give the instructions when the class is sitting and quiet so that all children can hear what is being said
- Give children an opportunity to say if they have not heard or understand the activity
- Face a child with a hearing impairment as instructions are being given so that they can look at your lips and see any gestures that you use to support your explanation of the activity
- Have a child with visual impairment nearby as you give instructions so that they can hear well and use the vision they do have. Remember that children with visual and hearing impairments might find it hard to focus on a teacher who is standing in front of a bright source of light
- Make sure the chalk board is clean and the lettering is big to support children with visual impairments
- Put lettering at a level that all children can reach
- Find ways of including all children. A child who has a physical impairment which makes moving difficult should be given extra time or a set of letters could be placed in front of them. When it is their turn to point at a letter on the board, let them point at a letter which has been placed in front of them
- Give clues and encouragement to children who find the task challenging. Some, but not all, children might prefer to be paired up with a friend during these types of activity

Pointing at real objects, when teaching children is a good way of making a link between
words and objects. Whenever possible, encourage children to touch and feel objects. This multi-sensory approach will make even more sense to children with hearing, visual and even intellectual impairments. Doing and touching improves learning.

Listening to stories

Listening to the L3 stories should be an enjoyable way for all children to develop their literacy skills. The pictures which accompany the stories make a big contribution to how well children will understand the story as they often provide clues about the content of the stories. Try to ensure that all children have the opportunity to see the pictures. Some children’s understanding will benefit from seeing the picture before the text is read. It may give important information to children with hearing impairment or intellectual impairment if they see the picture before the story begins.

Some children will need a little longer to scan a picture and make sense of it, if for example they have a visual impairment. Certain types of intellectual impairment will cause a child to take longer to process or understand what they are seeing. Think about the angle or level at which a book is held when sharing pictures. Giving a child a few extra seconds to look at pictures will give them a more positive experience. If possible, have a second copy of the picture available in the classroom as the story is read.

While it is good to move around the room to draw children into story-telling, think about whether a child with a hearing impairment can still hear what is being said. Try to repeat information given at a distance from a child with a hearing impairment.

Involving children in questions about the story is really important to check understanding and to keep them involved.

Children with a variety of impairments benefit from a multi-sensory approach to story-telling. Simple props will hold attention and make a story easier to follow. Encouraging excitement when telling stories is good, but make sure it is quiet before continuing with the next part. Many children find it difficult to focus when there is background noise.

Paired work

Paired work presents opportunities to support learning and to build self-esteem. When pairing children up it is important to ensure that children who have an impairment are:

- Placed with classmates who are sensitive and supportive
- Supported in finding a partner to work with. The classroom teacher should be involved in partnering children up so that individuals do not feel singled out and different
- Placed with classmates who are able to be good role models and use the learning activity well
- Are placed with partners who will share the activity well and not dominate

Repetition

Repeating and revising areas of learning is important for all children and its value needs to be understood. Some children with impairments will miss key learning on the first, even second or third time round. Others will need even more opportunities to repeat and learn. As mentioned above, songs are an example of how repetition can be built into learning. Many children learn the alphabet through singing it and regular songs of greeting have a great impact in developing vocabulary.

Children with visual, hearing, intellectual and even physical impairments may miss key information as a result of their impairment. A child, who is uncomfortable physically, may have times when it is hard to focus. Certain intellectual impairments rely on opportunities to learn a smaller number of words or sounds in literacy. Having these
repeated, then helps this learning to be fixed in a child’s memory. So the revision and repetition of learning is as important as the original introduction of that learning. It is important not to rush through the revision and repetition parts of the lesson. When repeating areas of learning, it is important that the teacher carefully checks the understanding of children who have impairments.

| Using drawings or symbols | Simple drawings are an excellent way of helping to bring meaning to language development. The L3 materials give many examples of this including symbols to depict morning and night or girl and boy. It is a creative and simple way of make sure that language is understood and teachers should think about whether they can add to the ideas in the resources, or even encourage artistic pupils help in this way. A few things to remember:  
- Keep symbols or pictures simple. Children with visual impairments will benefit from uncluttered pictures.  
- Make sure the board is free of clutter.  
- Make sure that the board is clean and if necessary talk to a child with a visual impairment to see if they would benefit from the use of yellow chalk.  
- Make sure that drawings are clear and big.  
- It is natural, when drawing on the board, to explain what you are drawing while your back is to the class. When you have finished drawing, explain again facing the children so that a child with hearing impairment can watch your lips as you speak. Other children will also benefit from this clear repetition and careful explanation of the symbols/drawings. |

| Reading Stories | Children who struggle to learn to read will often lose the meaning of what they read because of that struggle. It is important to encourage children who find reading activities difficult to ‘think aloud’ about what they are reading. This means that children should have the chance to talk about the meaning of what they are reading. Paired and echo reading are excellent opportunities for children with intellectual impairments to have the extra repetition they need, but the teacher needs to ensure they are placed with peers who can be strong role models in reading. Children with hearing impairments will likewise benefit from strong peer support in these activities. All children with impairments should be paired with sensitive peers who understand why a child might take a little longer to achieve or needs to hold a book very close to their eyes or at an awkward angle. Conditions such as cerebral palsy causes weakness in the muscles and this can make it difficult for a child to make him or herself understood. Children with hearing or speech impairments can likewise have difficulty in being understood. Sensitive pairing of such children is important to ensure that they do engage in all activities. While their own pronunciation may not be clear, paired reading gives additional opportunities for children to hear clear pronunciation of written texts. |

| Retelling a Story | As noted above, children who have to spend extra time and effort reading texts may lose the meaning of what they have read. Developing opportunities for children to retell stories and texts, in their own words, is an important part of developing comprehension. L3 materials have many built in opportunities to check a child’s comprehension, but this simple retelling of information should be started from the offset, both in stories that a child hears and reads. This will benefit children with a range of impairments and is a strategy to use if |
assessments show that any child is struggling with comprehension activities.

| Drawing to support understanding | Many children will benefit from opportunities to draw concepts. A child who has difficulty hearing will certainly benefit from seeing the meaning of words such as: on, under, next to. This also gives the teacher opportunities to check understanding as children use the words to describe their pictures. This multi-sensory strategy benefits many children. |
| Finger Writing | Finger writing is an important step towards enabling children to understand the shapes of letters. Children with a variety of impairments will benefit from practicing writing letters and later whole words with their fingers, before using a pencil or pen. Making big letter shapes in the air, on the desk or even with a stick, on the ground outside, will help children to visualize and feel the shapes of letters before starting the process of writing. Later, many children with physical, intellectual and visual impairments will benefit from opportunities to trace over pre-written letters or dotted lettering to support their development in learning to both write and spell. |
| Look, say, cover (erase), write, check | This is an excellent approach in helping learners to fix new spelling patterns into their memories.  
- Learners with intellectual impairment will certainly benefit from having an opportunity to repeat this process over several days and should be given a sheet of paper with spaces on it to practice over a period of time. This approach may also help other learners who are struggling to recall spelling patterns.  
- A child with a visual impairment will benefit from having words placed in front of them and then they could be removed or turned over when they write. (Letter cards could be used for this purpose.)  
- It sometimes benefits children if the target sound or spelling pattern is high-lighted. This can be done using simple under-lining or like this: t/igh/t |
| Cloze Texts (Filling in Spaces with words) | This is another excellent activity for children who have a range of impairments and the teacher could consider extending this for children who, for example, find activities involving writing whole sentences difficult. Another way to help a child, who finds sentence writing difficult, is to give sentence starters. Begin the sentence for the child and consider giving some key words to help. |
Appendix 1:2 The Alphabet chart, matching pictures and letters. The resources are also on the first pages of revised L3 English and Kinyarwanda pupil’s daily readers.

<table>
<thead>
<tr>
<th>Aa</th>
<th>Bb</th>
<th>Cc</th>
<th>Dd</th>
<th>Ee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ff</td>
<td>Gg</td>
<td>Hh</td>
<td>Ii</td>
<td>Jj</td>
</tr>
<tr>
<td>Kk</td>
<td>Ll</td>
<td>Mm</td>
<td>Nn</td>
<td>Oo</td>
</tr>
<tr>
<td>Pp</td>
<td>Qq</td>
<td>Rr</td>
<td>Ss</td>
<td>Tt</td>
</tr>
<tr>
<td>Uu</td>
<td>Vv</td>
<td>Ww</td>
<td>Xx</td>
<td>Yy</td>
</tr>
<tr>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Zz</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The Kinyarwanda alphabet does not have Qq and Xx letters. Make sure both alphabets are in separate charts.
Some ideas for using these cards

- Individual activity involving matching letters to pictures
- Individual, paired or class activity using the focus letters to create a game of pairs. So if Aa, Bb, Cc are the focus letters, a simple game of pairs could be played using these cards. For a game of pairs, a selection of letters and their matching pictures should be placed face down. A child turns up 2 cards. If the two cards are a match e.g. they have turned up the letter ‘b’ and the picture of a ball, they win those cards. If they do not match, the letters are placed back down on the table and someone else has a turn. The game is over when all the pictures and letters have been paired up.
- Individual letter cards can be used in the same way for matching upper and lower case letters.
- For games where children are required to point at the board in teams, a set of the focus letters could be placed in front of a child who has difficulty moving so that they can point when it is their turn.
- A main benefit is in enabling a child with an impairment to hold, manipulate and arrange cards. Children can be shown how they can make rhyming words using a set of letters e.g. s + a + t makes sat. Take off the ‘s’ and add ‘c’ to make cat. Change ‘c’ for ‘h’ and the child will see they can make a set of words all ending in ‘at’. Teacher to emphasize the rhyming sounds built up in this way.
- Just as the letter cards can be used to show children how initial sounds can be changed to make a new word, they can be used to show that the final sounds can also be changed. For example, if you take the word cat and change the t to a p, what new word is made? The new word is cap. Using the individual letter cards will make it easy to swap final letter sounds.
- This can also be repeated with middle sounds. The e, in the word set, can be changed to make the new words sat and sit.
- Combine the letter cards with some high frequency words to allow the child learn how to build simple phrases or sentences. Some of these could match sentences used in their readers.

Learning High Frequency Words

Research has shown that in English 13 different words make up a quarter of all the words we read and write. Just 100 words make up 50% of what we read and write. Helping all children to remember how to read and then write high frequency words is important because:

- Many of these words cannot be sounded and do not follow usual rules about sounding out words e.g. he, the, what, you.
Knowing the high frequency words will help a child to read more quickly and fluently which is important when children are finding literacy difficult. If a child has to struggle to read every word, the meaning is often lost.

Many high frequency words are very important in adding to the overall meaning of a sentence. The high frequency word cards included here are taken from the early stages of the L 3 materials.

**Ideas for using high frequency words flashcards**

The best way for a child to learn high frequency words is by reading them in their reading books, but some children may need some extra help. Here are a few ideas.

- Show flashcards of focus and previously used high frequency words and see if the child can read them quickly. If he or she is unable to read a word, say the word and have them repeat it while looking at the card.
- Line up some of the focus high frequency words. Say a word and have the child point to the one you have said. Let them win the card if they are correct. Say another word and repeat this process.
- Ask the child to make up high frequency words using individual letter cards. (Let them use the high frequency cards to help).
- Ask the child to make up high frequency words using individual letter cards. (Let them use the high frequency cards to help) and then ask them to close their eyes while you remove a letter. Say the word and ask them to say which letter is missing. Show the complete word.
- Let the child hold or arrange the high frequency word cards, show them and read them.
- Have a child spell out the letters of a high frequency word, pointing to the letters, before using his or her finger to write the word in the air or on the palm of his or her hand.
- Remember that many children will need to repeat these activities over quite a long period of time but learning these words will be a great help to their literacy development.

Teachers are busy people and sometimes children could be paired up with a supportive friend to do these activities.

**Some words**

<table>
<thead>
<tr>
<th>all</th>
<th>Boy</th>
<th>came</th>
<th>garden</th>
<th>help</th>
<th>is</th>
</tr>
</thead>
<tbody>
<tr>
<td>and</td>
<td>black</td>
<td>do</td>
<td>goes</td>
<td>home</td>
<td>it</td>
</tr>
<tr>
<td>ask</td>
<td>But</td>
<td>does</td>
<td>has</td>
<td>how</td>
<td>like</td>
</tr>
<tr>
<td>at</td>
<td>brown</td>
<td>down</td>
<td>have</td>
<td>I</td>
<td>look</td>
</tr>
<tr>
<td>away</td>
<td>Can</td>
<td>go</td>
<td>he</td>
<td>in</td>
<td>many</td>
</tr>
</tbody>
</table>
Appendix 1:3

Spelling cards

<table>
<thead>
<tr>
<th>ch</th>
<th>sh</th>
<th>ay</th>
<th>ie</th>
<th>oy</th>
<th>fly</th>
<th>ow</th>
</tr>
</thead>
<tbody>
<tr>
<td>wh</td>
<td>th</td>
<td>ei</td>
<td>ea</td>
<td>shy</td>
<td>ir</td>
<td>all</td>
</tr>
<tr>
<td>qu</td>
<td>a_e</td>
<td>ow</td>
<td>ou</td>
<td>head</td>
<td>ew</td>
<td>awl</td>
</tr>
<tr>
<td>o_e</td>
<td>i_e</td>
<td>oug</td>
<td>or</td>
<td>baby</td>
<td>ur</td>
<td>silent</td>
</tr>
</tbody>
</table>

Using Blends

The blend cards in this section can be combined with individual letter cards to build words and to show rhyme. Children will benefit from having opportunities to physically build words that are clearly printed and easy to manipulate. This will benefit children with a range of impairments. Children with visual impairments will benefit from having easy to see resources. Those with intellectual impairments benefit from the chance to use a multi-sensory approach and those with certain physical impairments will find larger resources easier to manipulate. Teachers should take the opportunities to clearly sound blends when handing cards to children. This will be a useful reminder to all children, but especially those with hearing, visual and intellectual impairments who might have missed this information during whole class learning sessions.

Showing children how to build words which rhyme:

An example: What words can be built ending -ay?

Give children the -ay blend as well as initial letters s, r and p. Encourage children to word build and sound the words. Can they hear the rhyme? Can they hear that the end of the words sound the same?

s + ay = say     r + ay = ray     p + ay = pay     d + ay = day

Teachers should add in blends at the beginning of words too:

pl + ay = play
Middle of word blending

The learner can use the cards to build words around a centre blend too.

**For example:**

| s + ee + n = seen | b + ee + n = been | gr + ee + n = green |

In this example the teacher should clearly sound out the middle ee sound and can again show that these words rhyme.

Children can also be set a small challenge to see how many words they can make and read using a focus blend card and a selection of individual letter cards.

**Silent e**

When using flash cards to show the silent e, leave spaces between cards so that a child can fill them with a single letter card.

**For example:**

Give a child letters to build words around the silent e. Give: c, m, t, l

| __ + ake = cake | __ + ake = make | __ + ake = take | __ + ake = lake |

Appendix 1:4

Matching and sorting colours

**Coloured shapes**

**Timber shapes and coloured sticks**

**Materials needed:** pieces of card or rice sack cut into small cards, coloured cloth pieces, markers or pens, bottle caps, pieces of timber, stones, paint, glue, small pieces of wood etc.

**How to make:**
1. Cutout coloured pieces of cloth (geometrical shapes)
2. Glue these cutouts on a hard cardboard of rice sack.

**How to match/sort:**
1. Empty the contents of containers and mix them all together.
2. Sort the cutouts into the correct colour.

**Variations** You can do this activity by asking learners to pick up the bottle caps using clothes pegs of different colours that match the bottle caps and place them in the containers without using their fingers. Patterning: learners can choose 2 or more colours and create a repeating pattern of bottle caps. Counting: learners remove all the bottle caps from a container and then count as they replace them one by one. Say and/or write numbers. Subtracting: as with counting, continue activity by removing 1 bottle cap at a time. Say and/or write the remaining numbers as each bottle cap is removed.

**This activity is good for:** Fine Motor skills, Mathematical understanding, Memory, Matching skills, Sequencing skills, Sorting skills, Number recognition and understanding, Counting Count, Language development, Social skills and Fun

**Alphabet Domino Game**

![Image of dominoes](image)

**Materials needed:** pieces of card board or rice sack cut into equal-sized cards, coloured markers, crayons or pens, beads, cassava glue, grain seeds.

**How to make:**
1. Draw a thick line down the middle of each piece of card or rice sack.
2. Left hand side of the first domino in the sequence.
3. On the right hand side braille/write “Aa”
4. On the left hand side of the next domino, draw a picture beginning with the letter A, e.g. an axe
5. Continue in this way until the alphabet is complete, with a letter name and picture for each letter.
How to play:
1. Divide all the dominos out amongst learners, individually, in pairs or in groups.
2. The learners with letter a places their domino on the floor first.
3. The learners must then who has the picture beginning with letter a. This domino is put down next.
4. This continues until the alphabet is complete in the correct order.

Variations: You can make the same game using numbers, words and pictures, words in English and Kinyarwanda, etc.

This activity is good for: Gross motor skills, Fine Motor skills, Matching skills, Sequencing skills, Sorting skills, Phonic knowledge, Language development, Left to right orientation, Social skills and it’s a Fun activity

Bingo games

Materials needed: Pieces of paper, card or rice sack, pens or markers, bottle caps, nails, pins, thread.

How to make:
1. Draw a grid on each piece of paper, dividing it into 15 sections. (For younger children, you can have fewer sections).
2. On the first card write the numbers from 1 to 10, excluding the number 1, at random in different sections of the card.
3. On the next card write the numbers from 1 to 10, excluding the number 2, at random in different sections of the card.
4. On the next card write the numbers from 1 to 10, excluding the number 3, at random in different sections of the card.
5. Continue in this way, making more than one copy of each if more are needed. If there are not enough cards for individuals, learners can work in pairs or small groups.
6. Make a set of small flashcards with the numbers 1-10 written on them.
How to play:
1. Distribute the bingo cards amongst the learners, individually, in pairs or in small groups.
2. Distribute bottle caps to the groups, one for each number on the card.
3. Mix up the number flashcards.
4. Pick one of the number flashcards at random and call out the number.
5. If the learners have that number on their card, they cover with a bottle top.
6. This continues until one learner or group has covered all the numbers on their card.
7. When this happens shout bingo and they are the winners.
8. The game continues until all learners have got “bingo”.

Variations: There are many variations on this game. A few suggestions are: making the game with letters, symbols, words in English and Kinyarwanda, pictures, greater ranges of numbers, addition/subtraction /multiplication/division tables etc.

This activity is good for: Fine Motor skills, Mathematical understanding, Memory, Matching skills, number recognition and understanding, Counting Count, Phonic knowledge, Language development, Social skills and Fun!

Appendix 1:5
Step game activity: This activity is important due to it shows how children with impairments can perform well like other children without impairments.

<table>
<thead>
<tr>
<th>English</th>
<th>Kinyarwanda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you:</td>
<td>Ushobora:</td>
</tr>
<tr>
<td>see what is on the blackboard?</td>
<td>kureba kukibaho?</td>
</tr>
<tr>
<td>hear the teacher when s/he speaks?</td>
<td>kumva umwalimu iyo avuze?</td>
</tr>
<tr>
<td>use learning materials in class?</td>
<td></td>
</tr>
<tr>
<td>read what is on the blackboard?</td>
<td>gusoma ibiri kukibaho?</td>
</tr>
<tr>
<td>ask questions during learning?</td>
<td></td>
</tr>
<tr>
<td>understand what the teacher says?</td>
<td>gusobanukirwa nibyo umwalimu avuze?</td>
</tr>
<tr>
<td>lead in doing group activities?</td>
<td></td>
</tr>
</tbody>
</table>
move around the classroom easily?
communicate with the teacher and your friends?
Do you have friends?

kugendagenda mu ishuli?
kuvugana n’umwalimu n’inshuti zawe?
Ufite inshuti?

### Appendix 2:1

**An inclusive friendly learning classroom environment**

It stresses the importance of learners and teachers learning together as a learning community. It places children at the centre of learning and encourages their active participation in learning.

- **Learners** are safe, comfortable, welcome, respected, accepted, engaged, valued, active, enjoying the lesson, learning, motivated, well-behaved, thinking, talking, and asking questions.
- **Teacher** is smiling, caring, respectful, using learners’ names, passionate about learning, using positive feedback, interested in each child, praising, friendly, listening, encouraging learners to express their ideas, having high and consistent expectations towards learners, a guide, active, polite, fair, present, communicating well, supportive
- **Classroom** is clean, light, well organized to facilitate movement, displaying resources, learning aids and learners’ work, print-rich, fresh air, dry and inclusive.
- **Lesson** contains different types of learner centered activities.
The elements of an inclusive friendly learning classroom environment

- Includes all children: girls and boys; those from different cultural or linguistic backgrounds; those with special abilities or learning needs; those affected directly or indirectly by HIV/AIDS; etc.

**Appendix 3:1 Signs and Actions for impairments**

<table>
<thead>
<tr>
<th>Physical Impairment: <em>Ubumuga bw’ingingo</em></th>
<th><strong>Signs</strong></th>
<th><strong>Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ibimenyetso</strong></td>
<td><strong>Signs</strong></td>
<td><strong>Ibikorwa</strong></td>
</tr>
<tr>
<td>Signs that could be associated with more than one impairment are in bold</td>
<td><em>Ibimenyetso bishobora guhuzwa bitari igiharwe biri mu ibara ryijimye cyane</em></td>
<td><em>1. Ensure the classroom is clear and tidy and move any potential obstacles Kumenya neza niba ishuri risukuye kandi ritunganyiye , ritunganyiye, no kugukuraho imbogamizi zose.</em></td>
</tr>
</tbody>
</table>

1. Moves very differently to peers  
*Agenda binyuranye n’abandi bana bo mukigero cye.*

2. Is unable to sit without support  
*Umwana ntashobora kwicara atabonye ubufasha*
3. Is not able to walk  
*Umwana ntashobora kugenda*

4. Cannot balance on 1 foot  
*Umwana ntashobora guhagarara kukuguru kumwe*

5. Has unclear speech patterns  
*Umwana ntabwo avuga neza nkuko bikwiriye*

6. Becomes tired easily and does not like sports  
*Umwana aruha vuba kandi ntakunda imikino*

7. Has difficulty holding a pen and writing  
*Umwana biramurushya gufata ikaramu ndetse no kwandika*

2. Pair the child with a friend who can assist as needed  
*Huza umwana n’ishuti ishobora kumufasha.*

3. Provide assistance to go to the toilet.  
*Kumufasha kugirango ajye kwituma.*

4. Provide assistance to enable the child to move around.  
*Gufasha umwana gushobora gutemberera hafi*

5. If writing is particularly difficult for a student, provide them with copies of notes. These children benefit from working in a pair or group, where one child is asked to write the ideas of the group.  
*Mugihe kwandika bigoranye k’umunyeshuri bahe note z’isomo. Abo bana azungukira mugukorana ari babiri cg benshi, aho umwana asabwa kwandika ibitekerezo by’itsinda.*

6. Ensure easy access to classrooms and toilet facilities.  
*Umwana agomba koroherenza kujya mwishuri ndetse no mubwiherero*

7. Make sure a student who is absent from school, due to sickness, is not left behind. Send work home for the student to help them keep up if they are able. Give extra lessons when the student gets back to school.

**Sensory Impairment: Hearing (Includes children who are hard of hearing and who are deaf)**  
*Ubumuga bwo kutumva: kumva (Harimo abana bumva muburyo bugoye cyane abandi ari ibiragi)*

<table>
<thead>
<tr>
<th>Signs</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ibimenyetso</em></td>
<td><em>Ibikorwa</em></td>
</tr>
</tbody>
</table>

43
HARD OF HEARING/ kumva muburyo bugoranye

1. Has difficulty following verbal instructions/understanding what is being said
   Agira ingorane mu gukurikira amabwiriza atangwa y’imvugo/kumva ibivugwa.

2. Asks the teacher or their peers to speak louder
   Umwana asaba umwarimu n’abagenzi be kuvuga cyane.

3. Gives the wrong answers/fails to answer
   Asubiza ibisubizo bitari bya/kunanirwa gusubiza

4. Turns his/her head to use better ear to hear
   Ahindura umutwe we kugurango akoreshe ugutwi kwumva neza

DEAF/Utumva

6. Makes sounds that peers or people do not understand.
   Akoresha amajwi urungano rwe n’abandi bantu batumva.

7. Loses concentration in a poorly lit room.
   Atakaza imbaraga mugihe gitoya

8. Uses eyes to understand the environment.
   Akoresha amaso mu kumenya ibimukikije

HARD OF HEARING AND DEAF/UWUMVA
BIGORANYE CYANGWA utumva

9. Shows little or no attention in class
   Agaragaza gukurikira guke cyangwa kukabura mu ishuri

10. Responds better when the teacher is close by or provides practical tasks
    Asubiza kurushaho iyo umwarimu ari hafi ye cyangwa akamuha ibyo akoresha amaboko

11. May appear shy, withdrawn, disobedient or isolated
    Ashobora kugaragara nk’ufite isoni, nkuwifashe, utubaha, cyangwa uwuginze.

HARD OF HEARING

1. If the child’s speech is not clear, take time to listen and praise their efforts. Help by repeating the words correctly
   Niba umunyeshuri avuga ibitumvikana, fata igihe cyo kumwumva no kumushima ko agerageza. Mufashishe gusubiramo ayo magambo akosoye

2. Try to minimise classroom noise. gerageza
   Kugabanya urusaku mu ishuri

3. Pair the child with a hearing student so the partner can help
   Huza umunyeshuri n’undi wumva neza kugirango amufashe.

4. Speak with the child’s parents to discuss having the child’s hearing tested
   Vugana n’ababyeyi b’umwana bazasuzumishe imyumvire y’umwana wabo.

5. Seat the child close to the teacher so they can hear them and their classmates at the same time.
   Icaza umwana hafi ya mwarimu, kugirango abashe kumwumva, ndetse n’abagenzi beicyarimwe

DEAF/Utumva

6. Provide a communication board (made up of pictures or symbols) so the child can communicate with their teacher and peers
   Ha umwana ikibaho cy’ihanamakuru(kigizwe n’amafoto n’ibimenyetso) kugirango umwana yerekaniroho ibyo akeneye, bityo akabasha kumvikana na mwarimu n’abagenzi be.

7. Sign and speak because some deaf children can learn to lip read.
   Koresha ibimenyetso no kuvuga kuko abana bamwe b’ibiragi bashobora kwiga bakurikiye iminwa y’unwarimu

8. Give time to children to rest because using visual
<table>
<thead>
<tr>
<th>12.</th>
<th>Is not understood by people in or outside the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ntiyumvwa n’abantu baba ab’umuryango we cyangwa abandi.</td>
<td>Ha abana ikihe gihagije cyo kuruhuka kuko gukoresha imfashanyigisho binaniza cyane.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.</th>
<th>Has poor speech development/speaks differently from other children of the same age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iterabere ry’amagambo ye riri hasi/Avuga binyuranye n’abandi bana bo mu kigero cye.</td>
<td>HARD OF HEARING AND DEAF/ UWUMVA BIGORANYE CYANGWA utumva.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12.</th>
<th>Watches and copies what other children are doing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areba akanigana ibyo abandi bana bari gukora.</td>
<td>9. Make sure you are in good light so the child can see your face, hands and lips</td>
</tr>
<tr>
<td>Kumenya neza niba uri muruhande rwiza, kugirango umwana arebe mu maso hawe, intoki n’iminwa.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.</th>
<th>Presence of mucus in the ear. (some)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afite umuhaha mu gutwi</td>
<td>10. Face the child when speaking or signing.</td>
</tr>
<tr>
<td>Reba umwana ikihe aririmba cyangwa avuga.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11.</th>
<th>Show the child what you want him or her to do rather than telling them</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ereka umwana icyo ushaka ko akora aho kukimubwira.</td>
<td>11. Show the child what you want him or her to do rather than telling them</td>
</tr>
<tr>
<td>Koresha imfashanyigisho mugihe cy’amasomo kugirango bimufashe kumva neza.</td>
<td></td>
</tr>
</tbody>
</table>

| 12. | Use visual aids during lessons to improve understanding. |
### Signs

**Ibimenyetso**

1. Shows poor attention in class  
   *Abana nkabo bagira gukirikira guke mu ishuri.*

2. May appear withdrawn or isolated  
   *Umwana agaragara nkudahari cyangwa uwahejwe*

3. Frequently blinks or frowns when doing close work  
   *Umwana arahumbaguza kenshi cyangwa akabyiringira amaso igihe akora umurimo wa bugufi.*

4. Doesn’t join in activities which need good distance vision, e.g., sports, playground games  
   *Ntakora ibisaba kureba kure, urugero : siporo, n’imikino mu kibuga.*

5. Is very sensitive to light  
   *Afite ibiyumviro byinsi k’Urumuri.*

6. Has sore, uneven or unusual eyes  
   *Afite amaso atukura, atangana cyangwa adasanzwe.*

7. Often rubs their eyes  
   *Umwana Abiyiringira amaso kenshi.*

8. Is unable to locate or pick-up something small.  
   *Umwana ntashobora kuminya aho ikintu kiri cyangwa gutoragura akantu gato.*

9. Writes letters and words in reversal form. E.g. was/saw or b/d  
   *Umwana nkuwo yandika anyuranya inyuguti cyangwa amagambo urugero: b/d, l/j*

10. **Tilts the head** when trying to focus on something  
    *Yubika umutwe iyo ashaka kwibanda kukintu runaka*

11. Cannot write and follow the lines on the page. Cannot follow lines during movement activities.  
    *Umwana ntashobora kwandika ibintu akurikiza umurongo kurupapuro kandi ntashobora kugendera*

### Actions

**Ibikorwa**

1. Seat the child close to the teacher so they can see him/her and their classmates at the same time.  
   *Icaza umwana nkuwo hafi ya mwarimu kugirango ashobore kureba mwarimu n’abagenzi be icyarimwe.*

2. Ask the child where the best place is for the child to sit to see the board  
   *Baza umwana nkuwo umwanya wamubera mwiza ashobora gutuma areba ku kibaho.*

3. Shade a child who is sensitive to light by providing a hat or cardboard screen (E.g. an albino child)  
   *Gushyira umwana ubabazwa n’urumuri mu gicucu cyangwa agahabwa ingofero, umutaka, cyangwa agakarito (Nyamweru)*

4. Ensure the child knows their way round the school and classroom. Warn them about obstacles that cannot be moved  
   *Menya neza ko umwana azi inzira zikikije ishuri n’ikigo yigaho. Bamenyesho ko hari imbogamizi zidashobora kuvaho.*

5. Use large writing on the blackboard and on visual aids  
   *Andika umukono munini ku kibaho no ku mfashanyigisho.*

6. Speak with the child’s parents to have their child’s vision tested  
   *Vugana n’ababyeyi b’umwana gusuzumisha imirebere y’umwana wabo.*

7. Use the names of other pupils in discussions so the child knows who is talking  
   *Gukoresha amazina y’abanyeshuri mu biganiro kugirango umunyeshuri amenye urimo avuga.*
<table>
<thead>
<tr>
<th>Signs Ibimenyetso</th>
<th>Actions Ibikorwa</th>
</tr>
</thead>
</table>
| **1.** Compared to peer group, the child appears to have a poor memory.  
*Ugereranyije n’abana landana, umwana afite gufatamumutwe guke* | **1.** Break the task down into small steps or make the learning objective easier. Have the child start with what they can already do. Then move onto a new task.  
*Gabanyamo inshingano intabwe ntoya ntoya cyangwa wosho intego z’isomo. Ese umwana yatangiye ibyo yarangiye gukora? Noneho komeza kuzindi ntambwe.* |
| **2.** Shows poor attention in class  
*Nta kurikira mu ishuri* | **2.** Give the child lots of time to practice when teaching a new skill.  
*Ha umwana imyitozo myinshi igitwe wigisha ubumenyi bushya* |
| **3.** Has difficulty with tasks using reading or writing.  
*Afito ingorane zo kwandika no gusoma.* | **3.** Use simple words and check that the child has understood. |
| **4.** Has difficulty following verbal instructions  
*Agira ingorane mu gukurikira amabwiriza atangwa mumvugo* | **4.** Use didactic materials, pictures or symbols to help children understand.  
*Koresha imfashanyigisho, amashusho, ibimenyetso kugirango ufashe umwana kumva.* |
| **5.** May appear shy, withdrawn, disobedient or isolated  
*Agaragara nk’ugira amamagbo make, utazi ikintu na kimwe utubaha, cyangwa uwuginze* | |
7. Compared with peer group, the child has difficulty understanding what is being said
   *Ugereranyije n’urungano rwe, umwana afite ingorane zo kumva ibirimo kuvugwa*

8. The child has difficulty copying shapes onto paper after 1 year at school
   *Umwana afite ingorane zo kwandukura amashusho kuro upapuro nyuma y’umwaka ageze mu ishuri.*

9. Watches and copies what other children are doing
   *Arareba akanigana ibyo abandi bana bakoze*

10. Is talking differently from most other children of the same age
    *Avuga binyuranye n’abandi bana bo mu kigero cye*

11. Does not play like other children of the same age
    *Ntakina nk’abandi bana bo mu kigero cye.*

5. Do one activity at a time and complete it. Make it very clear when one task is finished and another is starting.
   *Kora igikorwa kimwe ukirangize. Ereke na nezo ko igikorwa kirangiye kandi ko ikindi gitangiye.*

6. Encourage the child to join in questions but leave extra time for them to respond. Make their questions easier.
   *Shishikariza umwana kubarizwa hamwe ariko ubahe igihe gihagije cyo gusubiza*

7. Find time to work with the child individually for short periods.
   *Shaka umwanya wo gukorana nu umwana mugihe gito*

8. Encourage the child to watch and listen to his/her peers
   *Shishikariza umwana kureba no kumva urungano.*

9. Give extra time for writing tasks if needed or make the tasks shorter.
   *Muhe igihe gihagije cyo kwandika ibikorwa niba bikenewe cyangwa gukora igikorwa gito*

10. Have a time table on display in the classroom; make it visual so that all children can understand it.
    *Gira ingengabihe igeragara kubibaho mu ishuri, igomba kuba igeragara kubana bose kandi babe babyumva*

*(Taken from VSO SEN Toolkit)*
Appendix 4:1 Teaching/learning Resources

Plastic bottle tops are an excellent resource to use to enable children to build up words from individual letters or blends. Letters can be clearly written on the top of the bottle top with a black marker pen so that the learner can easily move the letters around to try to build up words.

In this photograph a rice sack has been used to make a simple matching activity using

This section contains some materials and ideas that teachers can use to support learners who have impairments during their numeracy and literacy development.

Flash cards

Materials needed: pieces of card board or rice sack cut into small cards, thread, markers or pens, off cuts of cloth, beads/grain seeds, cassava glue/sowing needle, bottle caps etc
How to make:
1. On each card draw/ sow or glue pictures/letters using cloth, seeds e.g. cup, chair, book, a, b, c, d etc
2. Make as many cards as you can especially alphabet letters for each group to have adequate copies.

How to use:
1. FLASH. As the name suggests, what you need to do is simply flash cards in front of students. One important condition is to make sure they are watching. Their full attention is needed since you will flash a card in front of them very quickly. Show the card, and the students have to name what’s on it. Slowly speed it up, and start adding more cards.
2. PAIRING. Decide on the number of the cards depending on the age/ abilities of your students. Have for example 6 pairs of 2 cards with the same image (12 cards) spread on the floor facing up. You can line them up in rows of 3 or 4. Have the students look carefully at the card for about 20 seconds (depending on the age), and memorize the places of the cards. Students, then, take turns to flip the cards in pairs. The one who flips all the pairs first (takes minimum time) wins.
3. FIND THE CARD. Take about 20 cards with recently learnt vocabulary (images). Spread them around the classroom. Have a student name a card he/ she sees. The other students need to find the card. The student with most cards at the end wins.
4. MATCH WITH WORD. Similar to the previous game. This time students should match card images with cards where the words are written.
5. DRILL Divide your students in two groups. You can choose to drill vocabulary of phrases students have just learnt. For example, a picture of a girl. The student who is first in line asks: “What is Betty wearing?” Student behind answers: “Betty is wearing a red dress, a blue jacket, and brown shoes”, then turns back and asks the same question to the student behind. The team that finishes first, wins. This can vary depending on the focus of your lesson.
6. GUESS THE WORD. Divide students into teams. One student of each team can see the card. He/ she needs to explain to the rest what the word is. The team that guessed most words wins.
7. GUESS THE WORD Alternative to the previous one. One student of each team sees the card. The rest of the students are asking questions in order to guess it.

Variations: The learners can play this game in pairs or small groups, with the winner being the person/group who puts the correct letters on three word cards to make a correct word or number of words made as a group. The game can also be played with number word flashcards with print/braille words.

This activity is good for: Gross motor skills, Fine Motor skills, Mathematical understanding, Number recognition and understanding, Phonic knowledge, Language development, Left to right orientation Social skills and it’s a Fun activity
Matching Game

**Materials needed:** pieces of cardboard or rice sack cut into small cards, thread, crayons, markers or pens, bottle caps, grain seeds, cassava flour

**How to make:**
1. In the centre of each card, colour a small part. Write the name of that colour in Kinyarwanda above and in English below.
2. Make 2 for each colour, i.e. 2 red cards, 2 blue cards, 2 green cards etc. or use tactile materials/braille.
3. Make maximum 5 pairs (10 cards in total).

**How to play:**
1. Put the cards on the table or floor with the information facing down.
2. Make sure the cards are mixed up.
3. It can help the learners if the cards are put on a grid, as it will be easier for them to remember where the different cards are.
4. The first player turns two cards over, leaving them in the same space.
5. If the cards match, that player can take them. If the cards are not the same, the player puts them back face down.
6. The next player turns over two different cards.
7. This continues until all the pairs have been found.
8. The player with the most pairs of cards at the end is the winner.

**Variations:** You can make the same game using pairs of shapes, animals, letters, words (in English and Kinyarwanda), pictures and words, numbers, numbers and images etc.

**This activity is good for:** Fine motor skills, mathematical understanding, number recognition and understanding, phonic knowledge, Language development, social skills and it’s a fun activity
**Simple Addition Sum Board**

![Image of a simple addition sum board](image_url)

2 + 3 = 5

**Materials needed:** pieces of card or rice sack cut into small cards, thread, markers or pens, bottle caps

**How to make:**
1. On each card draw 3 circles large enough to contain a few bottle caps.
2. Put in the + and = signs between the circles.

**How to play:**
1. Give bottle caps to the learners.
2. Ask the learners to put a few bottle caps into each of the first two circles.
3. The learners can then complete the addition sum by putting the correct number of bottle cups onto the answer circle.

**Variations:** The learners can play this game in pairs or small groups, with the winner being the person who puts the correct number of bottle tops out first. The game can also be played with numeral flashcards with braille figures/glued seeds instead of bottle tops. The same activity could be made using subtraction, multiplication and division.

**This activity is good for:** Gross motor skills, Fine Motor skills, Mathematical understanding, Number recognition and understanding, Counting Count, Social skills and it’s a Fun activity
Making and using dice

**Materials needed:** strong card, wood (or any other material that can be made into a cube shape), tape, scrap paper, ruler, knife, and scissors.

**How to make:**
1. To make a paper or card dice, cut a cross shape (as shown in picture.) If using card, score carefully along the lines before folding into a cube shape.
2. Mark all six surfaces with dots or numbers from 0-2, 1-3 or 1-6.
3. Stick the edges together with tape and fill the inside with crushed scrap paper before closing completely.
4. Cover the entire cube with tape to strengthen it and make a smooth surface.

**How to play:**
Many games can be played using dice. These are just some of the possibilities:
1. Learners can work individually or in small groups to recognize write/braille or say the numbers represented by the dots on the dice.
2. Two dice can be thrown or rolled at the same time, and the two numbers which appear can be added or multiplied.
3. Using one dice marked with numerals and another dice marked with dots, the learners can match the correct numeral with the dots and blind learners will be guided by friends/guides.
4. Place value: One learner rolls the dice and records the number in the 10s place on a piece of paper. They roll again and record this number in the 1s place on the paper. They continue to make 2 digit numbers, adding them together each time. This can be played with a partner or in a small group, where the winner is the first person to reach or exceed 100.

**Variations:** Dice can be made using colours, shapes, pictures, letters, words, vowels etc. instead of numbers and dots.

**This activity is good for:** Gross motor skills, Mathematical understanding, Memory, Matching skills, Number recognition and understanding, Counting Count, Phonic knowledge, Language development, Left to right orientation and Fun!
Abacus

Materials needed: clay, pieces of timber, used paper, beads, threads, cassava glue, nails, bottle tops

How to make:
1. Make a wooden frame or mold clay and leave to dry.
2. Put in the iron rods/wire/thread on the frame with beads.

How to use:
1. Give abaci to learners.
2. Ask the learners to represent mathematical information on the abacus or work out simple math’s solutions using the abacus e.g. weights of units, place values, counting, addition, subtraction etc.
3. The learners can then complete the addition sum by putting the correct number of beads onto their correct place values or units.

Variations: The learners that better vision can help read tasks on the chalk board to the other learners to represent or workout correct solutions using the abacus. The abacus can also be used by learners with impairment’s to work out solutions during lesson or summative evaluation

This activity is good for: Gross motor skills GM, Fine Motor skills, Mathematical understanding, Number recognition and understanding, Counting Count, Social skills and it’s a Fun activity
Dressing Up

Materials needed: Rice sack or material, permanent markers, hats or pieces of material, sunglasses, thread, sewing needle etc

How to make:
If using rice sack, cut with hot scissors or hot knife to seal edges.
1. Decorate with permanent markers to make a uniform/costume (e.g. doctor, soldier, police officer, princess, fairy etc.)
2. Whole rice sacks need head and arm holes cut.
3. Material of any size can be used to wrap around the body or head, or to use as a cape.

How to play:
1. Choose one of the costumes and put it on.
2. Act out the role of that character when wearing the costume.
3. At first children may need some encouragement to use the clothes but soon they start to make up scenes and play alone or with friends.

This activity is good for: Gross motor skills, Fine Motor skills, language development, Social skills and it’s a Fun activity
Shopping Role Play

Materials needed: cardboard boxes, paper Marcie food items, empty bottles or containers e.g. Nido, bottle caps to be used as money, dummy money, card to make price tags, masking tape, sellotape to cover cardboard (if available to aid durability).

How to make:
1. Cover cardboard boxes with sellotape.
2. Cover the bottle tops with masking tape and write money values on them.
3. Write out the price tags using numbers that the learners are familiar with using print/braille.

How to use:
1. Learners act out role-plays with one person being the shopkeeper and another being the customer.
2. As you play, practice simple counting, adding and taking away.
Variations: This game can be played using different kinds of shops (e.g. Papeterie, pharmacy, clothes shop, fruit and vegetables etc.) Different amounts of money (coins and paper money) can be used as the learners become familiar with them.

This activity is good for: Fine Motor skills, Mathematical understanding, Memory, Matching skills, Sequencing skills, Sorting skills, Number recognition and understanding, Counting Count, Language development, Social skills and Fun!
Matching numbers

Materials needed: card, plastic cover (plastic tablecloth, thread, masking tape, laminator or poly pocket).

How to make:
1. Write/braille a selection of numbers (from 1-10) down the left side of the card.
2. Write/braille the same numbers, in a different order down the right hand side of the card.
3. Cover with plastic.

How to play:
1. Writing on the plastic cover, learners draw a line/use threads to connect matching numbers.
2. When completed and corrected, the card may be wiped clean.

Variations: These matching cards can also be used to compare the numbers that are opposite each other (i.e. greater than, less than, equal to) as shown in the picture below. The same activity can be made to match different things, e.g. capital and lower case letters, shapes, pictures and words, words in English and Kinyarwanda etc.
Voices of children with disabilities

VSO’s L3+ pilot project aims to bring children with disabilities into the mainstream through training and support for teachers, parents, health workers and organisations for people with disabilities. The following testimonies were collected during end line data collection from children with disabilities in focus groups conducted at Gahanga Primary School in Nyamagabe district.

Do you like going to school? Why?
“Yes. I like to learn”
“I want to be a success”
“I like playing at school.”
“I like talking to other children. We talk about lessons and school. We play together.”

What do you think of your teachers?
“My teacher treats me nicely”
“They teach us nicely”
“She is kind and not rude. I am happy for that”

How should someone treat a child with disabilities?
“They should give that child money for medical care. Some are sick”
“That child should be supported by other persons in the class when they don’t have the materials. They should support that child on his way”
“Children with disabilities need support. They need medical support as well”

What do you want people to know about children with disabilities?
“Help us more”
“We need money for help with medical”

Children with disabilities at Gahanga Primary School ©VSO/Lucy Taylor
Feedback meeting on monitoring visits in the schools of Nyamagabe and Nyaruguru districts

<table>
<thead>
<tr>
<th>I. Including Children with impairments in Mainstream Schools</th>
<th>Observations</th>
<th>Recommendation and way forward</th>
</tr>
</thead>
</table>
| Are teachers able to identify and categorise children with impairments in mainstream classrooms | To some extent teachers are able to identify CWIs, except few cases with mild impairments were not considered or paired with an identified learner. | • Teachers require involving their learners in discussing their learning needs especially children suspected of any hearing, visual or intellectual impairment.  
• Teachers should also have a uniform mechanism of involving all learners in learning without showing too much support to Special Needs learners during lessons.  
• Teachers should be given tips/skills on ways of carrying out sport assessment of learners and some help on identifying children with impairments.  
• Discussing with parents on their children’s impairment’s and possibilities of helping them at school. |

| Appropriateness of actions taken to support children with impairments when using L3 materials in mainstream classrooms (Appropriate/inclusive seating plans, IEP, good teacher/pupil relationship exhibited) | -They are able to have adequate seating plans in classrooms, audible voices, learners with Special Needs are involved in learning activities, good teacher-pupil relationship exhibited learners with the four categories of impairments motivated to learn and participate.  
-The records of Individual Education Planning for children with impairments do not clearly outline adequate measures of helping identified learners cope up with classroom learning needs. | -Teachers need to discuss possible IEP measures as a team.  
-Creating positive learning environment (rewarding learners, opportunities for learners to correct themselves, positive feedback, learners ask questions, displaying learners work, giving learners adequate extra time to think and work out solutions to tasks during activities in class, among others).  
-Clear identification of learners with impairments in mainstream schools rather than assuming suspected learners to be having disabilities.  
-Records on Children with Impairments Individual Education Planning (IEP) require all teachers to discuss as a class team to discuss with a child’s parent, possibilities of supporting his/her child at school.  
-The IEP records should also reflect measures of helping a learner with impairment benefit from lesson objectives for instance counting up to ten in mathematics lesson, reading and pronouncing correctly five vowel letter in English. |

| Child-Child approach (children supporting learners with impairments during lessons) | Few children help their friends during reading activity either due to different activity tasks or lack of awareness on rights of children with disabilities at school. | -Teachers need to emphasize on other children helping learners with special needs during learning and outside class.  
-Simplifying lesson content for the learners with intellectual impairment to easily understand what is learnt e.g. stories in audio lessons require interpreting pictures before the actual lesson starts, simple gap filling in exercises, drawing among others. |
<table>
<thead>
<tr>
<th>Establishing and cultivating a culture of caring and respecting all children including learners with special needs at school.</th>
<th>Erecting messages about rights of children with special needs along pathways and classrooms at school.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learners with impairments are allowed to demonstrate, explain or show something during L3 lessons.</td>
<td>Teachers do allow learners with impairments to demonstrate and show something in front of the classroom. Teachers are also still using old L3 readers to deliver L3 plus lessons.</td>
</tr>
</tbody>
</table>

**2. Making the Most of L3 Materials when Working with Children with SEN**

<table>
<thead>
<tr>
<th>Observations</th>
<th>Recommendation and way forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching strategies/approaches: Eg: songs, role play, pointing games, listening to stories, choral reading with teachers, echo reading, paired reading and role play, audio material, pair work, group work, etc. It is practiced but not adequate handled.</td>
<td>More emphases on using teaching strategies i.e. motivating learners to participate and learn from a variety of activities for example singing, clapping, and games among others. Use of energizers during lessons Champion teachers train other teachers in inclusion during school based trainings with help of school based mentors. Improving upon the teachers chalk board work and bold print writing for learners with impairments to clearly read. Following up on teacher’s practices after trainings. Using model lessons.</td>
</tr>
</tbody>
</table>

**3. Additional Resources for Supporting Children with Impairments**

<table>
<thead>
<tr>
<th>Observation</th>
<th>Recommendations and way forward</th>
</tr>
</thead>
</table>
| Variety of class displays (talking classrooms) to support L3 materials | Few classes have displayed L3 material in way that is not appropriate for instance above the learners height, mixed up with other subjects (undefined subject corners), old learning aids, wrong class level materials (term 3 work instead of term 1 and 2 work). | - Encourage teachers to develop L3 reading and writing materials for example work cards, alphabet charts, frequency words, letter cards, picture cards etc.  
- Use learners to be collecting materials from local environment.  
- Use of a variety of real objects to conduct lessons for example counters, bottle tops, stones etc.  
- Teachers should work with resource centres at districts to help them copy and adopt appropriate L3 plus.  
- Displaying all materials appropriately in classrooms.  
- Involving children in making learning materials e.g. P.6. pupils can help in drawing on rice sacks |
| --- | --- | --- |
| Appropriateness/relevance of instructional materials used to L3 content materials and learner friendly (attractive and familiar to learners). | Materials were suiting the lessons except they were few/small/faint to benefit a larger class. | - Use of clear, bold and attractive learning aids.  
- Making a variety of learning materials for instance models, paper Marcie among others |
| Learners with impairments interacting with the learning aids during L3 lessons | In most classes learners with SNE were allowed to interact with learning aids. | - Giving learners as a class to have adequate time with the T/L aids.  
- Allowing learners to draw conclusions about the materials used as teaching aids during learning. |

**Other Recommendations:**

- Involving the Headteacher, Deputy Head teachers/responsible teachers and school mentors in 6 selected schools in attending L3 plus trainings or meetings on inclusive education for sustainability of the ongoing project activities.

- Using the new revised P.1. and P.2. L3 materials other than old ones to deliver L3 plus teaching strategies for inclusive education in mainstream classrooms.

- Involving SEOs and DEOs on the project implementation and monitoring activities through meetings, visits, trainings etc.

- The EDC team, L3 Provincial Coordinators and L3 plus technical team should participate in training teachers and monitoring visits at target district. These would help in the implementation and sustainability of the project activities even after VSO L3 plus project.
TRAINING MANUAL FOR PARENTS AND CAREGIVERS ON IDENTIFICATION, CARE AND SUPPORT FOR CHILDREN WITH SPECIAL NEEDS

Beneficiaries: Parents and Caregivers of children with Special Needs

January 2016
Acknowledgement

The work of preparing this module was genuinely participatory and involved many inclusive education and special needs education experts from inside and outside of the VSO Rwanda. Their names are listed below and we would like to thank all of them for their contributions. Every single input and comment was thoroughly considered and contributed to the enrichment of the module.

Many thanks go to Mr. Antoine Niyitegeka, Program Coordinator; Mrs. Sandra Ford and James Kigio, the VSO Special Needs Education Volunteers who led the entire process of developing this manual. Their insights and advice were very helpful in shaping this training module.

Listed below are other contributors who provided valuable time and experienced insights into completing this module. If we have inadvertently forgotten someone, please accept our heartfelt apologies and sincerest appreciation for your valuable assistance.

Module Contributors:

1. Dr. Patrick Suubi, UR-CE
2. Mr. Antoine Niyitegeka, VSO
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Finally, the development and delivery of this module would not have been possible without the generous financial support from USAID via EDC. We thank them for supporting this process in particular and VSO in general.

Papa N. Diouf,
Country Director
VSO Rwanda Program
The government of Rwanda is committed with Education Sector Strategic Plan (ESSP), to improve and increase access to basic education for all and quality education at all levels. An inclusive education strategy has strongly been adopted to cater for learners with special needs. This L3 plus manual therefore intended to enhance awareness among stakeholders on the various forms of special needs.

The manual contents aims at exploring wider school provision, together with the parents or caregivers roles and responsibilities of all those involved in SEN/Disability in fostering inclusion within the wider school community. The importance of whole-school commitment to inclusion, and the scrutiny of roles, responsibilities and working practices will also be considered. It is hoped that the participation of parents or caregivers through enhanced knowledge identification of children with special needs would improve on the provision of adequate care and support for children with special needs at homes.

With continued support from all education partners and with meaningful use of this module by educators and stakeholder, all children in Rwanda should be able to enjoy their fundamental rights.
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Acknowledgement</td>
</tr>
<tr>
<td>ii</td>
<td>Forward</td>
</tr>
<tr>
<td>iii</td>
<td>Introduction</td>
</tr>
<tr>
<td>4</td>
<td>Session 1: Understanding the impact of stigma on children and their families</td>
</tr>
<tr>
<td></td>
<td>Activity 1: The sticker game</td>
</tr>
<tr>
<td>5</td>
<td>Activity 2: Harmful words-Does it matter what people say?</td>
</tr>
<tr>
<td>6</td>
<td>Activity 3: Barriers to Inclusion</td>
</tr>
<tr>
<td>7</td>
<td>Session 2: Recognising some of the signs of impairment &amp; deciding who can offer advice</td>
</tr>
<tr>
<td>7</td>
<td>Activity 1: Signs of impairment</td>
</tr>
<tr>
<td>8</td>
<td>Activity 2: Signs in the community</td>
</tr>
<tr>
<td>9</td>
<td>Activity 3: Support for children with impairment</td>
</tr>
<tr>
<td>10</td>
<td>Activity 4: Causes of impairment</td>
</tr>
<tr>
<td>11</td>
<td>Session 3: Recognising some of the signs of impairment</td>
</tr>
<tr>
<td>11</td>
<td>Activity 1: Step game activity</td>
</tr>
<tr>
<td>12</td>
<td>Activity 2: What is successful inclusion?</td>
</tr>
<tr>
<td>13</td>
<td>Activity 3: From a child’s perspective</td>
</tr>
<tr>
<td>13</td>
<td>Activity 4: The rights to receive care</td>
</tr>
<tr>
<td>14</td>
<td>Activity 5: Care for All children</td>
</tr>
<tr>
<td>15</td>
<td>Appendices</td>
</tr>
<tr>
<td>15</td>
<td>Appendix 1:1 The Sticker Game</td>
</tr>
<tr>
<td>22</td>
<td>Appendix 2: Impairments &amp; definitions</td>
</tr>
<tr>
<td>24</td>
<td>Appendix 3.1 Step game descriptor cards</td>
</tr>
<tr>
<td>25</td>
<td>Appendix 3.2 Step game statements</td>
</tr>
</tbody>
</table>
Session 1: Understanding the impact of stigma

Many children in Rwanda continue to suffer from the stigmatism caused by attitudes towards impairment. In this module parents will look at what stigmatism is and the damage that it causes to children with impairments. It will also acknowledge the impact of stigma and negative attitudes on individuals and the whole family.

**Objective**

By the end of the session participants will be able to:
- Experience the feeling of exclusion and isolation that some people feel because of having an impairment
- Explain what stigma is and the impact it has on children and their families
- Explain that there are many children who experience barriers to inclusion around the world and stigma is just one of them

**Preparation**

Read all the relevant activities before the session to ensure that the content is clear and understood.

**Materials**

- Sets of 3 different coloured stickers (enough for 1 for each participant)
- Flip-chart or rice sack showing what the colours mean (Appendix 1.1)
- Cards with respectful and disrespectful words on them (Appendix 1.2)
- Traditional vs Social model of inclusion (Appendix 1.3)
- Flip-chart
- Marker pens

**Total Time**

1 Hour

---

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 30 minutes</td>
<td><strong>Activity 1: The Sticker Game</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td></td>
<td>Explain that the “Sticker Game” is fun, but that it has serious intent. The goal of the game is for participants to pretend that they are at a party and to greet all of the other guests at the party.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong></td>
</tr>
<tr>
<td></td>
<td>Facilitator to place 1 sticker on each participant’s forehead (participants can’t know which colour is on their own head). Make sure there are less red ‘ignore’ stickers than the other colours.</td>
</tr>
<tr>
<td></td>
<td><strong>Instructions</strong></td>
</tr>
<tr>
<td></td>
<td>- Show the rice sack/flipchart and explain/demonstrate the rules of the game:</td>
</tr>
<tr>
<td></td>
<td>- A sticker will be put on everyone’s forehead. The colour of a person’s sticker tells you how to greet them.</td>
</tr>
<tr>
<td></td>
<td>- Participants should not know which colour of sticker is on their forehead, but they can see everyone else’s sticker</td>
</tr>
<tr>
<td></td>
<td>- People with red stickers you will ignore</td>
</tr>
<tr>
<td></td>
<td>- People with white stickers you will shake their hand</td>
</tr>
<tr>
<td></td>
<td>- People with green stickers you will embrace/hug</td>
</tr>
</tbody>
</table>
Activity
Once everyone has a sticker on their forehead the party can begin
Let the game continue until you see that everyone has moved into their
colour groups and/or they are starting to talk

Conclusion
- Facilitator to get everyone’s attention and ask them to stand with
  their sticker colour group
- Ask each colour group how they felt during the activity. Finish with
  the group that were being ignored (facilitator might need to
  encourage participants to use emotion words)
- Why did they feel this way? (hopefully they will say they were being
discriminated against or excluded)
- Is it reasonable to feel this way? Why?
- Children often feel this way because of the way that they are treated
  because of an impairment. This is a stigma and it is a big barrier to
  children receiving their full rights to education and inclusion in their
  communities.
- Facilitator to explain that part of this training aims to look at how
  parents can overcome this feeling of stigmatism that their children
  feel and work towards greater inclusion for them at home, school
  and in the community.

Repeat the activity but this time, warmly greet all the participants. It
doesn’t matter what colour their sticker is- greet them all. Take away
stigma and prejudice.

Activity 2: Harmful Words- Does it Matter what People Say?

Introduction
In every culture there are words that are used to describe disability/
impairment. Some of these are harmful and stigmatizing. They have a
meaning that is unhelpful and disrespectful.

Preparation
Before beginning this activity, the facilitator should lead a brief brainstorm in
which the trainees give words that are used to describe impairment. They
should say whether these words are respectful or disrespectful and whether
they, as parents, find them hurtful.
Facilitator will then give out sets of cards with words used to describe
impairment to groups of 3 – 4 participants.

Instruction
Each group should discuss the words they have been given and then divide
them into two groups – ‘respectful’ or ‘disrespectful’.

Activity Groups to be given a short time to separate words into the two
groups. After about 5-10 minutes, the facilitator will check the answers and
see if there is agreement.

Conclusion
- Discuss the impact of disrespectful words on children who have an
  impairment.
• Acknowledge that words hurt people and make them feel excluded and perhaps as parents they have felt hurt by the words that have been used to describe their own children.
• Explain how parents can work towards demanding more respect for their children and how they can role model respectful language and attitudes.

Working in small groups 3-4 (20 minutes)

Activity 3: Barriers to inclusion Traditional vs Social Attitude

Introduction
Just as there are harmful words in every culture, there are also a range of other barriers which prevent children with disabilities from enjoying their rights to enjoy school and community life. This activity will give the participants the opportunity to say what the barriers are and to see that they are not alone in facing these barriers, but that other families have children who also face the same barriers.

Preparation
Facilitator to show the slide or rice sack which shows the Traditional vs Social model of impairment and explain what it is showing:
• In the traditional way of thinking, children with impairments were seen as having many problems which stop them taking part in family, school and community life.
• In the social model, is not the child who has problems. There are barriers in the way of them taking part and being included in activities which others enjoy. The child is not a problem.

Instruction
Each group should discuss what barriers they think are in their community which stop children with impairment from being included in school and community life. They should write these down.

Activity Groups will be given about 5 or 10 minutes to think about some of the barriers to inclusion faced by their children. They should think about the Traditional vs Social model and list the barriers which stop children with impairments from being included. After the participants have had time to make up a list, the facilitator should record the suggestions on a flipchart. As the suggestions are written up, the facilitator should ask how many other participants in the room also feel their children experience the barriers listed.

Conclusion
• The facilitator should again point to the Traditional vs Social model and remind the participants that the child is not a problem. Any problems are due to barriers that are put up which prevent children from taking part.
• Point out that parents are not alone and encourage the participants to continue to share their experiences, as they did in this activity/training, with other parents who have children with impairments. The facilitator should encourage parents to work together with other parents to be a voice for their children.
• The facilitator should note that countries all over the world face this same issue and have to work at removing barriers to inclusion.
• Show rice sacks or printouts of Appendix 1.3 which are based on Article 3 of The United Nations Conventions on the Rights of Persons with Disabilities.
### Session 2: Recognising some of the signs of impairment and deciding who can offer advice

It is important that parents recognise the signs of impairment and understand that sometimes there is more than one explanation as to why a child shows particular characteristics or behaviours. Parents need to be encouraged to seek medical and other advice so that they can be better informed about how to support their children. In some cases, early intervention (e.g. with certain eye or ear problems) can reduce the long-term impact of the impairment.

#### Objective
- For participants to develop a common understanding of the categories of impairment frequently used
- Explain who children should be referred to if they show signs of having an impairment
- Identify the common causes of impairment

#### Preparation
Read all the relevant activities before the session to ensure that the content is clear and understood.

#### Materials
- Impairment signs (Appendix 2.1)
- Masking tape
- Facilitator cards (Appendix 2.2)
- Impairment definitions (Appendix 2.3)
- Flipchart
- Marker pen

#### Total Time
1 hour 45 minutes

### Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group activity</td>
<td><strong>Activity 1: Some of the signs</strong></td>
</tr>
<tr>
<td>40 minutes</td>
<td><strong>Introduction</strong> Explain to the participants that for this activity they will look at the following areas of impairment. (These are stated in accordance with EDC classification which identifies 5 main areas.)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- visual</td>
</tr>
<tr>
<td></td>
<td>- hearing,</td>
</tr>
<tr>
<td></td>
<td>- intellectual</td>
</tr>
<tr>
<td></td>
<td>- physical</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>- speech and language</td>
</tr>
<tr>
<td></td>
<td>- behaviour/social</td>
</tr>
<tr>
<td></td>
<td>- long-term health</td>
</tr>
<tr>
<td></td>
<td>Also explain that it is difficult to always fit some types of impairments or disability into a category. Sometimes there are overlaps. The facilitator should explain that sometimes children with learning difficulties are often described as having intellectual impairment when in fact they are very bright but have difficulties in a specific area of learning. Many geniuses have specific learning difficulties! For this activity the focus will be on the areas listed above.</td>
</tr>
</tbody>
</table>
- Go through each type of impairment. The facilitator could ask the participants for descriptors first and then confirm their ideas with the official definitions – keep it simple.
- Explain that the participants are going to do an activity to help them match symptoms of impairments to the correct category of impairment

**Preparation**
Place signs around the room which identify the 7 areas of impairment being used for the purpose of this activity. (Appendix 2.1)
- **Instructions** The facilitator will briefly define what is meant by each impairment heading. (Appendix 2.3)
- The facilitator will read out a sentence describing a child with an impairment (E.g. This child cannot see) (Appendix 2.2).
- The participants must decide which type of impairment this child has and move to the correct sign. For the example given, the participants will move to the sign which reads *Visual*.
- The entire group does not have to agree. Participants may stand at different impairment signs.

**Activity** The facilitator reads through all of the statements, one at a time, (Appendix 2.2) and the participants must move to the sign which best describes each sentence. The facilitator will discuss any unexpected choices and will also highlight those statements which indicate that there may be more than one underlying impairment. For example, “I fall behind with my schoolwork” can be a symptom of many impairments. This activity should be used to promote discussion.

**Conclusion**
- Emphasize that this activity does not make them an expert in identifying impairments, but it is a start to help people understand impairments and to identify them correctly.
- Many signs can have more than one cause.
- It is good to give an impairment a proper name and this is a first step in working towards removing barriers.

**Pairs (30 minutes)**

**Activity 2: Signs in the Community**

**Introduction** Explain to the participants that they will now extend this activity to think about some of the children in their own families and communities who they think might show signs of impairment.

**Preparation**
Divide the group into pairs.

**Instructions**
The facilitator will ask the participants to work in their pairs to think about some of the children in their own communities. They will write a sentence or two to describe the child, like the ones written for the last activity or plan something to say about a child. (E.g. I have a child who cannot hear me when I speak and their speech is not clear.)

**Activity** The participants will work for 10 minutes to think of the real
children who they know and the signs of impairment they have noticed. This activity should promote discussion about signs of impairment within the family and community. The participants will share their experiences in pairs and will then be asked to tell the whole group of the signs of impairment within their families or community.

**Conclusion**

Again emphasize that:

- Signs can often have more than one cause.
- Parents and carers are the best people to support their children and look for the support that the child needs from professionals.
- They are not alone. There are many children with impairments and when parents are a voice for their own child, they will be helping other families too.

<table>
<thead>
<tr>
<th>Groups of 3-4</th>
<th>Activity 3: Support for Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td><strong>Introduction</strong> In this activity the participants will have an opportunity to draw on local knowledge and decide who the key supporters are within the community.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong> This will be carried out in small groups of 3-4.</td>
</tr>
<tr>
<td></td>
<td><strong>Instructions</strong> Facilitator to ask the participants to draw on their own experiences and discuss who they think are the key people in their own communities to draw on for support to help them to meet their children’s needs.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong> The participants to spend about 10 minutes in their small groups discussing who has been available to support their child and who they know can offer support in meeting the child’s need. They should try to draw up a priority list to show the key people within the community who have provided significant support? The facilitator will take feedback and draw out some conclusions about who the participants see as key in supporting their children. Facilitator to draw up a list showing those professionals who do and can make a difference.</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong> On flipchart record suggestions as to who the parents identify as people they can go to for support and advice.Discuss the availability of the following options and add them if the group think they are available in their own communities:</td>
</tr>
<tr>
<td></td>
<td>- DDMOs (District Disability Mainstreaming Officers)</td>
</tr>
<tr>
<td></td>
<td>- CHWs (Community Health Workers)</td>
</tr>
<tr>
<td></td>
<td>- NCPD Representatives (National Council for People with Disabilities)</td>
</tr>
<tr>
<td></td>
<td>- Doctor, specialist, psychologist</td>
</tr>
<tr>
<td></td>
<td>- Special Needs Coordinator or teacher trained in SNE</td>
</tr>
<tr>
<td></td>
<td>- Community Education Volunteers</td>
</tr>
<tr>
<td></td>
<td>- Community Health Volunteers</td>
</tr>
<tr>
<td></td>
<td>- Sector Health Centre</td>
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<tr>
<td></td>
<td>- Others?</td>
</tr>
</tbody>
</table>

Remind the participants that a little bit of knowledge doesn’t make someone an expert so they should try, whenever possible, to see a specialist.

- What does the current structure of care look like for parents in the district where the training is taking place? Facilitator to ask the
participants to prioritize the key people in the list that has been created from their input.

- Discuss the importance of networking – finding out what other parents know about the support available and how they have worked through issues around rights, education, support and care.
- Encourage participants to use professionals in the community to enable their children to have full access to their rights.

<table>
<thead>
<tr>
<th>Whole group 15 minutes</th>
<th>Activity 4: Causes of Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Introduction:</strong> It is important for all community members to know that there is always an explanation as to why impairment occurs. Understanding that impairments have a cause helps to overcome stigma and misunderstanding.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation:</strong> This will be carried out as a whole group.</td>
</tr>
<tr>
<td></td>
<td><strong>Instructions:</strong> The facilitator to ask the participants to think of as many causes for impairment as they can.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity:</strong> The facilitator will take suggestions for about 10 minutes. As the suggestions are given, the facilitator will record them on a flipchart and see if the participants can give any examples (e.g. albinism has a genetic cause or cerebral palsy can be as a result of a bleed on the brain during or just after birth. Dry eye is caused by a lack of vitamin A.)</td>
</tr>
<tr>
<td></td>
<td>The following causes may be included:</td>
</tr>
<tr>
<td></td>
<td>- Genetic/hereditary</td>
</tr>
<tr>
<td></td>
<td>- Congenital conditions</td>
</tr>
<tr>
<td></td>
<td>- Injury to the brain during birth (lack of oxygen or physical damage)</td>
</tr>
<tr>
<td></td>
<td>- Premature birth</td>
</tr>
<tr>
<td></td>
<td>- Accidental injury to brain</td>
</tr>
<tr>
<td></td>
<td>- War</td>
</tr>
<tr>
<td></td>
<td>- Environmental</td>
</tr>
<tr>
<td></td>
<td>- Deliberate injury</td>
</tr>
<tr>
<td></td>
<td>- Accidents</td>
</tr>
<tr>
<td></td>
<td>- Maternal illness during pregnancy can lead to impairment in the unborn child</td>
</tr>
<tr>
<td></td>
<td>- Alcohol or drug abuse</td>
</tr>
<tr>
<td></td>
<td>- Alternative medicines</td>
</tr>
<tr>
<td></td>
<td>- Illness (e.g. meningitis, cancer, measles)</td>
</tr>
<tr>
<td></td>
<td>- Malnutrition</td>
</tr>
<tr>
<td></td>
<td>- Sexually transmitted diseases</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong> Facilitator to remind participants that there is always a cause for impairment and that children all over the world have impairments with no blame or shame attributed to them or the family.</td>
</tr>
</tbody>
</table>
Session 3: Caring for Children who have Impairments

This session focuses on the care that children with impairments have the right to enjoy. All children have rights to equality and dignity. In this session parents will be encouraged to see the potential in their children and will consider the right of each child to feel valued and cared for.

Objective

By the end of the session participants will be able to:
- Explain that impairment/disability doesn’t mean inability
- Explain what caring for a child means in practice

Preparation

Read all the relevant activities before the session to ensure that the content is clear and understood.

Materials

Steps Game Descriptor Cards (Appendix 3.1)
Steps Game Statements (Appendix3.2)
Poem ‘Always the Last’- on screen, rice sack or paper (Appendix 3.3)
Marker pen
Flip Charts
Article 8 (Appendix 3.4)
Traditional vs Social model of impairment rice sack or computer image (Appendix 3.5)
True and false cards (Appendix 3.6)
True and False statements (Appendix 3.7)
Articles 3, 7, 24 and 25 (Appendix 3.8)

Total Time

1 Hour 30 minutes

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 30 minutes</td>
<td><strong>Activity 1: Steps Activity</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Introduction</strong> Facilitator to explain that the next activity looks at some of the things that people with impairments can achieve.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong> Facilitator to hand out descriptor cards (Appendix 3.1) to all participants and ask them to stand at the far side of the room.</td>
</tr>
<tr>
<td></td>
<td><strong>Instruction</strong> The facilitator will explain that he/she will read a series of statements (Appendix 3.2). After reading each statement, the participants must decide if they can take a step forward, even with the impairment that has been described on their descriptor card. This will be repeated over a series of statements.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong> After explaining the activity, the facilitator will read through each of the 12 statements and ask the participants if they think they can take a step forward, leaving a few seconds for them to consider what is written on their card.</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong> Most people who have an impairment are able to achieve the activities listed in the Steps Game. The facilitator should observe which activities the participants felt they couldn’t take a step forward for and discuss whether they were right to stand still.</td>
</tr>
<tr>
<td></td>
<td>It is important to aim high for children with disabilities and break down the barriers that stop them from achieving the best that they can achieve.</td>
</tr>
<tr>
<td></td>
<td>Show Traditional vs Social Model again (Appendix 3.4) <strong>The impact of</strong></td>
</tr>
</tbody>
</table>
Impairment depends on the attitudes and actions (barriers) around the person who has an impairment.

- There are people all over the world with disabilities who get married and have children.
- There are world Olympics for people with disabilities
- Rwanda has a volleyball team made up of players with disabilities
- There are blind politicians and musicians
- A world famous scientist who cannot speak is in a wheelchair and there are many other examples in Rwanda and around the world.

Not all people can achieve these things whether they have an impairment or not and expectations should be realistic and take into account the individual child. But all children should be given the chance to reach their potential.

<table>
<thead>
<tr>
<th>Groups of 3-4 15 minutes</th>
<th><strong>Activity 2: What is Successful Inclusion?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Facilitator will explain that during this next activity the participants will think of success stories in their own communities involving people with impairments.</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>The participants will divide into groups of 3 or 4 to discuss people with impairments in their communities who are included well.</td>
</tr>
<tr>
<td><strong>Instructions</strong></td>
<td>The facilitator will explain that the participants will spend 5 minutes thinking about members of their communities who have impairments and are included in activities and events. What are the success stories?</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>The participants can either write or simply remember examples of success stories in their own communities. After 5 minutes the facilitator will ask for feedback and record examples of success on a flip-chart and look at the qualities that show successful inclusion.</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>The facilitator will encourage the participants to share success stories. These might include:</td>
</tr>
<tr>
<td></td>
<td>- Having a job</td>
</tr>
<tr>
<td></td>
<td>- Being at school</td>
</tr>
<tr>
<td></td>
<td>- Having friends</td>
</tr>
<tr>
<td></td>
<td>- Running a home or helping to run a home</td>
</tr>
<tr>
<td></td>
<td>- Being fully included in family life</td>
</tr>
<tr>
<td></td>
<td>- Helping out at home in ways that are appropriate, just as their brothers and sisters would</td>
</tr>
<tr>
<td></td>
<td>- Being a respected and cared for member of the community</td>
</tr>
<tr>
<td></td>
<td>- Being included in community events</td>
</tr>
<tr>
<td></td>
<td>- Being included in sport</td>
</tr>
<tr>
<td></td>
<td>- Having a family of their own</td>
</tr>
<tr>
<td></td>
<td>- Having a leading role in the community</td>
</tr>
</tbody>
</table>

Facilitator to show statement which is based on Article 8 of the United Nations Convention on the Rights of Persons with Disabilities on power point or rice sack. (Appendix 3.4)
**Activity 3: From a Child’s Perspective**

**Introduction:** In this activity the participants will take a moment to reflect on how impairment can make children feel about themselves.

**Preparation:** Display the poem “Always the Last” (Appendix 3.3) on a screen, rice sack or printed out.

**Instructions:** The facilitator will explain that the participants will listen to a short poem written by a child with an impairment.

**Activity:** The facilitator will read the poem out loud and then ask the participants some questions about how the writer of the poem feels.

- How does the child feel?
- Why does he/she feel this way?
- Is it right that a child should feel so bad about themselves?

**Conclusion:** Show the Traditional vs Social Model of Inclusion (Appendix 3.5) and remind the participants that the child does not have the problem. The problem is with the barriers that exist in society. As parents of children with impairments, they have key opportunities to work against attitudes which make children feel this way.

---

**Activity 4: The Right to Receive Care**

**Introduction** Summarise what has been covered during the training:

- Removing stigma
- Respectful and disrespectful words
- Causes and signs of impairment
- Being a voice for children
- Supporting each other
- Looking at who is available to give support and advice
- Recognising that children with impairments can succeed, have rights and have feelings.

Explain that the participants will now consider the care of children in family, school, school and the wider community.

In this activity the participants will be looking at the right to care that all children have regardless of whether they have an impairment or not.

**Preparation** The facilitator will ask the participants to divide up into small groups to discuss what they consider to be the rights of all children in terms of care. This should include rights in relation to family life, school, community and health. The words family life, school, community and health should be written up as headings on a flipchart as a prompt for this brainstorm activity.

**Instructions** The instructor will explain that the participants have about 10 minutes to list what they think are the rights of all children in respect to care. The list of key words that have been written up should be pointed out and read as a reminder.

**Activity** Small groups to list the rights of ALL children. Facilitator to circulate and check that the participants are looking at rights across the 4 target areas. After the groups have had some time to come up with their suggestions, the facilitator will write the answers on the flipchart under the 4 headings which were displayed as prompts (i.e. family life, school, community, health).
**Conclusion:** As the facilitator records the feedback, he/she will ask whether this care should be the same for all children. The flipchart should be retained for use during the next activity.

### Individual Activity 5: Care for all children

**Introduction** In this session, the participants will consider the quality of care that children with impairments should receive. They will take part in a true or false quiz which will look at some of Rwanda’s policies and views on the rights of children with impairments.

**Preparation** Each participant to be given a true and a false card.
(Appendix 3.5) The facilitator will have a copy of statements “True or False?” (Appendix 3.6) to read.

**Instructions** The facilitator will explain that the participants will hear a series of statements and should decide if they are true or false. Some are based on Rwandan Law and Policy and some on the United Nations Convention on the Rights of Persons with Disabilities which the Rwandan Government agrees to.

**Activity** The facilitator will read all the statements, pausing after each one to give the participants a few minutes to decide whether each statement is true or false. They will then be asked to show their decision by raising the appropriate card. After each vote, the facilitator will give the correct answer and discuss any statements which the participants find surprising.

**Conclusion** Show the flip-chart from the last activity and explain that all children, regardless of their impairment deserve full rights to care listed on the flip-chart.

Sometimes there are barriers in the way but parents are the most important people when it comes to ensuring that children with impairments can enjoy their rights to good quality family life, education, community life and healthcare.

Facilitator to show power point or rice sacks of statements which are based on Articles 3, 7, 24, 25 of the United Nations Convention on the Rights of Persons with Disabilities (Appendix 3.8). These all demonstrate the determination that Rwanda has to join global views on removing barriers to inclusion.

Finish by encouraging parents to:

- Be a voice for their own and other children with impairment
- Seek out professional support
- Ensure their children enjoy their rights to education and health
- Look for the strengths in their children and make sure they are included in family life
- Role model good words and attitudes to help make the community more inclusive for all children with impairments
Appendix 1.2
Rice Sack layout (This should just be the grid. This version also shows the answers.) This card should also be cut into sections for participants to arrange into ‘Respectful’ and ‘Disrespectful’ groups.

<table>
<thead>
<tr>
<th>Respectful 😊</th>
<th>Disrespectful 😎</th>
</tr>
</thead>
<tbody>
<tr>
<td>cannot /does not speak</td>
<td>utavuga</td>
</tr>
<tr>
<td>has an intellectual impairment, has a learning difficulty</td>
<td>ufite ubumuga, bwo mu mutwe</td>
</tr>
<tr>
<td>deaf, has a hearing impairment</td>
<td>utumva</td>
</tr>
<tr>
<td>blind, has a visual impairment</td>
<td>utabona</td>
</tr>
<tr>
<td>has a physical impairment, has a physical difficulty</td>
<td>ufite ubumuga, physically handicapped</td>
</tr>
<tr>
<td><strong>Respectful Language</strong></td>
<td><strong>Imvugo y’icyubahiro ?</strong></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>utavuga</td>
<td>cannot /does not speak</td>
</tr>
<tr>
<td>ufite ubumuga, bwo mu mutwe</td>
<td>has an intellectual impairment, has a learning difficulty</td>
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<tr>
<td>utumva</td>
<td>deaf, has a hearing impairment</td>
</tr>
<tr>
<td>utabona</td>
<td>blind, has a visual impairment</td>
</tr>
<tr>
<td>ufite ubumuga</td>
<td>has a physical impairment, has a physical difficulty</td>
</tr>
</tbody>
</table>
### Appendix 1.3

| Based on Article 3 United Nations Convention on the Rights of Persons with Disabilities |
| Children with a disability should be respected for who they are as they grow up |
| Abana bafite ubumuga bagomba kubahwa uko bari kose no mumikurire yabo |

| Based on Article 3 |
| Persons with a disability have the same rights to be included in society as anybody else. |
| Abantu bafite ubumuga bafite uburenganzira bwo kwibona muri sosiyeti nk’abandi bose. |
Appendix 1.4

Appendix 2.1 Impairments

Visual

Hearing
Intellectual

Physical

Speech and Language
Behaviour/
Social
Health
Appendix 2.2

Corners Activity Statements

| I ask people to speak more loudly. |
| I communicate with my hands. |
| I use a wheelchair or crutches to move around. |
| I get very frustrated when people do not understand what I am saying. This makes me angry and I yell and hit things. |
| I move differently to other children. |
| The bright sun hurts my eyes. |
| I write with my toes. |
| I hold my head at an angle when listening to someone. |
| It takes me a longer than my peers to learn new things. |
| I try to talk, but I can only say a few words. It is difficult for me to communicate with others. |
| I do not understand what the teacher says. |
| I get scared around large groups of people. |
| I find it difficult to pay attention in class. |
| I hold objects close to my face when looking at them. |
| I can speak well, but I cannot read. |
| I fall behind with school work. |
| I have repeated P3 four times. |
| I am not understood by people outside of my family. |
| I do not like sport. |
| I give wrong answers. |
| I like to carry on with a task when other people move onto a new one. |
| I am not allowed to go to school because I hit my friends. |
| I get tired quite quickly. |
| I find it difficult to pick up small objects that have been put in front of me. |
| I don't like to look at people when they are talking. |
| I bump into doorframes and sometimes furniture. |
| I like to play the same game over and over again. |
| I miss a lot of school because I am often sick. |

Appendix 2.3

Impairment Definitions

| Visual | • A visual impairment is any condition of the eye or visual system which results in reduced ability to see. |
|        | • The visual loss can be total or partial. |
|        | • Some visual impairments can be corrected or improved. |
| Hearing | • A hearing impairment affects a person's ability to hear. |
|         | • They may hear some sounds or only very loud noises or no sounds at all. |
| Intellectual | • Intellectual impairments are characterized by limitations in intellectual functioning, language ability and adaptive. |
behaviours
- These limitations are usually seen from birth unless it is as a result of an acquired brain injury or sickness such as meningitis
- Intellectual disability is not an illness or disease as it cannot be cured.
- It should not be confused with mental illness.

<table>
<thead>
<tr>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A physical impairment interferes in some way with a person's ability to move or control and/or coordinate movement</td>
</tr>
<tr>
<td>• The impairment may affect how they sit, walk, write or speak</td>
</tr>
<tr>
<td>• The impairment does not affect their intelligence unless there is another impairment present (e.g., Intellectual Impairment).</td>
</tr>
</tbody>
</table>
### Speech and Language/Communication and AS
- A speech and language impairment might involve difficulty in sounding words correctly
- The flow of words might be disrupted
- The child’s voice might have an abnormal pitch or quality
- The child might have problems expressing needs, ideas or information and/or in understanding others

### Autism:
- Disorder of neural development characterized by impaired social interaction and communication
- Restricted, repetitive and challenging behaviour
- Some people with autism have intellectual disabilities
- People with autism have difficulties with social communicating and are often loners
- Find it hard to make sense of the world around them

### Health
- A person who has persistent medical or health problems such as a heart condition, epilepsy, diabetes, sickle cell anaemia, etc. which affects their ability to participate fully in society/life.

### Behaviour/Eational
- A person with an Emotional/Behavioural impairment has difficulty with accessing, understanding, coping with and processing their emotions
- This is a serious condition that results in persistent problem behaviours that are either internalized or externalized
- Internalized behaviours could be low self-esteem, anxiety, or depression
- Externalized behaviours often include aggression towards themselves or others.

---

### Appendix 3.1
#### Step Game Descriptor Cards

You have albinism. You are very sensitive to light and you have very poor vision. You have to keep your skin covered in strong sunlight to avoid cancer which can be caused by the sun’s harmful rays.

You have cerebral palsy. You have weak muscles in your arms and legs which means that you have difficulty walking. You also have some problems being understood when you speak. You are able to read and but writing is difficult. You have a poor memory.

You were born with no hearing. Because of this you have very little speech.

You were born with spina bifida. This means that nerves in your spinal cord (which runs down your back) did not develop fully in the womb. You use crutches because you have difficulty walking.
You have a speech impairment which makes it difficult for people to understand you.

You have Down syndrome. This means that you look slightly different to other people. You have some difficulty speaking and you also have learning impairment.

You have autism. You have difficulty understanding other people. You do not always understand what they are saying and you find social situations difficult.

Appendix 3.2

Step Game Statements

1. Take a step forward if you can attend school.
2. Take a step forward if you can go out to play with friends in your village or town.
3. Take a step forward if you can move around school independently.
4. Take a step forward if you can take part in some sports.
5. Take a step forward if you can learn.
6. Take a step forward if you should be respected.
7. Take a step forward if you can dress yourself.
8. Take a step forward if you can learn to cook.
9. Take a step forward if you think you might get a job.
10. Take a step forward if you think you might get married.
11. Take a step forward if you think you are a valuable person in your community.
12. Take a step forward if you think that you could live independently in the community.
Appendix 3.3

Always the last
Always the slowest
Always the least worthy
Always the least respected
Always the one to break things
Always the one to displease others
## Appendix 3.4
### Article 8

<table>
<thead>
<tr>
<th>Rwanda has agreed to do things to make everyone else aware that persons with disabilities have the same rights as everyone else and to show them what persons with disabilities can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>U Rwanda rwiyemeje gukora ibishoboka byose kugirango umuntu uwo ariwe wese amenye neza ko abantu bafite ubumuga bafite uburenganzira kimwe nk’abandi no kubereka ibyo bashoboye gukora.</td>
</tr>
</tbody>
</table>


Appendix 3.6

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
<td>X</td>
<td>√</td>
<td>X</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>True</td>
<td>False</td>
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<tr>
<td>√</td>
<td>X</td>
<td>√</td>
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<td>True</td>
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<td>True</td>
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<tr>
<td>√</td>
<td>X</td>
<td>√</td>
<td>X</td>
</tr>
</tbody>
</table>
Appendix 3.7

True or False?

According to the World Health Organisation 15% of any population have disabilities.

MINEDUC states that some children, with more severe disability, should be cared for rather than educated.

MINEDUC statistical yearbook 2011-14 indicates that in Rwandan Schools only 1% of the total students enrolled in pre-primary, primary, secondary and tertiary education are recorded as having a disability.

MINEDUC’s mission includes the aim to provide “equitable access to quality education”

The World Health Organisation estimates that 15% of the population has some kind of disability. This would mean 405,000 children in Rwanda have a disability. Only 2000 of these children in Rwanda are in special schools.

The World Health Organization (WHO) states that children with disabilities are just as likely to be in school as their peers

According to the MINEDUC’s ESSP, the chance of a child dropping out of school is four times higher for a child who has disability.


In the Nyaruguru District, 20.4% of parents of children with disabilities who were surveyed said that their children would drop out of school if excluded or isolated.
In the Nyamagabe District only 50% of parents of children with impairments surveyed encourage their children to go out to play with other children.

Article 25 requires that all countries should ensure that persons with a disability have access to the same health services as others.

The United Nations Convention on the Rights of Persons with Disabilities states that everyone should have equal opportunities.

From 2016, it is planned that all Rwandan schools will receive training on how to include children with a range of impairments.

From 2016, it is planned that all Rwandan schools will have access to a manual providing guidance for teachers on inclusion.

**True or False with correct answers?**

According to the World Health Organisation 15% of any population
have disabilities.
True: In some countries it is difficult to gain accurate data about the number of people with disabilities, but this is an average and applies throughout the world.

MINEDUC states that some children, with more severe disability, should be cared for rather than educated.
False: MINEDUC states that “Every child has the basic right to education.”

MINEDUC statistical yearbook 2011-14 indicates that in Rwandan Schools only 1% of the total students enrolled in pre-primary, primary, secondary and tertiary education are recorded as having a disability.
True: The figures indicate that the majority of children with a disability are not currently on roll at school.

MINEDUC’s mission includes the aim to provide “equitable access to quality education”
True: MINEDUC and REB have worked with the universities and charities to produce Guidance for Teachers and training for all schools on how to make this happen.

The World Health Organisation estimates that 15% of the population has some kind of disability. This would mean 405,000 children in Rwanda have a disability. Only 2000 children in Rwanda are in special schools.
True: 2000 children are in Special Schools. There are some children with disabilities in mainstream schools but nowhere near 403,000.

The World Health Organization (WHO) states that children with disabilities are just as likely to be in school as their peers
False: MINEDUC’s ESSP places a 7-8 year old with a disability at a 3 times greater risk of not starting school at the right age.

According to the MINEDUC’s ESSP the chance of a child dropping out of school is four times higher for a child who has disability.

True: Even if a child is able to start at school, those with disabilities are at a much greater risk of dropping out than their peers who have no disabilities.


True: Rwanda’s move to include learners with impairments is an obligation to fulfil the rights of children with disabilities.

In the Nyaruguru District, 20.4% of parents of children with disabilities who were surveyed said that their children would drop out of school if excluded or isolated.

True: A large percentage of children with disabilities drop out of school and exclusion and isolation are given as a big reason for this. In a neighbouring district, over 38% of parents said these reasons would make their children drop out of school. It is a challenge to all who work with children with disabilities to ensure they are welcomed and included.

In the Nyamagabe District only 50% of parents of children with impairments surveyed encourage their children to go out to play with other children.

False: The number is a lot lower than this. Only 17.6% of parents said that they allow children with impairments to go out and play with other children.

Article 25 requires that all countries should ensure that persons with a disability have access to the same health services as others.
True: Article 25 recognises that it as a human right that people with disabilities should have access to healthcare.

The United Nations Convention on the Rights of Persons with Disabilities states that everyone should have equal opportunities.

True: Article 3 supports this and the document outlines ways in which Governments should work to ensure this happens. So allowing children to enjoy family, school, community and access to healthcare is a worldwide ambition. Even simple things like enjoying the right to play outside is important.

From 2016, it is planned that all Rwandan schools will receive training on how to include children with a range of impairments.

True: A National Task Force, comprising representatives from REB, MINEDUC, Universities and Charities has been working on developing training for pre-service and in-service training to inform every school in Rwanda on best practices in inclusion.

From 2016, it is planned that all Rwandan schools will have access to a manual providing guidance for teachers on inclusion.

True: The National Task Force has worked to produce Inclusive Guidance for all schools in Rwanda.
• Persons with a disability have the same rights to be included in society as anybody else.
• Abantu bafite ubumuga bafite uburenganzira bwo kwibona muri sosiyeti nk’abandi bose.
• Persons with a disability are to be respected for who they are.
• Abantu bafite ubumuga bagomba kubahwa uko bari kose.

• Article 7
• Countries agree that children with a disability have the same rights as other children and are treated equally with others.
• Ibihugu byemeye ko abana bafite ubumuga bafite uburenganzira kimwe nk’abandi bana kandi bagomba kwitabwaho kimwe nk’abandi.
• What is best for the child will be the most important thing to think about.
• Gutekereza ku kintu cy’ingenzi cyagirira umwana akamaro.

• Article 24
• Persons with a disability have a right to education.
• Abantu bafite ubumuga bafite uburenganzira k’uburezi.
• Rwanda will make sure persons with a disability have the opportunity to go to mainstream schools and can carry on learning throughout their lives.
• U Rwanda rugomba gukora kuburyo abantu bafite ubumuga boroherezwa kwiga mu mashuri hamwe n’abandi bana badafite ubumuga kandi rugashyiraho imyigishyirize

Article 25 Rwanda will:
Make sure persons with a disability have access to the same health services as others.
U Rwanda rugomha:
Gukora kuburyo abantu bafite ubumuga bagerwaho na serivisi z’ubuzima kimwe nk’abandi.
TRAINING MANUAL FOR CHAMPION PARENTS THROUGH RESIDENTIAL CAMPS ON IDENTIFICATION, CARE AND SUPPORT OF CHILDREN WITH SPECIAL NEEDS

March 2016
ACKNOWLEDGEMENT

The work of preparing this manual was genuinely participatory and involved many inclusive education and special needs education experts from inside and outside of the VSO Rwanda. Their names are listed below and we would like to thank all of them for their contributions. Every single input and comment was thoroughly considered and contributed to the enrichment of the module.

Many thanks go to Mr. Antoine Niyitegeka, Program Coordinator; Mrs. Sandra Ford and James Kigio, the VSO Special Needs Education Volunteers who led the entire process of developing this manual. Their insights and advice were very helpful in shaping this training module.

Listed below are other contributors who provided valuable time and experienced insights into completing this module. If we have inadvertently forgotten someone, please accept our heartfelt apologies and sincerest appreciation for your valuable assistance.

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10. Laurent Tuyisenge, Collectif Tubakunde

Finally, the development and delivery of this module would not have been possible without the generous financial support from USAID via EDC. We thank them for supporting this process in particular and VSO in general.

Papa N. Diouf,
Country Director
VSO Rwanda Program
Table of Contents

<table>
<thead>
<tr>
<th>Page</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Acknowledgement</td>
</tr>
<tr>
<td>ii</td>
<td>Forward</td>
</tr>
<tr>
<td>iii</td>
<td>Introduction</td>
</tr>
<tr>
<td>4</td>
<td>Session 1: Understanding the impact of stigma on children and their families</td>
</tr>
<tr>
<td>4</td>
<td>Activity 1: The sticker game</td>
</tr>
<tr>
<td>5</td>
<td>Activity 2: Harmful words-Does it matter what people say?</td>
</tr>
<tr>
<td>6</td>
<td>Activity 3: Barriers to Inclusion</td>
</tr>
<tr>
<td>7</td>
<td>Session 2: Recognising some of the signs of impairment &amp; deciding who can offer advice</td>
</tr>
<tr>
<td>7</td>
<td>Activity 1: Signs of impairment</td>
</tr>
<tr>
<td>9</td>
<td>Activity 2: Signs in the community</td>
</tr>
<tr>
<td>9</td>
<td>Activity 3: Support for children with impairment</td>
</tr>
<tr>
<td>10</td>
<td>Activity 4: Causes of impairment</td>
</tr>
<tr>
<td>11</td>
<td>Session 3: Caring for Children who have Impairments</td>
</tr>
<tr>
<td>11</td>
<td>Activity 1: Step game activity</td>
</tr>
<tr>
<td>12</td>
<td>Activity 2: What is successful inclusion?</td>
</tr>
<tr>
<td>13</td>
<td>Activity 3: From a child’s perspective</td>
</tr>
<tr>
<td>13</td>
<td>Activity 4: The rights to receive care</td>
</tr>
<tr>
<td>14</td>
<td>Activity 5: Care for All children</td>
</tr>
<tr>
<td>15</td>
<td>Session 4: Caring for Children with Hearing Impairment</td>
</tr>
<tr>
<td>17</td>
<td>Session 5: Caring for Children with Intellectual Impairment</td>
</tr>
<tr>
<td>19</td>
<td>Session 6: Caring for Children with Physical Impairment</td>
</tr>
<tr>
<td>21</td>
<td>Session 7: Caring for Children with Visual Impairment</td>
</tr>
<tr>
<td>23</td>
<td>Appendices</td>
</tr>
<tr>
<td>23</td>
<td>Appendix 1: The Sticker Game and descriptor cards</td>
</tr>
<tr>
<td>34</td>
<td>Appendix 2: True or False with answers</td>
</tr>
<tr>
<td>50</td>
<td>Appendix 3: Signs for Impairments</td>
</tr>
<tr>
<td>55</td>
<td>Appendix 4: Actions taken to support children with Impairments</td>
</tr>
</tbody>
</table>
**Session 1: Understanding the impact of stigma**

Many children in Rwanda continue to suffer from the stigmatism caused by attitudes towards impairment. In this module parents will look at what stigmatism is and the damage that it causes to children with impairments. It will also acknowledge the impact of stigma and negative attitudes on individuals and the whole family.

<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Experience the feeling of exclusion and isolation that some people feel because of having an impairment</td>
</tr>
<tr>
<td></td>
<td>• Explain what stigma is and the impact it has on children and their families</td>
</tr>
<tr>
<td></td>
<td>• Explain that there are many children who experience barriers to inclusion around the world and stigma is just one of them</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Preparation</strong></th>
<th>Read all the relevant activities before the session to ensure that the content is clear and understood.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials</strong></td>
<td>Sets of 3 different coloured stickers (enough for 1 for each participant)</td>
</tr>
<tr>
<td></td>
<td>Flip-chart or rice sack showing what the colours mean (Appendix 1.1)</td>
</tr>
<tr>
<td></td>
<td>Cards with respectful and disrespectful words on them (Appendix 1.2)</td>
</tr>
<tr>
<td></td>
<td>Traditional vs Social model of inclusion (Appendix 1.3)</td>
</tr>
<tr>
<td></td>
<td>Flip-chart</td>
</tr>
<tr>
<td></td>
<td>Marker pens</td>
</tr>
</tbody>
</table>

| **Total Time** | 1 Hour |

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Whole group 30 minutes</strong></td>
<td><strong>Activity 1: The Sticker Game</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td></td>
<td>Explain that the “Sticker Game” is fun, but that it has serious intent.</td>
</tr>
<tr>
<td></td>
<td>The goal of the game is for participants to pretend that they are at a party and to greet all of the other guests at the party.</td>
</tr>
</tbody>
</table>

**Preparation**

Facilitator to place 1 sticker on each participant’s forehead (participants can’t know which colour is on their own head). Make sure there are less red ‘ignore’ stickers than the other colours.

**Instructions**

- Show the rice sack/flipchart and explain/demonstrate the rules of the game:
- A sticker will be put on everyone’s forehead. The colour of a person’s sticker tells you how to greet them.
- Participants should not know which colour of sticker is on their forehead, but they can see everyone else’s sticker
- People with red stickers you will ignore
- People with white stickers you will shake their hand
- People with green stickers you will embrace/hug

**Activity**

Once everyone has a sticker on their forehead the party can begin
Let the game continue until you see that everyone has moved into their
colour groups and/or they are starting to talk

**Conclusion**

- Facilitator to get everyone’s attention and ask them to stand with
  their sticker colour group
- Ask each colour group *how they felt during the activity*. Finish with
  the group that were being ignored (facilitator might need to
  encourage participants to use emotion words)
- *Why did they feel this way?* (hopefully they will say they were being
discriminated against or excluded)
- *Is it reasonable to feel this way? Why?*
- Children often feel this way because of the way that they are treated
  because of an impairment. This is a stigma and it is a big barrier to
  children receiving their full rights to education and inclusion in their
  communities.
- Facilitator to explain that part of this training aims to look at how
  parents can overcome this feeling of stigmatism that their children
  feel and work towards greater inclusion for them at home, school
  and in the community.

  *Repeat the activity but this time, warmly greet all the participants. It
doesn’t matter what colour their sticker is- greet them all. Take away
stigma and prejudice.*

<table>
<thead>
<tr>
<th>Groups of 3-4 30 minutes</th>
<th><strong>Activity 2: Harmful Words- Does it Matter what People Say?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td></td>
<td>In every culture there are words that are used to describe disability/impairment. Some of these are harmful and stigmatizing. They have a meaning that is unhelpful and disrespectful.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong></td>
</tr>
<tr>
<td></td>
<td>Before beginning this activity, the facilitator should lead a brief brainstorm in which the trainees give words that are used to describe impairment. They should say whether these words are respectful or disrespectful and whether they, as parents, find them hurtful.</td>
</tr>
<tr>
<td></td>
<td>Facilitator will then give out sets of cards with words used to describe impairment to groups of 3 – 4 participants.</td>
</tr>
<tr>
<td></td>
<td><strong>Instruction</strong></td>
</tr>
<tr>
<td></td>
<td>Each group should discuss the words they have been given and then divide them into two groups – ‘respectful’ or ‘disrespectful’.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong> Groups to be given a short time to separate words into the two groups. After about 5-10 minutes, the facilitator will check the answers and see if there is agreement.</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong></td>
</tr>
</tbody>
</table>
• Discuss the impact of disrespectful words on children who have an impairment.
• Acknowledge that words hurt people and make them feel excluded and perhaps as parents they have felt hurt by the words that have been used to describe their own children.
• Explain how parents can work towards demanding more respect for their children and how they can role model respectful language and attitudes.

<table>
<thead>
<tr>
<th>Working in small groups 3-4 (20 minutes)</th>
<th>Activity 3: Barriers to inclusion Traditional vs Social Attitude</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Just as there are harmful words in every culture, there are also a range of other barriers which prevent children with disabilities from enjoying their rights to enjoy school and community life. This activity will give the participants the opportunity to say what the barriers are and to see that they are not alone in facing these barriers, but that other families have children who also face the same barriers.</td>
</tr>
</tbody>
</table>

**Preparation**
Facilitator to show the slide or rice sack which shows the Traditional vs Social model of impairment and explain what it is showing:
- In the traditional way of thinking, children with impairments were seen as having many problems which stop them taking part in family, school and community life.
- In the social model, it is not the child who has problems. There are barriers in the way of them taking part and being included in activities which others enjoy. The child is not a problem.

**Instruction**
Each group should discuss what barriers they think are in their community which stop children with impairment from being included in school and community life. They should write these down.

**Activity** Groups will be given about 5 or 10 minutes to think about some of the barriers to inclusion faced by their children. They should think about the Traditional vs Social model and list the barriers which stop children with impairments from being included. After the participants have had time to make up a list, the facilitator should record the suggestions on a flipchart. As the suggestions are written up, the facilitator should ask how many other participants in the room also feel their children experience the barriers listed. Here are just a few examples of possible barriers:
- Unkind attitudes and words
- Lack of knowledge and understanding
- Unsuitable toilets
- Inaccessible roads
- Over-protective parents/carers
- Low expectations at all levels
- Shame

**Conclusion**
- The facilitator should again point to the Traditional vs Social model and remind the participants that the child is not a problem. Any problems are due to barriers that are put up which prevent children from belonging and enjoying school and community life.

---

Activity 3: Barriers to inclusion Traditional vs Social Attitude

Introduction
Just as there are harmful words in every culture, there are also a range of other barriers which prevent children with disabilities from enjoying their rights to enjoy school and community life. This activity will give the participants the opportunity to say what the barriers are and to see that they are not alone in facing these barriers, but that other families have children who also face the same barriers.

Preparation
Facilitator to show the slide or rice sack which shows the Traditional vs Social model of impairment and explain what it is showing:

- In the traditional way of thinking, children with impairments were seen as having many problems which stop them taking part in family, school and community life.
- In the social model, it is not the child who has problems. There are barriers in the way of them taking part and being included in activities which others enjoy. The child is not a problem.

Instruction
Each group should discuss what barriers they think are in their community which stop children with impairment from being included in school and community life. They should write these down.

Activity
Groups will be given about 5 or 10 minutes to think about some of the barriers to inclusion faced by their children. They should think about the Traditional vs Social model and list the barriers which stop children with impairments from being included. After the participants have had time to make up a list, the facilitator should record the suggestions on a flipchart. As the suggestions are written up, the facilitator should ask how many other participants in the room also feel their children experience the barriers listed. Here are just a few examples of possible barriers:

- Unkind attitudes and words
- Lack of knowledge and understanding
- Unsuitable toilets
- Inaccessible roads
- Over-protective parents/carers
- Low expectations at all levels
- Shame

Conclusion
- The facilitator should again point to the Traditional vs Social model and remind the participants that the child is not a problem. Any problems are due to barriers that are put up which prevent children from belonging and enjoying school and community life.
from taking part.

- Point out that parents are not alone and encourage the participants to continue to share their experiences, as they did in this activity/training, with other parents who have children with impairments. The facilitator should encourage parents to work together with other parents to be a voice for their children.
- The facilitator should note that countries all over the world face this same issue and have to work at removing barriers to inclusion.
- Show rice sacks or printouts of Appendix 1.3 which are based on Article 3 of The United Nations Conventions on the Rights of Persons with Disabilities.

### Session 2: Recognising some of the signs of impairment and deciding who can offer advice

It is important that parents recognise the signs of impairment and understand that sometimes there is more than one explanation as to why a child shows particular characteristics or behaviours. Parents need to be encouraged to seek medical and other advice so that they can be better informed about how to support their children. In some cases, early intervention can reduce the long-term impact of the impairment.

| Objective | For participants to develop a common understanding of the categories of impairment frequently used
|          | Explain who children should be referred to if they show signs of having an impairment
|          | Identify the common causes of impairment

| Preparation | Read all the relevant activities before the session to ensure that the content is clear and understood.

| Materials | Impairment signs (Appendix 2.1)
|           | Masking tape
|           | Facilitator cards (Appendix 2.2)
|           | Impairment definitions (Appendix 2.3)
|           | Flipchart
|           | Marker pen

| Total Time | 1 hour 45 minutes

| Overview of Session |

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Whole group activity 40 minutes | **Activity 1: Some of the signs**

**Introduction** Explain to the participants that for this activity they will look at the following areas of impairment. (These are stated in accordance with EDC classification which identifies 5 main areas.)

- Visual
- hearing,
- intellectual
- physical
  Other:
  - speech and language
  - behaviour/social
  - long-term health

- Also explain that it is difficult to always fit some types of impairments or disability into a category. Sometimes there are overlaps. The facilitator should explain that sometimes children with learning difficulties are often described as having intellectual impairment when in fact they are very bright but have difficulties in a specific area of learning. Many geniuses have specific learning difficulties! For this activity the focus will be on the areas listed above.
- Go through each type of impairment. The facilitator could ask the participants for descriptors first and then confirm their ideas with the official definitions – keep it simple.
- Explain that the participants are going to do an activity to help them match symptoms of impairments to the correct category of impairment

**Preparation**
Place signs around the room which identify the 7 areas of impairment being used for the purpose of this activity. (Appendix 2.1)

- **Instructions** The facilitator will briefly define what is meant by each impairment heading. (Appendix 2.3)
- The facilitator will read out a sentence describing a child with an impairment (E.g. This child cannot see) (Appendix 2.2).
- The participants must decide which type of impairment this child has and move to the correct sign. For the example given, the participants will move to the sign which reads Visual.
- The entire group does not have to agree. Participants may stand at different impairment signs.

**Activity** The facilitator reads through all of the statements, one at a time, (Appendix 2.2) and the participants must move to the sign which best describes each sentence. The facilitator will discuss any unexpected choices and will also highlight those statements which indicate that there may be more than one underlying impairment. For example, “I fall behind with my schoolwork” can be a symptom of many impairments. This activity should be used to promote discussion.

**Conclusion**
- Emphasize that this activity does not make them an expert in identifying impairments, but it is a start to help people understand impairments and to identify them correctly.
- Many signs can have more than one cause.
- It is good to give an impairment a proper name and this is a first step in working towards removing barriers.

**Pairs** (30 minutes)

**Activity 2: Signs in the Community**

**Introduction** Explain to the participants that they will now extend this
activity to think about some of the children in their own families and communities who they think might show signs of impairment.

**Preparation**
Divide the group into pairs.

**Instructions**
The facilitator will ask the participants to work in their pairs to think about some of the children in their own communities. They will write a sentence or two to describe the child, like the ones written for the last activity or plan something to say about a child. (E.g. I have a child who cannot hear me when I speak and their speech is not clear.)

**Activity** The participants will work for 10 minutes to think of the real children who they know and the signs of impairment they have noticed. This activity should promote discussion about signs of impairment within the family and community. The participants will share their experiences in pairs and will then be asked to tell the whole group of the signs of impairment within their families or community.

**Conclusion**
Again emphasize that:
- Signs can often have more than one cause.
- Parents and carers are the best people to support their children and look for the support that the child needs from professionals.
- They are not alone. There are many children with impairments and when parents are a voice for their own child, they will be helping other families too.

---

<table>
<thead>
<tr>
<th>Groups of 3-4</th>
<th>20 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 3: Support for Children</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>In this activity the participants will have an opportunity to draw on local knowledge and decide who the key supporters are within the community.</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>This will be carried out in small groups of 3-4.</td>
</tr>
<tr>
<td><strong>Instructions</strong></td>
<td>Facilitator to ask the participants to draw on their own experiences and discuss who they think are the key people in their own communities to draw on for support to help them to meet their children’s needs.</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>The participants to spend about 10 minutes in their small groups discussing who has been available to support their child and who they know can offer support in meeting the child’s need. They should try to draw up a priority list to show the key people within the community who have provided significant support?</td>
</tr>
<tr>
<td></td>
<td>The facilitator will take feedback and draw out some conclusions about who the participants see as key in supporting their children. Facilitator to draw up a list showing those professionals who do and can make a difference.</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>On flipchart record suggestions as to who the parents identify as people they can go to for support and advice. Discuss the availability of the following options and add them if the group think they are available in their own communities:</td>
</tr>
<tr>
<td></td>
<td>- DDMOs (District Disability Mainstreaming Officers)</td>
</tr>
<tr>
<td></td>
<td>- CHWs (Community Health Workers)</td>
</tr>
<tr>
<td></td>
<td>- NCPD Representatives (National Council for People with Disabilities)</td>
</tr>
</tbody>
</table>
- Doctor, specialist, psychologist
- Special Needs Coordinator or teacher trained in SNE
- Community Education Volunteers
- Community Health Volunteers
- Sector Health Centre
- NGOs
- Others?

Remind the participants that a little bit of knowledge doesn’t make someone an expert so they should try, whenever possible, to see a specialist.

- What does the current structure of care look like for parents in the district where the training is taking place? Facilitator to ask the participants to prioritize the key people in the list that has been created from their input.
- Discuss the importance of networking – finding out what other parents know about the support available and how they have worked through issues around rights, education, support and care.
- Encourage participants to use professionals in the community to enable their children to have full access to their rights.

<table>
<thead>
<tr>
<th>Whole group 15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 4: Causes of Impairment</strong></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
</tr>
<tr>
<td><strong>Instructions</strong></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td>The following causes may be included:</td>
</tr>
<tr>
<td>- Genetic/hereditary</td>
</tr>
<tr>
<td>- Congenital conditions</td>
</tr>
<tr>
<td>- Injury to the brain during birth (lack of oxygen or physical damage)</td>
</tr>
<tr>
<td>- Premature birth</td>
</tr>
<tr>
<td>- Accidental injury to brain</td>
</tr>
<tr>
<td>- War</td>
</tr>
<tr>
<td>- Environmental</td>
</tr>
<tr>
<td>- Deliberate injury</td>
</tr>
<tr>
<td>- Accidents</td>
</tr>
<tr>
<td>- Maternal illness during pregnancy can lead to impairment in the unborn child</td>
</tr>
<tr>
<td>- Alcohol or drug abuse</td>
</tr>
<tr>
<td>- Alternative medicines</td>
</tr>
<tr>
<td>- Illness (e.g. meningitis, cancer, measles)</td>
</tr>
<tr>
<td>- Malnutrition</td>
</tr>
<tr>
<td>- Sexually transmitted diseases</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
</tr>
</tbody>
</table>
for impairment and that children all over the world have impairments with no blame or shame attributed to them or the family.

Session 3: Caring for Children who have Impairments

This session focuses on the care that children with impairments have the right to enjoy. All children have rights to equality and dignity. In this session parents will be encouraged to see the potential in their children and will consider the right of each child to feel valued and cared for.

**Objective**

By the end of the session participants will be able to:
- Explain that impairment/disability doesn’t mean inability
- Explain what caring for a child means in practice

**Preparation**

Read all the relevant activities before the session to ensure that the content is clear and understood.

**Materials**

- Steps Game Descriptor Cards (Appendix 3.1)
- Steps Game Statements (Appendix 3.2)
- Poem ‘Always the Last’- on screen, rice sack or paper (Appendix 3.3)
- Marker pen
- Flip Charts
- Article 8 (Appendix 3.4)
- Traditional vs Social model of impairment rice sack or computer image (Appendix 3.5)
- True and false cards (Appendix 3.6)
- True and False statements (Appendix 3.7)
- Articles 3, 7, 24 and 25 (Appendix 3.8)

**Total Time**

1 Hour 30 minutes

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 30 minutes</td>
<td><strong>Activity 1: Steps Activity</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Introduction</strong> Facilitator to explain that the next activity looks at some of the things that people with impairments can achieve.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong> Facilitator to hand out descriptor cards (Appendix 3.1) to all participants and ask them to stand at the far side of the room.</td>
</tr>
<tr>
<td></td>
<td><strong>Instruction</strong> The facilitator will explain that he/she will read a series of statements (Appendix 3.2). After reading each statement, the participants must decide if they can take a step forward, even with the impairment that has been described on their descriptor card. This will be repeated over a series of statements.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong> After explaining the activity, the facilitator will read through each of the 12 statements and ask the participants if they think they can take a step forward, leaving a few seconds for them to consider what is written on their card.</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong> Most people who have an impairment are able to achieve the activities listed in the Steps Game. The facilitator should observe which activities the participants felt they couldn’t take a step forward for and discuss whether they were right to stand still.</td>
</tr>
</tbody>
</table>
It is important to aim high for children with disabilities and break down the barriers that stop them from achieving the best that they can achieve. Show Traditional vs Social Model again (Appendix 3.5) The impact of impairment depends on the attitudes and actions (barriers) around the person who has an impairment.

- There are people all over the world with disabilities who get married and have children.
- There are world Olympics for people with disabilities
- Rwanda has a volleyball team made up of players with disabilities
- There are blind politicians and musicians
- A world famous scientist who cannot speak is in a wheelchair and there are many other examples in Rwanda and around the world.

**Not all people can achieve these things whether they have an impairment or not and expectations should be realistic and take into account the individual child. But all children should be given the chance to reach their potential.**

<table>
<thead>
<tr>
<th>Groups of 3-4</th>
<th>Activity 2: What is Successful Inclusion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td><strong>Introduction</strong> Facilitator will explain that during this next activity the participants will think of success stories in their own communities involving people with impairments.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong> The participants will divide into groups of 3 or 4 to discuss people with impairments in their communities who are included well.</td>
</tr>
<tr>
<td></td>
<td><strong>Instructions</strong> The facilitator will explain that the participants will spend 5 minutes thinking about members of their communities who have impairments and are included in activities and events. What are the success stories?</td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong> The participants can either write or simply remember examples of success stories in their own communities. After 5 minutes the facilitator will ask for feedback and record examples of success on a flip-chart and look at the qualities that show successful inclusion.</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong> The facilitator will encourage the participants to share success stories. These might include:</td>
</tr>
<tr>
<td></td>
<td>- Having a job</td>
</tr>
<tr>
<td></td>
<td>- Being at school</td>
</tr>
<tr>
<td></td>
<td>- Having friends</td>
</tr>
<tr>
<td></td>
<td>- Running a home or helping to run a home</td>
</tr>
<tr>
<td></td>
<td>- Being fully included in family life</td>
</tr>
<tr>
<td></td>
<td>- Helping out at home in ways that are appropriate, just as their brothers and sisters would</td>
</tr>
<tr>
<td></td>
<td>- Being a respected and cared for member of the community</td>
</tr>
<tr>
<td></td>
<td>- Being included in community events</td>
</tr>
<tr>
<td></td>
<td>- Being included in sport</td>
</tr>
<tr>
<td></td>
<td>- Having a family of their own</td>
</tr>
<tr>
<td></td>
<td>- Having a leading role in the community</td>
</tr>
<tr>
<td></td>
<td>Facilitator to show statement which is based on Article 8 of the United Nations Convention on the Rights of Persons with Disabilities on power point or rice sack. (Appendix 3.4)</td>
</tr>
</tbody>
</table>

**Activity 3: From a Child’s Perspective**
| Whole Group  
| 10 minutes |
| **Introduction** | In this activity the participants will take a moment to reflect on how impairment can make children feel about themselves. |
| **Preparation** | Display the poem “Always the Last” (Appendix 3.3) on a screen, rice sack or printed out. |
| **Instructions** | The facilitator will explain that the participants will listen to a short poem written by a child with an impairment. |
| **Activity** | The facilitator will read the poem out loud and then ask the participants some questions about how the writer of the poem feels. |
|  | • How does the child feel? |
|  | • Why does he/she feel this way? |
|  | • Is it right that a child should feel so bad about themselves? |
| **Conclusion** | Show the Traditional vs Social Model of Inclusion (Appendix 3.5) and remind the participants that the child does not have the problem. The problem is with the barriers that exist in society. As parents of children with impairments, they have key opportunities to work against attitudes which make children feel this way. |

| Groups 3-4  
| 15 minutes |
| **Activity 4: The Right to Receive Care** |
| **Introduction** | Summarise what has been covered during the training: |
|  | • Removing stigma |
|  | • Respectful and disrespectful words |
|  | • Causes and signs of impairment |
|  | • Being a voice for children |
|  | • Supporting each other |
|  | • Looking at who is available to give support and advice |
|  | • Recognising that children with impairments can succeed, have rights and have feelings. |
| **Explanation** | Explain that the participants will now consider the care of children in family, school and the wider community. |
| **Preparation** | In this activity the participants will be looking at the right to care that all children have regardless of whether they have an impairment or not. |
| **Instructions** | The facilitator will ask the participants to divide up into small groups to discuss what they consider to be the rights of all children in terms of care. This should include rights in relation to family life, school, community and health. The words family life, school, community and health should be written up as headings on a flipchart as a prompt for this brainstorm activity. |
| **Activity** | The instructor will explain that the participants have about 10 minutes to list what they think are the rights of all children in respect to care. The list of key words that have been written up should be pointed out and read as a reminder. |
| **Conclusion** | As the facilitator records the feedback, he/she will ask whether this care should be the same for all children. The flipchart should be retained for use during the next activity. |
|  | Facilitator should ensure that even obvious things such as the right to play, help out with chores (where the child is able), be included in conversation |
and general events should be clearly made explicit in the feedback list. It shouldn’t be assumed that these things will automatically be listed by the parents taking part. A few examples of what might be included:

- The right to healthcare
- The right to be registered
- The right to attend school
- The right to help with family chores (where appropriate)
- The right to play

<table>
<thead>
<tr>
<th>Individual</th>
<th>Activity 5: Care for all children</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 minutes</td>
<td><strong>Introduction</strong> In this session, the participants will consider the quality of care that children with impairments should receive. They will take part in a true or false quiz which will look at some of Rwanda’s policies and views on the rights of children with impairments.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong> Each participant to be given a true and a false card. (Appendix 3.5) The facilitator will have a copy of statements “True or False?” (Appendix 3.6) to read</td>
</tr>
<tr>
<td></td>
<td>Those leading this session should make a decision about which statements to read out and should briefly explain some of the terms used. For example, the World Health Organisation is a World Wide organisation which advices countries on health.</td>
</tr>
<tr>
<td></td>
<td><strong>Instructions</strong> The facilitator will explain that the participants will hear a series of statements and should decide if they are true or false. Some are based on Rwandan Law and Policy and some on the United Nations Convention on the Rights of Persons with Disabilities which the Rwandan Government agrees to.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong> The facilitator will read all the statements, pausing after each one to give the participants a few minutes to decide whether each statement is true or false. They will then be asked to show their decision by raising the appropriate card. After each vote, the facilitator will give the correct answer and discuss any statements which the participants find surprising.</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong> Show the flip-chart from the last activity and explain that all children, regardless of their impairment deserve full rights to care listed on the flip-chart. Sometimes there are barriers in the way but parents are the most important people when it comes to ensuring that children with impairments can enjoy their rights to good quality family life, education, community life and healthcare.</td>
</tr>
<tr>
<td></td>
<td>Facilitator to show power point or rice sacks of statements which are based on Articles 3, 7, 24, 25 of the United Nations Convention on the Rights of Persons with Disabilities (Appendix 3.8). These all demonstrate the determination that Rwanda has to join global views on removing barriers to inclusion.</td>
</tr>
<tr>
<td></td>
<td>Finish by encouraging parents to:</td>
</tr>
<tr>
<td></td>
<td>- Be a voice for their own and other children with impairment</td>
</tr>
<tr>
<td></td>
<td>- Seek out professional support</td>
</tr>
<tr>
<td></td>
<td>- Ensure their children enjoy their rights to education and health</td>
</tr>
<tr>
<td></td>
<td>- Look for the strengths in their children and make sure they are included in family life</td>
</tr>
</tbody>
</table>
Session 4: Caring for a child with Hearing Impairment

We have looked at the rights of all children to be included in family, school and community life and the fact that society recognises those rights. In these activities we will be looking at the best care for children with Hearing Impairments and the important role that parents have in ensuring that their children receive the best care.

This Session is an outline, rather than a detailed framework, which has been drawn up after consultation with specialist representatives in Visual Impairment, Hearing Impairment, Physical Impairment and Intellectual Impairment. It is designed to give the session structure while enabling the specialists to bring in their own areas of expertise. Each topic outline was agreed by the working group.

<table>
<thead>
<tr>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of the session participants will be able to:</td>
</tr>
<tr>
<td>• Identify good practices in caring for children with Hearing Impairments at home and more widely in society</td>
</tr>
<tr>
<td>• Identify ways in which parents can be a voice for their own and other children with Hearing Impairments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read all the relevant activities before the session to ensure that the content is clear and understood.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flip-chart</td>
</tr>
<tr>
<td>Marker pens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 hours 20 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 minute</td>
<td><strong>Activity: The Impact of Stigma on the whole Family</strong></td>
</tr>
<tr>
<td></td>
<td>For this activity, representatives of local NGOs and Universities will lead a discussion in which parents/carers can voice their feelings about the impact that stigma has in relation to having a child with Hearing Impairment. The agreed purpose is:</td>
</tr>
<tr>
<td></td>
<td>• To encourage the participants to have a voice and know it is acceptable to talk about their experiences.</td>
</tr>
<tr>
<td></td>
<td>• To enable the participants to see that other parents/carers have had similar experiences.</td>
</tr>
<tr>
<td></td>
<td>• To show the value in receiving support and giving support to others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40 minutes</th>
<th><strong>Activity: Signs and Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For this activity, representatives of local NGOs and Universities have taken support materials to adapt and incorporate into a training activity on recognising the signs and actions for parents/carers to take to:</td>
</tr>
<tr>
<td></td>
<td>• Recognise the signs of hearing impairment</td>
</tr>
<tr>
<td></td>
<td>• Identify actions to take to support their own children</td>
</tr>
</tbody>
</table>
| 40 minutes | **Activity: True or False**  
For this activity, representatives of local NGOs and universities have taken support materials to adapt and incorporate into a training activity called ‘True or False.’ The activity will be used to:  
- Encourage parents to be a voice for their child and others in the community by thinking about the rights of and facts about children with Hearing Impairments |

| Groups of 5 1 Hour | **Activity: Bus Stop of Good Practice**  
**Introduction**  
Explain that in this activity the participants will be sharing good practice in caring for children with Hearing Impairments primarily at home but also in the wider community.  
**Preparation**  
Facilitator to place 4 sheets of flipchart paper around the room. On one should be written, ‘Developing my child socially’, on another ‘Developing the child’s self-help and independence skills’ and the third should have ‘Making my child feel loved, showing them they are wanted and speaking out for them’. The last sheet should have the heading “Building confidence and ambition in my child.”  
If the group is big, there should be 2 sets of these sheets.  
**Instructions**  
- Divide the participants into groups of 5  
- Show the sheets and explain that each group will begin by giving their ideas on the best practices in looking after children with Hearing Impairments.  
- Each group will be assigned a sheet of paper to go to. They will have a few minutes to write up their ideas. (Make sure there is someone in each group who is happy to write and assist if there is a group which needs help.)  
- After about 5 minutes the facilitator will tell the groups to move to another sheet. At this sheet of paper, they should add their ideas below the ones which have already been written.  
- After about 5 minutes they will be asked to move to the third sheet and then again to the last sheet so that every group has added ideas about best care for children.  
**Activity**  
Once the instructions have been given all the participants should go to their flipchart sheet and write their ideas and work through the activity as described above.  
**Conclusion**  
- Each completed sheet should be presented to the whole group  
- Any surprise comments should be discussed  
- All good practices should be highlighted and discussed further  
- There should be a time for questions  
- Encourage the participants to be a voice for their own children in best care and also in encouraging this in other parents/carer
Session 5: Caring for a child with Intellectual Impairment

We have looked at the rights of all children to be included in family, school and community life and the fact that society recognises those rights. In these activities we will be looking at the best care for children with Intellectual Impairments and the important role that parents have in ensuring that their children receive the best care.

This Session is an outline, rather than a detailed framework, which has been drawn up after consultation with specialist representatives in Visual Impairment, Hearing Impairment, Physical Impairment and Intellectual Impairment. It is designed to give the session structure while enabling the specialists to bring in their own areas of expertise. Each topic outline was agreed by the working group.

| Objective | By the end of the session participants will be able to:  
| --- | --- |
|  | • Identify good practices in caring for children with Intellectual Impairments at home and more widely in society  
|  | • Identify ways in which parents can be a voice for their own and other children with Intellectual Impairments |

| Preparation | Read all the relevant activities before the session to ensure that the content is clear and understood. |

| Materials | Flip-chart  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marker pens</td>
</tr>
</tbody>
</table>

| Total Time | 2 hours 20 minutes |

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 40 minute | **Activity: The Impact of Stigma on the whole Family**  
For this activity, representatives of local NGOs and Universities will lead a discussion in which parents/carers can voice their feelings about the impact that stigma has in relation to having a child with Intellectual Impairment. The agreed purpose is:  
• To encourage the participants to have a voice and know it is acceptable to talk about their experiences.  
• To enable the participants to see that other parents/carers have had similar experiences.  
• To show the value in receiving support and giving support to others. |

| 40 minutes | **Activity: Signs and Actions**  
For this activity, representatives of local NGOs and Universities have taken support materials to adapt and incorporate into a training activity on recognising the signs and actions for parents/carers to take to:  
• Recognise the signs of Intellectual Impairment  
• Identify actions to take to support their own children  
• Be a voice for their own and other children in the community with Intellectual Impairment |

| 40 minutes | **Activity: True or False**  
For this activity, representatives of local NGOs and universities have taken
support materials to adapt and incorporate into a training activity called ‘True or False.’ The activity will be used to:
- Encourage parents to be a voice for their child and others in the community by thinking about the rights of and facts about children with Intellectual Impairments

| Groups of 5                     | 1 Hour |

**Activity: Bus Stop of Good Practice**

**Introduction**
Explain that in this activity the participants will be sharing good practice in caring for children with Intellectual Impairments primarily at home but also in the wider community.

**Preparation**
Facilitator to place 4 sheets of flipchart paper around the room. On one should be written, ‘Developing my child socially’, on another ‘Developing the child’s self-help and independence skills’ and the third should have ‘Making my child feel loved, showing them they are wanted and speaking out for them’. The last sheet should have the heading “Building confidence and ambition in my child.”
If the group is big, there should be 2 sets of these sheets.

**Instructions**
- Divide the participants into groups of 5
- Show the sheets and explain that each group will begin by giving their ideas on the best practices in looking after children with Intellectual Impairments.
- Each group will be assigned a sheet of paper to go to. They will have a few minutes to write up their ideas. (Make sure there is someone in each group who is happy to write and assist if there is a group which needs help.)
- After about 5 minutes the facilitator will tell the groups to move to another sheet. At this sheet of paper, they should add their ideas below the ones which have already been written.
- After about 5 minutes they will be asked to move to the third sheet and then again to the last sheet so that every group has added ideas about best care for children.

**Activity**
Once the instructions have been given all the participants should go to their flipchart sheet and write their ideas and work through the activity as described above.

**Conclusion**
- Each completed sheet should be presented to the whole group
- Any surprise comments should be discussed
- All good practices should be highlighted and discussed further
- There should be a time for questions
- Encourage the participants to be a voice for their own children in best care and also in encouraging this in other parents/carers
Session 6: Caring for a child with Visual Impairment

We have looked at the rights of all children to be included in family, school and community life and the fact that society recognises those rights. In these activities we will be looking at the best care for children with Visual Impairments and the important role that parents have in ensuring that their children receive the best care.

This Session is an outline, rather than a detailed framework, which has been drawn up after consultation with specialist representatives in Visual Impairment, Hearing Impairment, Physical Impairment and Intellectual Impairment. It is designed to give the session structure while enabling the specialists to bring in their own areas of expertise. Each topic outline was agreed by the working group.

Objective

By the end of the session participants will be able to:

- Identify good practices in caring for children with Visual Impairments at home and more widely in society
- Identify ways in which parents can be a voice for their own and other children with Visual Impairments

Preparation

Read all the relevant activities before the session to ensure that the content is clear and understood.

Materials

Flip-chart
Marker pens

Total Time

2 hours 20 minutes

Grouping/Time | Activities
--- | ---
**40 minute** | **Activity: The Impact of Stigma on the whole Family**
For this activity, representatives of local NGOs and Universities will lead a discussion in which parents/carers can voice their feelings about the impact that stigma has in relation to having a child with Visual Impairment. The agreed purpose is:
- To encourage the participants to have a voice and know it is acceptable to talk about their experiences.
- To enable the participants to see that other parents/carers have had similar experiences.
- To show the value in receiving support and giving support to others.

**40 minutes** | **Activity: Signs and Actions**
For this activity, representatives of local NGOs and Universities have taken support materials to adapt and incorporate into a training activity on recognising the signs and actions for parents/carers to take to:
- Recognise the signs of visual impairment
- Identify actions to take to support their own children
- Be a voice for their own and other children in the community with Visual Impairment

**40 minutes** | **Activity: True or False**
For this activity, representatives of local NGOs and universities have taken support materials to adapt and incorporate into a training activity called ‘True
or False.’ The activity will be used to:
   - Encourage parents to be a voice for their child and others in the community by thinking about the rights of and facts about children with Visual Impairments

<table>
<thead>
<tr>
<th>Groups of 5 1 Hour</th>
</tr>
</thead>
</table>

**Activity: Bus Stop of Good Practice**

**Introduction**
Explain that in this activity the participants will be sharing good practice in caring for children with Visual Impairments primarily at home but also in the wider community.

**Preparation**
Facilitator to place 4 sheets of flipchart paper around the room. On one should be written, ‘Developing my child socially’, on another ‘Developing the child’s self-help and independence skills’ and the third should have ‘Making my child feel loved, showing them they are wanted and speaking out for them’. The last sheet should have the heading “Building confidence and ambition in my child.”
If the group is big, there should be 2 sets of these sheets.

**Instructions**
- Divide the participants into groups of 5
- Show the sheets and explain that each group will begin by giving their ideas on the best practices in looking after children with Visual Impairments.
- Each group will be assigned a sheet of paper to go to. They will have a few minutes to write up their ideas. (Make sure there is someone in each group who is happy to write and assist if there is a group which needs help.)
- After about 5 minutes the facilitator will tell the groups to move to another sheet. At this sheet of paper, they should add their ideas below the ones which have already been written.
- After about 5 minutes they will be asked to move to the third sheet and then again to the last sheet so that every group has added ideas about best care for children.

**Activity**
Once the instructions have been given all the participants should go to their flipchart sheet and write their ideas and work through the activity as described above.

**Conclusion**
- Each completed sheet should be presented to the whole group
- Any surprise comments should be discussed
- All good practices should be highlighted and discussed further
- There should be a time for questions
- Encourage the participants to be a voice for their own children in best care and also in encouraging this in other parents/carers
Session 7: Caring for a child with Physical Impairment

We have looked at the rights of all children to be included in family, school and community life and the fact that society recognises those rights. In these activities we will be looking at the best care for children with Physical Impairments and the important role that parents have in ensuring that their children receive the best care.

This Session is an outline, rather than a detailed framework, which has been drawn up after consultation with specialist representatives in Visual Impairment, Hearing Impairment, Physical Impairment and Intellectual Impairment. It is designed to give the session structure while enabling the specialists to bring in their own areas of expertise. Each topic outline was agreed by the working group.

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify good practices in caring for children with Physical Impairments at home and more widely in society</td>
</tr>
<tr>
<td></td>
<td>• Identify ways in which parents can be a voice for their own and other children with Physical Impairments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Read all the relevant activities before the session to ensure that the content is clear and understood.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials</td>
<td>Flip-chart</td>
</tr>
<tr>
<td></td>
<td>Marker pens</td>
</tr>
<tr>
<td>Total Time</td>
<td>2 hours 20 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 minute</td>
<td><strong>Activity: The Impact of Stigma on the whole Family</strong></td>
</tr>
<tr>
<td></td>
<td>For this activity, representatives of local NGOs and Universities will lead a discussion in which parents/carers can voice their feelings about the impact that stigma has in relation to having a child with Physical Impairment. The agreed purpose is:</td>
</tr>
<tr>
<td></td>
<td>• To encourage the participants to have a voice and know it is acceptable to talk about their experiences.</td>
</tr>
<tr>
<td></td>
<td>• To enable the participants to see that other parents/carers have had similar experiences.</td>
</tr>
<tr>
<td></td>
<td>• To show the value in receiving support and giving support to others.</td>
</tr>
</tbody>
</table>

| 40 minutes    | **Activity: Signs and Actions** |
|               | For this activity, representatives of local NGOs and Universities have taken support materials to adapt and incorporate into a training activity on recognising the signs and actions for parents/carers to take to: |
|               | • Recognise the signs of Physical Impairment |
|               | • Identify actions to take to support their own children |
|               | • Be a voice for their own and other children in the community with Physical Impairment |

| 40 minutes    | **Activity: True or False** |
|               | For this activity, representatives of local NGOs and universities have taken |
### Activity: Bus Stop of Good Practice

**Introduction**

Explain that in this activity the participants will be sharing good practice in caring for children with Physical Impairments primarily at home but also in the wider community.

**Preparation**

Facilitator to place 4 sheets of flipchart paper around the room. On one should be written, ‘Developing my child socially’, on another ‘Developing the child’s self-help and independence skills’ and the third should have ‘Making my child feel loved, showing them they are wanted and speaking out for them’. The last sheet should have the heading “Building confidence and ambition in my child.”

If the group is big, there should be 2 sets of these sheets.

**Instructions**

- Divide the participants into groups of 5
- Show the sheets and explain that each group will begin by giving their ideas on the best practices in looking after children with Physical Impairments.
- Each group will be assigned a sheet of paper to go to. They will have a few minutes to write up their ideas. (Make sure there is someone in each group who is happy to write and assist if there is a group which needs help.)
- After about 5 minutes the facilitator will tell the groups to move to another sheet. At this sheet of paper, they should add their ideas below the ones which have already been written.
- After about 5 minutes they will be asked to move to the third sheet and then again to the last sheet so that every group has added ideas about best care for children.

**Activity**

Once the instructions have been given all the participants should go to their flipchart sheet and write their ideas and work through the activity as described above.

**Conclusion**

- Each completed sheet should be presented to the whole group
- Any surprise comments should be discussed
- All good practices should be highlighted and discussed further
- There should be a time for questions
- Encourage the participants to be a voice for their own children in best care and also in encouraging this in other parents/carers
Appendix 1.1

Rice Sack layout (This should just be the grid. This version also shows the answers.) This card should also be cut into sections for participants to arrange into ‘Respectful’ and ‘Disrespectful’ groups.

<table>
<thead>
<tr>
<th>☺Respectful</th>
<th>☹Disrespectful</th>
</tr>
</thead>
<tbody>
<tr>
<td>cannot /does not speak</td>
<td>utavuga</td>
</tr>
<tr>
<td>has an intellectual impairment, has a</td>
<td>ufite ubumuga, bwo mu mutwe</td>
</tr>
<tr>
<td>Learning Difficulty</td>
<td>Utumva</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Deaf, has a hearing impairment</td>
<td>Uyumva</td>
</tr>
<tr>
<td>Blind, has a visual impairment</td>
<td>Utabona</td>
</tr>
<tr>
<td>Has a physical impairment, has a</td>
<td>Ufite</td>
</tr>
<tr>
<td>physical difficulty</td>
<td>Ubumuga,</td>
</tr>
</tbody>
</table>

😊 Imvugo y’icyubahiro ?
Respectful Language

<table>
<thead>
<tr>
<th>Utavuga</th>
<th>Cannot / Does Not Speak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ufite ubumuga, bwo mu mutwe</td>
<td>Has an intellectual impairment, has a learning difficulty</td>
</tr>
<tr>
<td>utumva</td>
<td>deaf, has a hearing impairment</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>utabona</td>
<td>blind, has a visual impairment</td>
</tr>
<tr>
<td>ufite ubumuga</td>
<td>has a physical impairment, has a physical difficulty</td>
</tr>
</tbody>
</table>

**Appendix 1.3**  
**Step Game Descriptor Cards**

You have albinism. You are very sensitive to light and you have very poor vision. You have to keep your skin covered in strong sunlight to avoid cancer which can be caused by the sun’s harmful rays.

You have cerebral palsy. You have weak muscles in your arms and legs which means that you have difficulty walking. You also have some problems being understood when you speak. You are able to read but writing is difficult. You have a poor memory.

You were born with no hearing. Because of this you have very little speech.

You were born with spina bifida. This means that nerves in your spinal cord (which runs down your back) did not develop fully in the womb. You use crutches because you have difficulty walking.

You have a speech impairment which makes it difficult for people to understand you.

You have Down syndrome. This means that you look slightly different to other people. You have some difficulty speaking and you also have learning impairment.

You have autism. You have difficulty understanding other people. You do not always understand what they are saying and you find social situations difficult.
Appendix 1.4

**Step Game Statements**

1. Take a step forward if you can attend school.
2. Take a step forward if you can go out to play with friends in your village or town.
3. Take a step forward if you can move around school independently.
4. Take a step forward if you can take part in some sports.
5. Take a step forward if you can learn.
6. Take a step forward if you should be respected.
7. Take a step forward if you can dress yourself.
8. Take a step forward if you can learn to cook.
9. Take a step forward if you think you might get a job.
10. Take a step forward if you think you might get married.
11. Take a step forward if you think you are a valuable person in your community.
12. Take a step forward if you think that you could live independently in the community.

Appendix 1.5

Always the last
Always the slowest
Always the least worthy
Always the least respected
Always the one to break things
Always the one to displease others

Appendix 1.6

Article 8

| Rwanda has agreed to do things to make everyone else | }
aware that persons with disabilities have the same rights as everyone else and to show them what persons with disabilities can do.

U Rwanda rwiyemeje gukora ibishoboka byose kugirango umuntu uwo ariwe wese ameny neza ko abantu bafite ubumuga bafite uburenganzira kimwe nk’abandi no kubereka ibyo bashoboye gukora.

Appendix 1.7

Appendix 1.8

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>✗</td>
<td>✓</td>
<td>✗</td>
</tr>
</tbody>
</table>
True | False | True | False
--- | --- | --- | ---
√ | X | √ | X

True | False | True | False
--- | --- | --- | ---
√ | X | √ | X

True | False | True | False
--- | --- | --- | ---
√ | X | √ | X

True | False | True | False
--- | --- | --- | ---
√ | X | √ | X

True or False?
According to the World Health Organisation 15% of any population have disabilities.

MINEDUC states that some children, with more severe disability, should be cared for rather than educated.

MINEDUC statistical yearbook 2011-14 indicates that in Rwandan
### Schools

- **1%** of the total students enrolled in pre-primary, primary, secondary and tertiary education are recorded as having a disability.

**MINEDUC’s mission includes the aim to provide “equitable access to quality education”**

### The World Health Organisation

- The World Health Organisation estimates that **15%** of the population has some kind of disability. This would mean **405,000** children in Rwanda have a disability. Only **2000** of these children in Rwanda are in special schools.

### The World Health Organization (WHO)

- The World Health Organization (WHO) states that children with disabilities are just as likely to be in school as their peers.

### According to the MINEDUC’s ESSP

- According to the MINEDUC’s ESSP, the chance of a child dropping out of school is four times higher for a child who has disability.

### The Rwandan Government


### Nyaruguru District

- In the Nyaruguru District, **20.4%** of parents of children with disabilities who were surveyed said that their children would drop out of school if excluded or isolated.

### Nyamagabe District

- In the Nyamagabe District only **50%** of parents of children with impairments surveyed encourage their children to go out to play with other children.

### Article 25

- Article 25 requires that all countries should ensure that persons with a disability have access to the same health services as others.
The United Nations Convention on the Rights of Persons with Disabilities states that everyone should have equal opportunities.

From 2016, it is planned that all Rwandan schools will receive training on how to include children with a range of impairments.

From 2016, it is planned that all Rwandan schools will have access to a manual providing guidance for teachers on inclusion.

**True or False with correct answers?**

According to the World Health Organisation 15% of any population have disabilities.

True: In some countries it is difficult to gain accurate data about the number of people with disabilities, but this is an average and applies throughout the world.

MINEDUC states that some children, with more severe disability, should be cared for rather than educated.

False: MINEDUC states that “Every child has the basic right to education.”

MINEDUC statistical yearbook 2011-14 indicates that in Rwandan Schools only 1% of the total students enrolled in pre-primary, primary, secondary and tertiary education are recorded as having a disability.

True: The figures indicate that the majority of children with a disability are not currently on roll at school.

MINEDUC’s mission includes the aim to provide “equitable access to quality education”
True: MINEDUC and REB have worked with the universities and charities to produce Guidance for Teachers and training for all schools on how to make this happen.

The World Health Organisation estimates that 15% of the population has some kind of disability. This would mean 405,000 children in Rwanda have a disability. Only 2000 children in Rwanda are in special schools.

True: 2000 children are in Special Schools. There are some children with disabilities in mainstream schools but nowhere near 403,000.

The World Health Organization (WHO) states that children with disabilities are just as likely to be in school as their peers

False: MINEDUC’s ESSP places a 7-8 year old with a disability at a 3 times greater risk of not starting school at the right age.

According to the MINEDUC’s ESSP the chance of a child dropping out of school is four times higher for a child who has disability.

True: Even if a child is able to start at school, those with disabilities are at a much greater risk of dropping out than their peers who have no disabilities.


True: Rwanda’s move to include learners with impairments is an obligation to fulfil the rights of children with disabilities.

In the Nyaruguru District, 20.4% of parents of children with disabilities who were surveyed said that their children would drop out of school if excluded or isolated.

True: A large percentage of children with disabilities drop out of school and exclusion and isolation are given as a big reason for this. In a neighbouring district, over 38% of parents said these reasons
would make their children drop out of school. It is a challenge to all who work with children with disabilities to ensure they are welcomed and included.

In the Nyamagabe District only 50% of parents of children with impairments surveyed encourage their children to go out to play with other children.

False: The number is a lot lower than this. Only 17.6% of parents said that they allow children with impairments to go out and play with other children.

Article 25 requires that all countries should ensure that persons with a disability have access to the same health services as others.

True: Article 25 recognises that it as a human right that people with disabilities should have access to healthcare.

The United Nations Convention on the Rights of Persons with Disabilities states that everyone should have equal opportunities.

True: Article 3 supports this and the document outlines ways in which Governments should work to ensure this happens. So allowing children to enjoy family, school, community and access to healthcare is a worldwide ambition. Even simple things like enjoying the right to play outside is important.

From 2016, it is planned that all Rwandan schools will receive training on how to include children with a range of impairments.

True: A National Task Force, comprising representatives from REB, MINEDUC, Universities and Charities has been working on developing training for pre-service and in-service training to inform every school in Rwanda on best practices in inclusion.

From 2016, it is planned that all Rwandan schools will have access to a manual providing guidance for teachers on inclusion.
True: The National Task Force has worked to produce Inclusive Guidance for all schools in Rwanda.

### Appendix 1.10

<table>
<thead>
<tr>
<th>Article 3</th>
</tr>
</thead>
</table>
| • Persons with a disability have the same rights to be included in society as anybody else.  
• Abantu bafite ubumuga bafite uburenganzira bwo kwibona muri sosiyeti nk’abandi bose.  
• Persons with a disability are to be respected for who they are.  
• Abantu bafite ubumuga bagomba kubahwa uko bari kose. |

<table>
<thead>
<tr>
<th>Article 7</th>
</tr>
</thead>
</table>
| • Countries agree that children with a disability have the same rights as other children and are treated equally with others.  
• Ibihugu byemeye ko abana bafite ubumuga bafite uburenganzira kimwe nk’abandi bana kandi bagomba kwitabwaho kimwe nk’abandi.  
• What is best for the child will be the most important thing to think about.  
• Gutekereza ku kintu cy’ingenzi cyagirira umwana akamaro. |

<table>
<thead>
<tr>
<th>Article 24</th>
</tr>
</thead>
</table>
| • Persons with a disability have a right to education.  
• Abantu bafite ubumuga bafite uburenganzira k’uburezi.  
• Rwanda will make sure persons with a disability have the opportunity to go to mainstream schools and can carry on learning throughout their lives.  
• U Rwanda rugomba gukora kuburyo abantu bafite ubumuga boroherezwa kwiga mu mashuri hamwe n’abandi bana badafite ubumuga kandi rugashyiraho imyigishyirize |

Article 25 Rwanda will:  
Make sure persons with a disability have access to the same health services as others.  
U Rwanda rugomba:  
Gukora kuburyo abantu bafite ubumuga bagerwaho na serivisi z’ubuzima kimwe nk’abandi.
### Appendix 2: 1 True or False (Hearing Impairment)

**True or False?**

Read the following statements carefully and discuss together whether the statement is true or false.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>All hearing problems can be fixed by wearing a hearing aid.</td>
<td>False</td>
</tr>
<tr>
<td>Hearing impaired people always have good sight.</td>
<td>True</td>
</tr>
<tr>
<td>Hearing impaired people usually have a vision impairment as well.</td>
<td>True</td>
</tr>
<tr>
<td>Hearing impaired children are less intelligent.</td>
<td>False</td>
</tr>
<tr>
<td>Hearing impaired children can learn.</td>
<td>True</td>
</tr>
<tr>
<td>Hearing impaired pupils can learn as well as their peers if the necessary support is put in place.</td>
<td>True</td>
</tr>
<tr>
<td>Children with hearing loss may not hear their own voices when they speak.</td>
<td>True</td>
</tr>
<tr>
<td>Children with hearing loss may speak too loudly or not loud enough.</td>
<td>True</td>
</tr>
<tr>
<td>Pupils with hearing impairment may find it difficult to make friends at school.</td>
<td>True</td>
</tr>
</tbody>
</table>
Early identification followed by prompt medical intervention can effectively reduce the impact of hearing impairment on the life of an individual.

The earlier in the life of a child the hearing impairment occurs, the more serious its impact will be.

Hearing loss that occurs before a child develops speech and language skills is referred to as prelingual.

Hearing loss that occurs after a child develops speech and language skills is known as postlingual.

Hearing impaired pupils can walk around school independently.

Hearing impaired children can take part in sport.

Computers can be used to help people with hearing impairments.

Pupils with hearing impairment should take full part in lessons.

Vision is very important for hearing impaired pupils as a method of getting educational information.

Children with hearing impairment can find it hard to make friends.

A child with hearing impairment will find it helpful to have opportunities to use their other senses, such as touch and vision.
Children with hearing impairment cannot do sport.

A pupil with a severe hearing impairment will face more difficulties at school than a pupil with a mild hearing impairment.

Pupils with hearing impairment cannot take part in group work.

**True (T) or False (F)?**

Read the following statements carefully and discuss together whether the statement is true or false.

All hearing problems can be fixed by wearing a hearing aid. F
Hearing impaired people always have good sight. F
Hearing impaired people usually have a vision impairment as well. F
Hearing impaired children are less intelligent. F
Hearing impaired children can learn. T
Hearing impaired pupils can learn as well as their peers if the necessary support is put in place. T
Children with hearing loss may not be able to hear their own voices when they speak. T
Children with hearing loss may speak too loudly or not loud enough. T
Pupils with hearing impairment may find it difficult to make friends at school. T
Early identification followed by prompt medical intervention can effectively reduce the impact of hearing impairment on the life of an individual. T
The earlier in the life of a child the hearing impairment occurs, the more serious its impact will be. T
Hearing loss that occurs before a child develops speech and language skills is referred to as prelingual. T
Hearing loss that occurs after a child develops speech and language skills is known as postlingual. T
Hearing impaired pupils can walk around school independently. T
Hearing impaired children can take part in sport. T
Computers can be used to help people with hearing impairments. T
Pupils with hearing impairment should take full part in lessons. T
Vision is very important for hearing impaired pupils as a method of getting educational information. T
Children with hearing impairment can find it hard to make friends. T
A child with hearing impairment will find it helpful to have opportunities to use their other senses, such as touch and vision. T
Children with hearing impairment cannot do sport. F
A pupil with a severe hearing impairment will face more difficulties at school than a pupil with a mild hearing impairment. T
Pupils with hearing impairment cannot take part in group work. F

**Appendix 2:2 True or False (Intellectual Impairment)**

True or False?

Read the following statements carefully and discuss together whether a statement is true or false.

- If a pupil has difficulty paying attention in lessons, then they have an intellectual impairment.
- It is a sign of intellectual impairment if a pupil is quiet in class.
- Pupils with intellectual impairment cannot play sport.
- If a pupil has a hearing impairment, this will cause them to have an intellectual impairment.
- If a pupil appears not to have as good a memory as their peers in the class then this is a sign of intellectual impairment.
Pupils with an intellectual impairment will need more teacher support to complete their work.

Pupils who always score low in end of term tests have an intellectual impairment.

A pupil with an intellectual impairment will benefit from using teaching aids in class.

Pupils with intellectual impairment will find it difficult to make friends.

It will help a pupil with intellectual impairment to work with a small group of their peers.

If a child has an intellectual impairment they will also have a speech impairment.

A pupil with an intellectual impairment can learn.

A pupil with an intellectual impairment will play differently to children of the same age.

It is the sign of intellectual impairment if the pupil has difficulty adapting to new routines or situations.
A pupil with an intellectual impairment will have difficulty following verbal instructions.

**True or False Answers**

Read the following statements carefully and discuss together whether a statement is true or false.

If a pupil has difficulty paying attention in lessons, then they have an intellectual impairment.

*False. The pupil could have an intellectual impairment, though this could also be the sign of another impairment such as hearing or visual.*

It is a sign of intellectual impairment if a pupil is quiet in class.

*True. But it could also be the sign of another impairment such as hearing or visual.*

Pupils with intellectual impairment cannot play sport.

*False.*

If a pupil has a hearing impairment, this will cause them to have an intellectual impairment.

*False.*

If a pupil appears not to have as good a memory as their peers in the class then this is a sign of intellectual impairment.

*True.*

Pupils with an intellectual impairment will need more teacher support to complete their work.

*True.*
Pupils who always score low in end of term tests have an intellectual impairment.

False. There are many reasons why this could be so and it is the teacher’s responsibility to follow this up.

A pupil with an intellectual impairment will benefit from using teaching aids in class.

True.

Pupils with intellectual impairment will find it difficult to make friends.

False. They may find it difficult and it is the teacher’s job to support the social inclusion of pupils with intellectual impairment.

It will help a pupil with intellectual impairment to work with a small group of their peers.

True.

If a child has an intellectual impairment they will also have a speech impairment.

False.

A pupil with an intellectual impairment can learn.

True.

A pupil with an intellectual impairment will play differently to children of the same age.

True.

It is the sign of intellectual impairment if the pupil has difficulty adapting to new routines or situations.

True.

A pupil with an intellectual impairment will have difficulty following verbal instructions.

True. Though this could also be the sign of a hearing impairment.
Appendix 2:3 True or False (Physical Impairment)
True or False?

Read the following statements carefully and discuss together whether a statement is true or false.

- If a pupil has a physical impairment, then they will have difficulty paying attention in lessons.

- It is a sign of physical impairment if a pupil is quiet in class.

- Pupils with physical impairment cannot play sport.

- If a pupil has a physical impairment, they will also have an intellectual impairment.

- If a pupil appears not to have as good a memory as their peers in the class then this is the sign of physical impairment.

- Pupils with a physical impairment will need more teacher support to complete their work.

- A pupil with a physical impairment will benefit from working as part of a group or pair.
A pupil with a physical impairment will benefit from using teaching aids in class.

Pupils with physical impairment will find it difficult to make friends.

If a child has a physical impairment they will also have a speech impairment.

A pupil with a physical impairment can learn as well as their peers.

A pupil with a physical impairment will play differently to children of the same age.

A pupil with a physical impairment may have difficulty adapting to new routines or situations.

A pupil with a physical impairment will have difficulty following verbal instructions.

**True or False?**
Read the following statements carefully and discuss together whether a statement is true or false.

If a pupil has a physical impairment, then they will have difficulty paying attention in lessons.
False, as having a physical impairment has no direct effect on a pupil’s ability to pay attention. However, pupils with physical impairment may get tired more quickly than their peers, so may lose attention as the school day passes.

It is a sign of physical impairment if a pupil is quiet in class.
False. However, if a pupil is quiet in class the teacher should talk with the pupil to try to identify the reason for this.

Pupils with physical impairment cannot play sport.
False.

If a pupil has a physical impairment, they will also have an intellectual impairment.
False.

If a pupil appears not to have as good a memory as their peers in the class then this is the sign of physical impairment.
False.

Pupils with a physical impairment will need more teacher support to complete their work.
False. Having a physical impairment will not directly affect a pupil’s ability to learn. However it is important for the teacher to talk with the pupil to find out what support they will need in the classroom to accommodate their physical impairment.

A pupil with a physical impairment will benefit from working as part of a group or pair.
True. All pupils will benefit from this strategy.
A pupil with a physical impairment will benefit from using teaching aids in class.

True. All pupils will benefit from this strategy.

Pupils with physical impairment will find it difficult to make friends.

True. Having a physical impairment can present barriers to the inclusion of the pupil in the social life of school. The teacher needs to actively support the inclusion of such pupils.

If a child has a physical impairment they will also have a speech impairment.

False.

A pupil with a physical impairment can learn as well as their peers.

True.

A pupil with a physical impairment will play differently to children of the same age.

True. The impact of the physical impairment can result in this.

A pupil with a physical impairment may have difficulty adapting to new routines or situations.

True. Support will be needed from the teacher.

A pupil with a physical impairment will have difficulty following verbal instructions.

False. However, if the instruction requires a physical action then the teacher needs to be aware that the pupil may have difficulty carrying out the action and may need additional support.
### Appendix 2:4 True or False (Visual Impairment)

**True or False?**

Read the following statements carefully and discuss together whether the statement is true or false.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>All vision problems can be fixed by wearing glasses.</td>
<td>False</td>
</tr>
<tr>
<td>Reading at close distance can damage the eyes.</td>
<td>True</td>
</tr>
<tr>
<td>Blind people can only see darkness.</td>
<td>False</td>
</tr>
<tr>
<td>Blind/visually impaired children are less intelligent.</td>
<td>False</td>
</tr>
<tr>
<td>Blind/visually impaired children can learn.</td>
<td>True</td>
</tr>
<tr>
<td>Blind/visually impaired children can walk around school independently.</td>
<td>True</td>
</tr>
<tr>
<td>Blind/visually impaired children can take part in many sports.</td>
<td>True</td>
</tr>
<tr>
<td>Computers can be used to help people with visual impairments.</td>
<td>True</td>
</tr>
<tr>
<td>Children get most of their knowledge of the world through sight.</td>
<td>False</td>
</tr>
</tbody>
</table>
Most of what we learn about the world comes naturally through observation.

Children with visual impairment should take part in lessons.

Visual impairment does not affect a child’s ability to speak.

Children with visual impairments might need to be taught their way around the school.

Listening is very important for children who are blind or have a visual impairment as a method of getting educational information.

Children with visual impairment can find it hard to make friends.

A child with visual impairment will find it helpful to have opportunities to use their other senses, such as touch.

Children with visual impairment may miss out on facial expressions.

Children with visual impairment cannot do sport.
A child with a serious visual impairment will face more difficulties at school than a child with a mild visual impairment.

Children with visual impairment cannot take part in group work.

**True or False?**

Read the following statements carefully and discuss together whether the statement is true or false.

All vision problems can be fixed by wearing glasses.
False. Not all vision problems can be fixed by wearing glasses.

Reading at close distance can damage the eyes.
False.

Blind people can only see darkness.
False. Blind people can see colours and shades of light and dark.

Blind/visually impaired children are less intelligent.
False!

Blind/visually impaired children can learn.
True!

Blind/visually impaired children can walk around school independently.
True. However, it will help the pupil to be ‘orientated’ around (shown around) the school.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind/visually impaired children can take part in many sports.</td>
<td>True.</td>
</tr>
<tr>
<td>Computers can be used to help people with visual impairments.</td>
<td>True. For example, computers with screen reading software that reads out aloud what is on the screen.</td>
</tr>
<tr>
<td>Children get most of their knowledge of the world through sight.</td>
<td>True. It has been estimated that as much as 80% of a child’s learning occurs through the eyes. Reading, writing and chalkboard work are among the visual tasks pupils perform daily.</td>
</tr>
<tr>
<td>Most of what we learn about the world comes naturally through observation.</td>
<td>True.</td>
</tr>
<tr>
<td>Children with visual impairment should take part in lessons.</td>
<td>True.</td>
</tr>
<tr>
<td>Visual impairment does not affect a child’s ability to speak.</td>
<td>True.</td>
</tr>
<tr>
<td>Children with visual impairments might need to be taught their way around the school.</td>
<td>True.</td>
</tr>
<tr>
<td>Listening is very important for children who are blind or have a visual impairment as a method of getting educational information.</td>
<td>True.</td>
</tr>
<tr>
<td>Statement</td>
<td>Correctness</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Children with visual impairment can find it hard to make friends.</td>
<td>True. Where necessary, the teacher should actively support pupils with visual impairment to make friendships.</td>
</tr>
<tr>
<td>A child with visual impairment will find it helpful to have opportunities to use their other senses, such as touch.</td>
<td>True.</td>
</tr>
<tr>
<td>Children with visual impairment may miss out on facial expressions.</td>
<td>True.</td>
</tr>
<tr>
<td>Children with visual impairment cannot do sport.</td>
<td>False.</td>
</tr>
<tr>
<td>A child with a serious visual impairment will face more difficulties at school than a child with a mild visual impairment.</td>
<td>True.</td>
</tr>
<tr>
<td>Children with visual impairment cannot take part in group work.</td>
<td>False. Group work is a good way for pupils with visual impairment to work.</td>
</tr>
</tbody>
</table>
## Appendix 3:1 Signs of Hearing Impairment

### Sensory Impairment: Hearing (Includes children who are hard of hearing and who are deaf)

*Ubumuga bwo kutumva: kumva (Harimo abana bumva muburo yu goye cyane abandi m ari ibiragi)*

<table>
<thead>
<tr>
<th>Signs</th>
<th>Ibimenyetso</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARD OF HEARING/ kumva muburo yu bugoranye</td>
<td></td>
</tr>
<tr>
<td>1. Has difficulty following verbal instructions/understanding what is being said</td>
<td></td>
</tr>
<tr>
<td>Agira ingorane mu gukirikira amabwiriza atangwa y’imvugo/kumva ibivugwa.</td>
<td></td>
</tr>
<tr>
<td>2. Asks the teacher or their peers to speak louder</td>
<td></td>
</tr>
<tr>
<td>Umwana asaba umwarimu n’abagenzi be kuvuga cyane.</td>
<td></td>
</tr>
<tr>
<td>3. Gives the wrong answers/fails to answer</td>
<td></td>
</tr>
<tr>
<td>Asubiza ibisubizo bitari byo/kunani rwa gusubiza</td>
<td></td>
</tr>
<tr>
<td>4. Turns his/her head to use better ear to hear</td>
<td></td>
</tr>
<tr>
<td>Ahindura umutwe we kugurango akoreshe ugu t ku kwu mva neza</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
<th>Ibikorwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARD OF HEARING</td>
<td></td>
</tr>
<tr>
<td>1. If the child’s speech is not clear, take time to listen and praise their efforts. Help by repeating the words correctly</td>
<td></td>
</tr>
<tr>
<td>Niba umunyeshuri avuga ibitumvikana, fata igihe cyo kumwumva no kumushima ko agerageza. Mufashishe gusubiramo ayo magambo akosoye</td>
<td></td>
</tr>
<tr>
<td>2. Try to minimise classroom noise . gerageza</td>
<td></td>
</tr>
<tr>
<td>Kugabanya urusaku mu ishuri</td>
<td></td>
</tr>
<tr>
<td>3. Pair the child with a hearing student so the partner can help</td>
<td></td>
</tr>
<tr>
<td>Huza umunyeshuri n’undi wumva neza kugirango amufashe.</td>
<td></td>
</tr>
<tr>
<td>4. Speak with the child’s parents to discuss having the child’s hearing tested</td>
<td></td>
</tr>
<tr>
<td>Vugana n’ababyeyi b’umwana bazasuzumishe imyumvire y’umwana wabo.</td>
<td></td>
</tr>
<tr>
<td>5. Seat the child close to the teacher so they can hear them and their classmates at the same time.</td>
<td></td>
</tr>
<tr>
<td>Lcaza umwana hafi ya mwarimu, kugirango abashe kumwumva, ndetse n’abagenzi beicyarimwe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signs</th>
<th>Ibimenyetso</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEAF/Utumwa</td>
<td></td>
</tr>
<tr>
<td>6. Makes sounds that peers or people do not understand.</td>
<td></td>
</tr>
<tr>
<td>Akoresha amajwi urungano rwe n’abandi bantu batumva.</td>
<td></td>
</tr>
<tr>
<td>7. Loses concentration in a poorly lit room.</td>
<td></td>
</tr>
<tr>
<td>Atakaza imbaraga mugihe gitoya</td>
<td></td>
</tr>
<tr>
<td>8. Uses eyes to understand the environment.</td>
<td></td>
</tr>
<tr>
<td>Akoresha amaso mu kumenya ibimukikije</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions</th>
<th>Ibikorwa</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEAF/Utumwa</td>
<td></td>
</tr>
<tr>
<td>6. Provide a communication board (made up of pictures or symbols) so the child can communicate with their teacher and peers</td>
<td></td>
</tr>
<tr>
<td>Ha umwana ikibaho cy’ihanamakuru(kigizwe n’amafoto n’ibimenyetso) kugirango umwana yerekairaho ibyo akeneye, bityo okabasha kumvikanana na mwarimu n’abagenzi be.</td>
<td></td>
</tr>
<tr>
<td>7. Sign and speak because some deaf children can...</td>
<td></td>
</tr>
</tbody>
</table>
11. May appear shy, withdrawn, disobedient or isolated
Ashobora kugaragara nk’ufite isoni, nkuwifashe, utubaha, cyangwa uwigunze.

12. Is not understood by people in or outside the family
Ntiyumvwa n’abantu baba ab’umuryango we cyangwa abandi.

13. Has poor speech development/speaks differently from other children of the same age
Iteraŵďere ry’amagambo ye riri hasi/Avuga binyuranye n’abandi bana bo mu kigero cye.

12. Watches and copies what other children are doing
Areďa akanigana ibyo abandi bana bari gukora.

13. Presence of mucus in the ear. (some)
Afite umuhaha mu gutwi

learn to lip read.
Koresha ibimenyetso no kuvuga kuko abana bamwe b’ibiragi bashobora kwiga bakurikiye iminwa y’unwarimu

8. Give time to children to rest because using visual cues can be very tiring.
Ha abana igihe gihagije cyo kuruhuka kuko gukoresha imfashanyigisho binaniza cyane.

HARD OF HEARING AND DEAF/ UWUMVA BIGORANYE CYANGWA utumva.

9. Make sure you are in good light so the child can see your face, hands and lips
Kumunya neza niba uri muruhande rwiza, kugirango umwana arebe mu maso hawe, intoki n’iminwa.

10. Face the child when speaking or signing.
Reba umwana igihe aririmba cyangwa avuga.

11. Show the child what you want him or her to do rather than telling them
Ereka umwana icyo ushaka ko akora aho kukimubwira.

12. Use visual aids during lessons to improve understanding.
Koresha imfashanyigisho mugihe cy’amasomo kugirango bimufashe kumva neza.

**Appendix 3:2 Signs of Intellectual Impairment**

| Signs  
Ibimenyetso | Actions  
Ibikorwa |
|-------------------|-------------------|
| 1. Compared to peer group, the child appears to have a poor memory  
Ugereranyije n’abana bangana, umwana afite gufatamumutwe guke | 1. Break the task down into small steps or make the learning objective easier. Have the child start with what they can already do. Then move onto a new task.  
Gabanyamo inshingano intabwe ntuya ntuya cyangwa woroshye intego z’isomo. Ese umwana yatangije ibyo yarangije gukora? Noneho komeza |
| 2. Shows poor attention in class  
Nta kurikira mu ishuri | |
3. Has difficulty with tasks using reading or writing. 
   Afite ingerane zo kwandi ka no gusoma.

4. Has difficulty following verbal instructions
   Agira ingerane mu gukurikira amabwiriza atangwa mumvugo

5. May appear shy, withdrawn, disobedient or isolated
   Agaragara nk’ugira amagambo make, utazi ikantu na kimwe utubaha, cyangwa uwigunze

6. Gives the wrong answers/fails to answer
   Asubiza ibisubizo bitari byo/Ananirwa gusubiza

7. Compared with peer group, the child has difficulty understanding what is being said
   Ugereranyije n’urungano rwe, umwana afite ingerane zo kumva ibirimo kuvugwa

8. The child has difficulty copying shapes onto paper after 1 year at school
   Umwana afite ingerane zo kwandukura amashusho ku rupapuro nyuma y’umwaka ageze mu ishuri.

9. Watches and copies what other children are doing
   Arareba akanigana ibyo abandi bana bakoze

10. Is talking differently from most other children of the same age
    Avuga binyuranye n’abandi bana bo mu kigero cye

11. Does not play like other children of the same age
    Ntakina nk’abandi bana bo mu kigero cye.

kuzindi ntambwe.

2. Give the child lots of time to practice when teaching a new skill.
   Ha umwana imyitozo myinshi igihe wigisha ubumenyi bushya

3. Use simple words and check that the child has understood.

4. Use didactic materials, pictures or symbols to help children understand.
   Koresha imlashanyigisho, amashusho, ibimenyetso kugirango ufashwe umwana kumva.

5. Do one activity at a time and complete it. Make it very clear when one task is finished and another is starting.
   Kora igikorwa kimwe ukirangize. Erekana neza ko igikorwa kirangice kandi ko ikindi gitangiyi.

6. Encourage the child to join in questions but leave extra time for them to respond. Make their questions easier.
   Shishikariza umwana kubarizwa hamwe ariko ubahe igihe gihagije cyo gusubiza

7. Find time to work with the child individually for short periods.
   Shaka umwanya wo gukorana n’umwana mugihe gito

8. Encourage the child to watch and listen to his/her peers
   Shishikariza umwana kureba no kumva urungano.

9. Give extra time for writing tasks if needed or make the tasks shorter.
   Muhe igihe gihagije cyo kwandika ibikorwa niba bkisenwe cyangwa gukora igikorwa gito

10. Have a time table on display in the classroom, make it visual so that all children can understand it.
    Gira ingengabihe igaragara kukibaho mu ishuri, igomba kuba igaragara kubana bose kandi babe babyumva
### Appendix 3.3 Signs of Physical Impairment

**Physical Impairment: Ubumuga bw’ingingo**

<table>
<thead>
<tr>
<th><strong>Signs</strong></th>
<th><strong>Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ibimenyetso</strong></td>
<td><strong>Ibikorwa</strong></td>
</tr>
<tr>
<td>Signs that could be associated with more than one impairment are in bold</td>
<td>1. Ensure the classroom is clear and tidy and move any potential obstacles</td>
</tr>
<tr>
<td>Ibimenyetso bishobora guhuzwa bitari igiharwe biri mu ibara ryijimye cyane</td>
<td>Kumena neza niba ishuri risukuye kandi ritunganyije, ritunganyije, no kugukuraho imbogamizi zose.</td>
</tr>
<tr>
<td>1. Moves very differently to peers</td>
<td>2. Pair the child with a friend who can assist as needed</td>
</tr>
<tr>
<td><em>Agenda binyuranye n’abandi bana bo mukigero cye.</em></td>
<td><em>Huza umwana n’ishuti ishobora cumufasha.</em></td>
</tr>
<tr>
<td>2. Is unable to sit without support</td>
<td>3. Provide assistance to go to the toilet.</td>
</tr>
<tr>
<td><em>Umwana ntashobora kwicara atabonye ubufasha</em></td>
<td><em>Kumufasha kugirango aye kwituma.</em></td>
</tr>
<tr>
<td>3. Is not able to walk</td>
<td>4. Provide assistance to enable the child to move around.</td>
</tr>
<tr>
<td><em>Umwana ntashobora kugenda</em></td>
<td><em>Gufasha umwana gushobora gutemberera hafi</em></td>
</tr>
<tr>
<td>4. Cannot balance on 1 foot</td>
<td>5. If writing is particularly difficult for a student, provide them with copies of notes. These children benefit from working in a pair or group, where one child is asked to write the ideas of the group.</td>
</tr>
<tr>
<td><em>Umwana ntashobora guhagarara kukuguru kumwe</em></td>
<td><em>Mugihe k’ukinda bigoranye k’umunyeshuri bahe note z’isomo. Abo bana azungukira mugukorana ari babiri cg benshi, aho umwana asabwa kwandika ibitekerezo by’itsinda.</em></td>
</tr>
<tr>
<td>5. Has unclear speech patterns</td>
<td>6. Ensure easy access to classrooms and toilet facilities.</td>
</tr>
<tr>
<td><em>Umwana ntabwo avuga neza nkuko bikwiriye</em></td>
<td><em>Umwana agomba koroherea kujoya mwishuri ndetse no mubwiherero</em></td>
</tr>
<tr>
<td>6. Becomes tired easily and does not like sports</td>
<td></td>
</tr>
<tr>
<td><em>Umwana aruha vuba kandi ntakunda imikino</em></td>
<td></td>
</tr>
<tr>
<td>7. Has difficulty holding a pen and writing</td>
<td></td>
</tr>
<tr>
<td><em>Umwana biramurushya gufata ikaramu ndetse no kwandika</em></td>
<td></td>
</tr>
</tbody>
</table>
# Appendix 3: Signs of Visual Impairment

**Signs**

<table>
<thead>
<tr>
<th>Ibimenyetso</th>
</tr>
</thead>
</table>
| **1.** Shows poor attention in class  
*Abana nkabo bagira gukurikira guke mu ishuri.* |
| **2.** May appear withdrawn or isolated  
*Umwana agaragara nkudahari cyangwa uwahejwe* |
| **3.** Frequently blinks or frowns when doing close work  
*Ntakora ibisaba kureba kure, urugero : siporo, n’imikino mu kibuga.* |
| **4.** Doesn’t join in activities which need good distance vision, e.g., sports, playground games  
*Ntakora ibisaba kureba kure, urugero: siporo, n’imikino mu kibuga.* |
| **5.** Is very sensitive to light  
*Afite ibiyiyumviro byinshi k’Urumuri.* |
| **6.** Has sore, uneven or unusual eyes  
*Afite amaso atukura, atangana cyangwa adasanzwe.* |
| **7.** Often rubs their eyes  
*Umwana Abyiringira amaso kenshi.* |
| **8.** Is unable to locate or pick-up something small.  
*Umwana ntashobora kumenya aho ikintu kiri cyangwa gutoramura akantu gato.* |
| **9.** Writes letters and words in reversal form. E.g. was/saw or b/d  
*Umwana nkuwo yandika anyuranya inyuguti cyangwa amagambo urugero: b/d, i/j* |
| **10.** Tilts the head when trying to focus on something  
*Yunika umutwe iyo ashaka kwibanda kukintu runaka* |
| **11.** Cannot write and follow the lines on the page.  
*Umwana ntashobora kwandika ibintu akurikiza* |

**Actions**

<table>
<thead>
<tr>
<th>Ibikorwa</th>
</tr>
</thead>
</table>
| **1.** Seat the child close to the teacher so they can see him/her and their classmates at the same time.  
*Icaza umwana nkuwo haфи ya mwirimu kugirango ashobore kureba mwirimu n’abagenzi be icyarimwe.* |
| **2.** Ask the child where the best place is for the child to sit to see the board  
*Baza umwana nkuwo umwanya wamubera mwiza ushobora gutuma areba ku kibaho.* |
| **3.** Shade a child who is sensitive to light by providing a hat or cardboard screen (E.g. an albino child)  
*Gushyira umwana ubabazwa n’urumuri mu gicucu cyangwa agahabwa ingofero, umutaka, cyangwa agakarito (*Nyamweru*) |
| **4.** Ensure the child knows their way round the school and classroom. Warn them about obstacles that cannot be moved  
*Menya neza ko umwana azi inzira zikikijie ishuri n’ikigo yigaho. Bamenyeshe ko hari imbogamizi zidashobora kuvaho.* |
| **5.** Use large writing on the blackboard and on visual aids  
*Andika umukono munini ku kibaho no ku mfashanyigisho.* |
| **6.** Speak with the child’s parents to have their child’s vision tested  
*Vugana n’ababyeyi b’umwana gusuzumisha imirebere y’umwana wabo.* |
| **7.** Use the names of other pupils in discussions so the child knows who is talking  
*Gukoresha amazina y’abanye shuri mu biganiro kugirango umunyeshuri amenyu urimo avuga.* |
### Appendix 4:1

**Actions to take to Support a Pupil with Hearing Impairment**

**Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom**

- Talk with the pupil about how and what they are hearing in order to be best able to support them.
- Do not speak when you are writing on the board.
- Face the class when you are speaking.
- Speak clearly and at a moderate pace – not quickly – and encourage the pupils to do the same.
- Do not speak with your hand covering any part of your mouth.
- Make sure that you have all the pupils’ attention when you speak.
- Encourage the pupils to listen to each other when they speak.
- Speak in phrases or sentences as this gives context to meaning, thus making understanding easier.
- Write neatly on the chalk board using print writing.
- Keep the board clean so that the writing is clearly visible.
- Write all important and key words, information and instructions on the board, including textbook page numbers at the beginning of the lesson. Read out what you have written. Repeat important information.
- Outline the lesson plan at the beginning of the lesson so that the pupil has a clear understanding of what will be covered in the lesson.
- Check with the pupil that any instructions given have been fully understood – it is helpful to remember that the pupil cannot lip-read words they do not know.
- Check that the pupil is on task regularly to ensure the pupil has understood what to do.
- If the child’s speech is not clear, take time to listen and praise their efforts. Help by repeating the words correctly.
- During the lesson use continuous monitoring to ensure that all pupils are on task – move around the classroom.
- Show the pupil what you want them to do as well as telling them.
- Get the pupil to practice their skills with different materials. E.g., reading words on flashcards, writing words in the sand, reading words in books, writing on the chalk board.

<table>
<thead>
<tr>
<th>umurongo kurupapuro kandi ntashobora kugendera k’umurongo mugihe cy’ibikorwa bitandukanye</th>
<th>8. Always explain what is taking place, e.g. when writing on the chalkboard, so that the child can follow both written and spoken word. Buri gihe sobanura ibirikuba. Urugero; mugihe uri kwandika kurubaho cyo gihe umwana ashobora gukurikira byombi, ibivuzwe ndetse nibyanditswe</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Puts a book or reading paper very close to the eyes when trying to read Ashyira igitabo cg urupapuro hafi y’amaso mugihe umwana agerageza gusoma</td>
<td>11. Make a referral for further assessment as there might be an additional medical problem. Gira uwo wakwiyambaza mugihe cy’irindi suzuma kuko hashobora kuba ibindi bibazo by’uburwayi</td>
</tr>
<tr>
<td>14. Has discharge from the eyes. Afite ingonera mumaso</td>
<td></td>
</tr>
</tbody>
</table>
Hearing impaired pupils will benefit greatly from visual learning aids, such as maps, pictures or diagrams. Their understanding will be much better if they can hold it close and look at it. They will also benefit from any activity where they are required to make an object associated with the learning objective of the lesson.

Link the lessons with the pupil’s experiences and everyday life. What do they do at home? Summarise or correct the key information revealed by pupils’ answers or comments during class discussion. Make sure that the hearing impaired pupil has heard them.

Review the main points at the end of the lesson to consolidate learning.

Keep to a classroom routine; if a pupil misses something they will be better able to predict what they should be doing or what will happen next.

The pupil and teacher can agree on a signal that can be used when the pupil is finding it difficult to understand what is required for them to do. For example, by cupping a hand behind one ear, putting a finger on one side of the nose or hanging a hand over the front of the desk and wiggling the fingers could all be confidential signals between the pupil and the teacher. With this reminder, the teacher can provide the necessary support required.

If the lesson is being transmitted via a speaker then repeat the key information for the hearing impaired pupil. This also helps the other children.

Hearing impaired pupils get tired more quickly than the other pupils as they have to concentrate harder to hear. Be sensitive to this need.

Try to understand the nature and degree of the pupil’s problem (e.g. impairment in one ear only? is the impairment mild, moderate, severe or profound? ).

If there is discharge from the ear, immediate referral to the Health Centre must take place.

Actions for the Teacher to take to Support the Pupil’s Social Life in School

Help the pupil to make friendships by putting in small groups for group work in a quiet environment. Provide quiet play games (e.g. draughts, chess) for the pupil to play with other children.

Pair the pupil with a hearing ‘buddy’ or ‘buddies’ that can support with work and life around school. Agree with the hearing impaired pupil a procedure for this, though try to give different pupils the opportunity to provide this support.

It is recommended that the pupil’s hearing difficulties should be brought to the notice of the rest of the class in a sensitive manner.

Do not be over-protective of the pupil or simplify learning or content unnecessarily.

Sensitise the whole class to support the pupil but ensure independence is also encouraged.

Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School

Where the pupil sits in the classroom is often a compromise between the needs for the pupil to:

- Sit near to the front of the room so they can hear you more easily and see your face when you talk.

- Sit at the end of a desk so that it is easier for them to turn to face whoever is speaking and to move from their seat if necessary.

- Sit at a desk that enables them to see the teacher and as many of their classmates as possible without undue movement or turning.

- Move to another seat or place in the classroom that allows them to hear and see better as classroom activities change.

- Have their better ear facing the teacher or pupil who is speaking (if one ear hears better than the other).
Make sure there is light on your face so the pupil can see your face and can lip-read what you are saying.
Do not stand in front of an open door or window, as this puts your face in the shade, making lip-reading difficult.
Keep your windows clean and shutters open. A well lit room is easier to learn in.
Try to reduce echo from hard surfaces, for example, by hanging posters from walls.
Keep classroom background noise to a minimum. Pupils should speak one at a time and not shout out “teacher, teacher”.
Keep outside noise to a minimum. Pupils must be taught not to stand outside classrooms while a lesson is in progress inside. The school should timetable lessons and breaks with this in mind.
Keep the classroom door closed to minimise outside noise.

Actions for the Pupil to Take to Support Themselves in School
Encourage the pupil to turn to listen to and watch other pupils as they speak.
Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the hearing impaired pupil to always let the teacher know if they do not understand.
Ask for information to be repeated or clarified if they do not understand.

Appendix 4:2
Actions to Take to Support a Pupil with Intellectual Impairment

Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom
Use simple words and short sentences accompanied with gestures or pictures to support understanding.
Speak clearly and face the pupils when speaking.
Read out what you have written on the chalkboard.
Write neatly on the chalkboard.
Make sure you have the pupil’s attention and minimise any distractions.
Repeat instructions or directions frequently.
Avoid long words, complex words and technical words where possible.
Ask one question at a time and provide adequate time for pupil to reply.
Teach specific skills directly to the pupil when necessary.
Encourage the pupil to use their finger when reading to help them keep their place.
Have the pupil start with what they can already do. Break the new task or learning objective into small steps and review the pupil’s progress frequently.
Check the pupil understands and knows what to do before moving on to the next task.
Provide specific and immediate corrective feedback if necessary.
Do one activity at a time and complete it. Make it very clear when one task is finished and another is starting.
Give the pupil the opportunity to repeat activities so that they can successfully master skills.
Make time to work with the pupil individually for short periods. Use this time to introduce differentiated tasks they can do when you are teaching the whole class.
Move around the class when the pupils are working to check if they understand and are doing the right thing (continuous monitoring and evaluation).

Develop a procedure for the pupil to ask for help (e.g. cue card, raising hand).

Use group or paired work so the pupil can learn with and from their classmates.

Use real objects and visual supports to introduce and explain new concepts.

Show what you mean rather than just giving verbal directions.

Provide the pupil with hands-on materials and experiences – real objects the pupil can feel and handle.

Try to ensure the pupil practises their skills with different materials, e.g. reading words on flashcards, writing words in the sand, reading words in books.

Link the lessons with the pupil’s experiences and everyday life, e.g. counting using real objects, e.g. pens, chalks, bottle tops.

Give the pupil extra time to complete tasks or give fewer tasks to complete.

It may be necessary to give the pupil extra time to practice new skills.

Consider alternative activities that would be less difficult for the pupil, while maintaining the same or similar learning objectives.

Give extra time for writing tasks if needed or make the task shorter.

Encourage the pupil to join in with asking and answering questions. Allow extra time for this if necessary.

Maintain high yet realistic expectations to encourage social and educational potential.

Provide an encouraging and supportive learning environment.

Emphasise the pupil’s strengths, especially in front of peers.

Praise and encourage the pupil for trying and when successful. Praise with words and through gestures. When praising the child, be specific, e.g. “I really liked…”

**Actions for the Teacher to take to Support the Pupil’s Social Life in School**

Maintain high yet realistic expectations to encourage social and educational potential.

Praise the pupil’s successes and emphasise their strengths, especially in front of peers.

Develop positive relationships with the pupils and between pupils.

Link the lessons, learning objectives and tasks with the pupil’s experiences and everyday life.

**Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School**

Try to have a quiet working environment with few distractions.

Think about where the pupils sit in the classroom, give them specific seats.

Make sure the chalkboard is not in direct sunlight and that the chalk shows clearly – keep the board clean.

**Actions for the Pupil to Take to Support Themselves in School**

Ask for information to be repeated or clarified if they do not understand.

Develop a procedure with the teacher for the pupil to ask for help (e.g. cue card, raising hand, hand over front of desk).

Always face whoever is speaking.

Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the pupil to always let the teacher know if they do not understand.
Appendix 4:3

Actions to take to Support a Pupil with Physical Impairment

Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom
Tell the pupil to ask for assistance when needed.
Meet with the pupil’s parents in order to discuss how best the pupil can be supported in school.
Discuss with the parents to ensure that they are having their child’s physical impairment checked at the health centre on a regular basis. Ask the parents to report any relevant information to the teacher.
Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) who can support with school work.
If the pupil has difficulty with writing, allow the pupil to write less and/or give answers verbally. Give marks and praise in the same way that you would for the other pupils.
Working in a pair or group, where other pupils can take responsibility for writing if the pupil has difficulty, will be of benefit.
Give the pupil written notes where possible to reduce the copying that they have to do from the board.

Actions for the Teacher to take to Support the Pupil’s Social Life in School
Include the pupil in all activities and subjects (e.g. PE lessons should be adapted so that all can participate).
It is recommended that the pupil’s physical difficulties be brought to the notice of the rest of the class in a sensitive manner.
Inform the other pupils about the range of impairments that exist in order to address issues of prejudice and discrimination.
Do not be over-protective of the pupil or simplify learning or content unnecessarily.
Sensitise the whole class to support the pupil but also encourage the pupil to be as independent as possible.
Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) who can support with work and life around school.

Actions for the Teacher/School to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School
All classrooms and toilets should be level with the ground or be accessible via a ramp.
Doorways should be wide enough to accommodate a wheelchair.
Make sure that edges to steps and doorways are well marked. This could be done with brightly coloured paint.
Ensure that the student has a comfortable, accessible position in the classroom.
Allocate a place in the classroom for the wheelchair user that is easy to access from the classroom door and allows access and easy vision to the chalkboard and rest of the classroom where possible.
Does the pupil need an adapted desk to sit at?

Ensure that the classroom chalkboards are low enough for...

Arrange the classroom furniture to enable the pupil to move around freely.

Keep the floor of the classroom clear of objects as far as possible – everyone is embarrassed if they trip up in front of others, but especially a pupil with a visual impairment.

The playground should be as level and as clear of objects as possible.

Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) that can support with mobility around school.

Discuss with parents the possible provision of assistive devices to enable the child to move around.

**Actions for the Pupil to Take to Support Themselves in School**

Involve the pupil in deciding upon the best actions to take.

Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the pupil to always let the teacher know if they do not understand.

The pupil must respond by always letting the teacher know if they do not understand.

Make an effort to participate in all activities.

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**Appendix 4:4**

**Actions to take to Support a Pupil with Visual Impairment**

**Actions for the Teacher to take to Support the Pupil’s Learning in the Classroom**

Talk with the pupil about how and what they are seeing in order to be best able to support them.

Sit the pupil with peers they can work well with as they will need to ask questions from time to time.

Pay attention to group and paired work to ensure the pupil is included.

Emphasise the pupil’s strengths and ensure that the pupil is aware of her/his abilities.

Speak clearly when giving instructions and information.

Write neatly on the chalk board using white chalk and keep the chalk board clean.

Be careful about using coloured chalks as these can be difficult to see. Discuss this with the pupil.

Read out what has been written on the chalk board after you have written it.

Use large writing on the chalk board and on visual teaching aids.

Organise written information on the chalk board in an orderly manner.

Face the pupil when you speak.

Use the pupil’s name when asking them a question so that they are clear that you are talking to them.

Give verbal information about what others are doing, e.g. name the pupils who have their hands up or who are speaking during a discussion. Explain what is happening.

Provide verbal commentary to supplement information from pictures, e.g. “this is a map of Rwanda, the Eastern Province is in yellow, the Southern Province in blue...”
When passing objects or items to the pupil, pass them to the side where their better eye is. Provide real objects for the pupil to feel, hold and use. Visually impaired pupils get tired more quickly than the other pupils as they have to concentrate harder to see. Be sensitive to this need.

**Actions for the Teacher to take to Support the Pupil's Social Life in School**

Make sure that the child takes part in as many activities as possible, including sport and play at breaktimes. Be aware that the pupil might need differentiated expectations and activities. The teacher will need to actively support the inclusion of the pupil in to break time activities. Encourage small groups of children that include the pupil with visual impairment to play together.

It is recommended that the pupil’s visual difficulties should be brought to the notice of the rest of the class in a sensitive manner. Do not be over-protective of the pupil or simplify learning or content unnecessarily. Sensitise the whole class to support the pupil but ensure independence is also encouraged.

**Actions for the Teacher to take to Support the Pupil with the Physical Environment of the Classroom/School and Safety around School**

Seat the pupil in the best place for them to use their vision and hearing. Discuss this with the pupil. Things to consider are:

- Do they have one eye that is stronger than the other? If so, seat them in a position where they can use their better eye.

- Give the pupil a seat which is out of the glare from the Sun or lights, but is well lit.

- Shade the pupil if there is over sensitivity to light.

- Where can they sit to best see the teacher, the chalk board and the other pupils?

- Think about where they should best sit for group activities.

Try to have a quiet working environment – pupils with visual impairment rely heavily on their hearing to learn. Do not stand with a light source behind you as this puts your face in shade. Pair the pupil with a ‘buddy’ or ‘buddies’ (friends) that can support with work and life around school. Agree with the visually impaired pupil a procedure for this, though try to give different pupils the opportunity to provide this support.

Make sure that edges to steps and doorways are well marked. This could be done with brightly coloured paint. Keep regularly used teaching resources in the same place so that the pupil can independently move around and collect what they need. If necessary, teach the pupil with low vision where the resources are and how the classroom furniture is arranged.

Provide mobility orientation to ensure that the pupil knows their way round the school and classroom. Warn them about obstacles that cannot be moved. When guiding the pupil, or walking with them, make sure that you walk on the side of the weaker eye.

Keep your floor clear as far as possible – everyone is embarrassed if they trip up in front of others, but especially pupils with a visual impairment.
Actions for the Pupil to Take to Support Themselves in School

Wear glasses or utilise any available visual aids, e.g. dome or monocular telescopic magnifiers.
Always face the speaker.
Ask for information to be repeated or clarified if they do not understand.
Wear a hat outside for breaks or sport if sensitive to light. If sunglasses are available, would wearing those help?
Ensuring effective communication between the teacher and the pupil is not just the responsibility of the teacher. Encourage the pupil to always let the teacher know if they do not understand.
Ask for information to be repeated or clarified if they do not understand.
TRAINING MANUAL ON IDENTIFICATION, CARE AND SUPPORT FOR CHILDREN WITH SPECIAL NEEDS

Beneficiaries:

Community Health Workers, Healthcare Providers and NCPD local representatives

Kigali, November 2015
ACKNOWLEDGEMENT

The work of preparing this manual was genuinely participatory and involved many inclusive education and special needs education experts from inside and outside of the VSO Rwanda. Their names are listed below and we would like to thank all of them for their contributions. Every single input and comment was thoroughly considered and contributed to the enrichment of the module.

Many thanks go to Mr. Antoine Niyitegeka, Program Coordinator; Mrs. Sandra Ford and James Kigio, the VSO Special Needs Education Volunteers who led the entire process of developing this manual. Their insights and advice were very helpful in shaping this training module.

Listed below are other contributors who provided valuable time and experienced insights into completing this module. If we have inadvertently forgotten someone, please accept our heartfelt apologies and sincerest appreciation for your valuable assistance.

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15. Abednego Kiptoo, VSO
16. Eunice Mukome, VSO

Finally, the development and delivery of this module would not have been possible without the generous financial support from USAID via EDC. We thank them for supporting this process in particular and VSO in general.

Papa N. Diouf,
Country Director
VSO Rwanda Program
Foreword

Children with special needs require additional support and care at home and in the learning environment that other children may not need. Recognizing the challenge of raising and educating children with special needs, VSO through its L3 Plus project have developed this training module to help improving on the care and support for children with special needs (through enhanced skills and capacity of parents/caregivers, healthcare providers, CHWs and NCPD representatives in identification, care and support for children with special needs)

This module is intended to provide parents/caregivers, healthcare providers, CHWs and NCPD representatives with a basic understanding of disability, inclusion and the laws supporting children with special needs in pilot districts. These trainings build individual, family and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as community education, informal counselling, social support and advocacy.
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Acknowledgement</td>
</tr>
<tr>
<td>ii</td>
<td>Forward</td>
</tr>
<tr>
<td>iii</td>
<td>Introduction</td>
</tr>
<tr>
<td>4</td>
<td>Session 1: Understanding the impact of stigma on children and their families</td>
</tr>
<tr>
<td>6</td>
<td>Session 2: Causes of Impairment</td>
</tr>
<tr>
<td>8</td>
<td>Session 3: Recognising some of the signs of impairment</td>
</tr>
<tr>
<td>11</td>
<td>Session 4: Impact of Impairment</td>
</tr>
<tr>
<td>14</td>
<td>Session 5: Advocacy and Actions</td>
</tr>
<tr>
<td>20</td>
<td>Appendices</td>
</tr>
<tr>
<td>20</td>
<td>Appendix 1.1 The Sticker Game</td>
</tr>
<tr>
<td>21</td>
<td>Appendix 1.2 Words</td>
</tr>
<tr>
<td>23</td>
<td>Appendix 1.3 Impairment or Disability?</td>
</tr>
<tr>
<td>24</td>
<td>Appendix 2.1 What is Impairment?</td>
</tr>
<tr>
<td>26</td>
<td>Appendix 2.2 Case Studies/Identifying Causes</td>
</tr>
<tr>
<td>28</td>
<td>Appendix 3.1 Impairments</td>
</tr>
<tr>
<td>30</td>
<td>Appendix 3.2 Corners Activity Statements</td>
</tr>
<tr>
<td>30</td>
<td>Appendix 3.3 Impairment Definitions</td>
</tr>
<tr>
<td>32</td>
<td>Appendix 4.1 Photographs</td>
</tr>
<tr>
<td>34</td>
<td>Appendix 4.2 Always the Last Poem</td>
</tr>
<tr>
<td>35</td>
<td>Appendix 4.3 Step Game Descriptor Cards</td>
</tr>
<tr>
<td>36</td>
<td>Appendix 4.4 Step Game Statements</td>
</tr>
<tr>
<td>37</td>
<td>Appendix 4.5 Photographs</td>
</tr>
<tr>
<td>39</td>
<td>Appendix 4.6 Traditional vs Social Model</td>
</tr>
<tr>
<td>40</td>
<td>Appendix 5.1 True or False</td>
</tr>
<tr>
<td>44</td>
<td>Appendix 5.2 Whose Responsibility is it?</td>
</tr>
</tbody>
</table>
Session 1: Understanding the impact of stigma on children and their families

Many children in Rwanda continue to suffer from the stigmatism caused by attitudes towards impairment. In this module participants will look at what stigmatism is, the damage that it causes to children with impairments and their families and ways that health care providers, CHWs and NCPD representatives can work to overcome stigmatism.

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Experience the feeling of exclusion and isolation that some people feel because of having an impairment</td>
</tr>
<tr>
<td></td>
<td>• Explain what stigma is and the impact it has on children and their families</td>
</tr>
</tbody>
</table>

| Preparation | Read all the relevant activities before the session to ensure that the content is clear and understood. |

<table>
<thead>
<tr>
<th>Materials</th>
<th>Sets of 3 different coloured stickers (enough for 1 for each participant)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flip-chart or rice sack showing what the colours mean (Appendix 1.1)</td>
</tr>
<tr>
<td></td>
<td>Cards with respectful and disrespectful words on them (Appendix 1.2)</td>
</tr>
<tr>
<td></td>
<td>Impairment or disability? Rice sack (Appendix 1.3)</td>
</tr>
<tr>
<td></td>
<td>Marker pens</td>
</tr>
</tbody>
</table>

| Total Time | 1 Hour |

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole group 30 minutes</td>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td></td>
<td>- Explain that the “Sticker Game” is fun, but that it has serious intent</td>
</tr>
<tr>
<td></td>
<td>- The goal of the game is for participants to pretend that they are at a party and to greet all of the other guests at the party</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Facilitator to place 1 sticker on each participant's forehead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(participants can’t know which colour is on their own head)</td>
</tr>
<tr>
<td></td>
<td>- Make sure there are less red ignore stickers than the other colours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Show the rice sack/flipchart and explain/demonstrate the rules of the game:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• A sticker will be put on everyone's forehead. The colour of a person's sticker tells you how to greet them.</td>
</tr>
<tr>
<td></td>
<td>• Participants should not know which colour of sticker is on their forehead, but they can see everyone else's sticker</td>
</tr>
<tr>
<td></td>
<td>• People with red stickers you will ignore</td>
</tr>
<tr>
<td></td>
<td>• People with white stickers you will shake their hand</td>
</tr>
<tr>
<td></td>
<td>• People with green stickers you will embrace/hug</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Once everyone has a sticker on their forehead the party can begin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Let the game continue until you see that everyone has moved into their colour groups and/or they are starting to talk</td>
</tr>
</tbody>
</table>
Conclusion

- Facilitator to get everyone’s attention and ask them to stand with their sticker colour group
- Ask each colour group **how they felt during the activity**. Finish with the group that were being ignored (facilitator might need to encourage participants to use emotion words)
- **Why did they feel this way?** (hopefully they will say they were being discriminated against or excluded)
- **Is it reasonable to feel this way? Why?**
- Children and sometimes their families often feel this way because of the way that they are treated because of an impairment. This is a stigma and it is a big barrier to children receiving their full rights to education and inclusion in their communities.
- Facilitator to explain that part of this training aims to look at how the roles of the health care providers, CHWs and NCPD representatives can be developed to help to remove such stigmatism.

Repeat the activity but this time, warmly greet all the participants. It doesn't matter what colour their sticker is- greet them all. Take away stigma and prejudice.

<table>
<thead>
<tr>
<th>Groups of 3-4 30 minutes</th>
<th>Activity 2: Harmful Words- Does it Matter what People Say?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td></td>
<td>In every culture there are words that are used to describe disability/impairment. Some of these are harmful and stigmatizing. They have a meaning that is unhelpful and disrespectful.</td>
</tr>
<tr>
<td></td>
<td><strong>Preparation</strong></td>
</tr>
<tr>
<td></td>
<td>Before beginning this activity, the facilitator should lead a brief brainstorm in which the trainees give words that are used to describe impairment. They should say whether these words are respectful or disrespectful. Facilitator will then give out sets of cards with words used to describe impairment to groups of 3 – 4 participants.</td>
</tr>
<tr>
<td></td>
<td><strong>Instruction</strong></td>
</tr>
<tr>
<td></td>
<td>Each group should discuss the words they have been given and then divide them into two groups – ‘respectful’ or ‘disrespectful’.</td>
</tr>
<tr>
<td></td>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td></td>
<td>Groups to be given a short time to separate words into the two groups. After about 5-10 minutes, the facilitator will check the answers and see if there is agreement.</td>
</tr>
<tr>
<td></td>
<td><strong>Conclusion</strong></td>
</tr>
<tr>
<td></td>
<td>Discuss the impact of disrespectful words on children who have an impairment.</td>
</tr>
</tbody>
</table>

- Explain that words hurt people and make them feel excluded.
- Health care providers, CHWs and NCPD representatives have the opportunity to be good role models in using correct words to describe impairment.
- Explain that for the remainder of this training the facilitator will use the word impairment rather than disability. Show rice sack or printed sheet that should be displayed and read through it. (Appendix 1.3)
Session 2: Causes of Impairment

It is important to understand that impairment always has a cause. During a recent survey, over 12% of parents questioned believed that impairment is a curse and even more people believed that children with an impairment are a burden. Understanding the reasons why children have an impairment can help to break down misunderstanding and prejudice.

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify the main types of impairment</td>
</tr>
<tr>
<td></td>
<td>• Identify common causes of impairment</td>
</tr>
<tr>
<td></td>
<td>• Explain that impairment always has a cause and that it is not a punishment</td>
</tr>
</tbody>
</table>

| Preparation | Read all the relevant activities before the session to ensure that the content is clear and understood. |

<table>
<thead>
<tr>
<th>Materials</th>
<th>Cloze text called 'What is Disability?' (Appendix 2.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Flipchart and marker pen</td>
</tr>
<tr>
<td></td>
<td>Case studies (Appendix 2.2)</td>
</tr>
</tbody>
</table>

| Total Time | 1 Hour 20 minutes |

Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Pairs 20 minutes | **Activity 1: What is Impairment?**  
**Introduction** Facilitator to explain that the participants will be considering what impairment is. Explain that there are many definitions and the one they are going to look at is just one example. But first, the facilitator should ask the participants to say what they think impairment is. Ideas to be written up on a flipchart.  
**Preparation** Facilitator to divide group into pairs and give each pair a Cloze text called 'What is Impairment?' using the words below the text to fill in the gaps.  
**Activity** Participants to complete the Cloze text.  
**Conclusion** There is a wide range of impairment. |
| Groups of 4 10 minutes | **Activity 2: Types of Impairment**  
**Introduction** Facilitator to explain that the participants will be looking at types and causes of impairment.  
**Preparation** Facilitator will divide the participants up into groups of 4 and explain that they are to try and write down as many types of impairment as their group can think of.  
**Activity** In small groups, the participants will work to produce a list of impairments. They should have just a few minutes to complete this before |
the facilitator discusses and writes the suggestions onto a flip-chart.

**Conclusion** There are a wide range of impairments: some mild and some have a bigger impact on a child. Sometimes the condition is stable and sometimes it changes from day to day.

When areas are listed, the facilitator should write them up according to current EDC guidelines, acknowledging that there are 5 areas.

The facilitator should ensure that the following areas have been covered:

- Visual Impairments
- Hearing Impairments
- Physical Impairments
- Intellectual
- **Others:** Speech and Language including Social Communication, Emotional, Social Behavioural, Long-term Health, Specific Learning, Multiple.

This is a broad group and it should be noted that children are individuals and do not always fit neatly into one group.

---

**Activity 2: Causes of Impairment**

**Introduction** Facilitator to explain that it is important to understand the reasons why people have impairment in order to take away any blame or suggestions that it is a curse or a punishment. Education brings greater understanding.

**Preparation** Flip chart and pen to record suggestions on the causes for Impairment. (Brainstorm activity.)

**Instruction** Facilitator to ask group to think about the causes of impairment and ask them to call out their suggestions.

**Activity** Facilitator will record the causes that are suggested on a flipchart and will discuss any misconceptions and ask for explanations where any are needed.

**Conclusion** Facilitator to again emphasise that all impairment has a cause. It is never because of a curse or as a punishment. Understanding this will give health care providers, CHWs and NCPD representatives a big role in helping communities to become more disability/impairment friendly. The following should be included on the list that will be needed for the next activity:

- Genetic/hereditary
- Congenital conditions
- Injury to the brain during birth (lack of oxygen or physical damage)
- Premature birth
- Accidental injury to brain
- War
- Environmental
- Deliberate injury
- Accidents
- Maternal illness during pregnancy can lead to impairment in the unborn child
- Alcohol or drug abuse
- Alternative medicines
- Illness (e.g. meningitis, cancer, measles)
- Malnutrition
- Sexually transmitted diseases
Activity 4: Identifying the Cause

Introduction The facilitator will explain that the participants will now try to decide the cause of some common impairments that they may encounter in their communities.

Preparation The facilitator will hand out 3 case studies to each pair of participants.

Instructions Facilitator will explain that the participants will work in pairs and look at some case studies. Using the list of causes from the previous activity, they will try to decide the cause the impairment in each of their case studies. After 15 minutes, they will share their findings with the group.

Activity The participants will read through the case studies and decide the cause of impairment in of each the 3 cases studies they have been given. There is more than one set of case studies to provide a wider range of scenarios.

After 15 minutes the participants take turns to share a case study with the whole group. They will briefly outline the disability and explain the cause.

Conclusion The facilitator will encourage the participants to share what they have found out with other people in their community to:

- Show that there is no curse, blame or shame in disability
- To encourage families that there is nothing to be ashamed of
- To encourage families and the wider community to nurture and care for children with impairments
- To encourage parents/carers to see relevant healthcare practitioners for accurate diagnosis of their children’s conditions

Session 3: Recognising some of the signs of impairment

It is important that health care providers, CHWs and NCPD representatives recognise the signs of impairment and understand that sometimes there is more than one explanation for why a child shows particular characteristics or behaviours. Encouraging parents to seek medical support is important to help develop understanding and solutions. In some cases, early intervention (e.g. with certain eye or ear problems) can reduce the long-term impact of the impairment.

Objective

- For participants to develop a common understanding of the categories of impairment frequently used
- For participants to apply their knowledge of impairments by matching descriptions to appropriate impairment categories
- Explain who children should be referred to if they show signs of having an impairment

Preparation Read all the relevant activities before the session to ensure that the content is clear and understood.

Materials

- Impairment signs (Appendix 3.1)
- Masking tape
- Facilitator cards (Appendix 3.2)
- Impairment definitions (Appendix 3.3)
- Flipchart
Overview of Session

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Whole group activity 40 minutes | **Activity 1: Some of the signs**  
  - **Introduction** Explain to the participants that for this activity they will look at the following areas of impairment:
    - Visual
    - hearing,
    - intellectual
    - physical
    - speech and language
    - behaviour/social
    - long-term health.
  - Also explain that it is difficult to always fit some types of impairments or disability into a category. Sometimes there are overlaps and there are other ways of categorising. The facilitator should explain that sometimes children with learning difficulties are described as having intellectual impairment when in fact they are very bright but have difficulties in a specific area of learning. Many geniuses have specific learning difficulties! For this activity the focus will be on the 7 areas listed above.
  - Go through each type of impairment. You can ask the participants for descriptors first and then confirm their ideas with the official definitions – keep it simple.
  - Explain that the participants are going to do an activity to help them match symptoms of impairments to the correct category of impairment.

**Preparation**
Place signs around the room which identify the 7 areas of impairment being used in this activity. (Appendix 3.1)

- **Instructions** The facilitator will briefly define what is meant by each impairment heading. (Appendix 3.3)
- The facilitator will read out a sentence describing a child with an impairment (E.g. This child cannot see) (Appendix 3.2)
- The participants must decide which type of impairment this child has and move to the correct sign. For the example given, the participants will move to the sign which reads **Visual**.
- The entire group does not have to agree. Participants may stand at different impairments.

**Activity** The facilitator reads through all of the statements (Appendix 3.2) and the participants move to the sign which best describes each sentence. The facilitator will discuss any unexpected choices and will also highlight those statements which indicate that there may be more than one impairment. This activity should promote discussion.
### Conclusion
- How can this information help health care providers, CHWs and NCPD representatives in their roles and in their communities?
- Emphasize that this activity does not make them an expert in identifying impairments, but it is a start to help people understand impairments and to identify them correctly.
- Many signs can have more than one cause.
- Many children will have a number of different signs and sometimes multiple impairments.
- Knowing some of the signs to look out for places health care providers, CHWs and NCPD representatives in key positions to suggest parents or carers seek medical advice. Sometimes conditions can be halted or even prevented.

### Small groups (30 minutes)

**Activity 2: Signs in the Community**

**Introduction**
Explain to the trainees that they will now extend this activity to think about some of the children in their own communities who they think might show signs of impairment.

**Preparation**
Divide the group into pairs.

**Instructions**
The facilitator will ask the participants to work in their pairs to think about some of the children in their own communities. They will write a sentence or two to describe the child, like the ones written for the last activity. Facilitator will read one or two examples from Appendix 3.2, but will invite the trainees to add a little more detail. (E.g. I ask people to repeat what they have said and I always copy what other children are doing.) These descriptors will then be used to continue the previous activity, using the trainee’s real-life examples.

**Activity**
The trainees will work for 10 minutes to think of real children who they know and the signs of impairment they have noticed. After they have worked in pairs, some of their own suggestions will be used to continue Activity 1. This activity should promote discussion about signs of impairment within the community.

The facilitator will repeatedly ask: **“Who in your communities can you suggest that children should be referred to if they show these signs?”**

On a flipchart, the facilitator will record suggestions for referrals.

**Conclusion**
How can this information help health care providers, CHWs and NCPD representatives in their roles and in their own communities?

Again emphasize that:
- Signs can often have more than one cause.
- Knowing some of the signs to look out for places health care providers, CHWs and NCPD representatives in key positions to suggest parents or carers seek medical advice. Sometimes conditions can be halted or even prevented.
**Session 4: Impact of Impairment**

This session focuses on the impact that impairment has on an individual. There are a number of ways of viewing impairment. In the traditional model, emphasis is on the problems or difficulties that the person with an impairment has. The social model recognises that a person with an impairment can function and learn when society works at taking down the barriers that exclude them. **This will also be explored further in session 5.**

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Identify some of the barriers that low expectations can put on children with impairments</td>
</tr>
<tr>
<td></td>
<td>• Explain that impairment/disability doesn’t mean inability</td>
</tr>
</tbody>
</table>

| Preparation | Read all the relevant activities before the session to ensure that the content is clear and understood. |

<table>
<thead>
<tr>
<th>Materials</th>
<th>Photos showing how participants should write during Activity 2 (Appendix 4.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poem ‘Always the Last’ - on screen, rice sack or paper (Appendix 4.2)</td>
</tr>
<tr>
<td></td>
<td>Marker pen</td>
</tr>
<tr>
<td></td>
<td>Flip Chart</td>
</tr>
<tr>
<td></td>
<td>Paper</td>
</tr>
<tr>
<td></td>
<td>Box or pencil case</td>
</tr>
<tr>
<td></td>
<td>Bottle of water</td>
</tr>
<tr>
<td></td>
<td>Lengths of cloth for tying fingers</td>
</tr>
<tr>
<td></td>
<td>Steps Game Descriptor Cards (Appendix 4.3)</td>
</tr>
<tr>
<td></td>
<td>Steps Game Statements (Appendix 4.4)</td>
</tr>
<tr>
<td></td>
<td>Photographs (Appendix 4.5)</td>
</tr>
<tr>
<td></td>
<td>Traditional vs Social model of impairment rice sack or computer image (Appendix 4.6)</td>
</tr>
</tbody>
</table>

| Total Time | 1 Hour 20 minutes |

**Overview of Session**

**Grouping/Time**

<table>
<thead>
<tr>
<th>Whole group 15 minutes</th>
</tr>
</thead>
</table>

**Activities**

**Activity 1: Experiencing Visual Impairment**

**Introduction**

Facilitator to point participants towards the diagram showing traditional vs social model of impairment and explain that in this unit the participants will be identifying some of the impacts that impairment can have on individuals who experience them. First they will experience some of the impacts of impairment. It should be noted that it is impossible for a person to really know what it is like to have an impairment unless they genuinely have one.

**Preparation**

Facilitator will have a variety of objects such as a bottle of water, a marker pen, some paper, a box with a lid on it or a pencil case with a zip.

**Instructions**

Facilitator to ask the participants to close their eyes and keep them closed throughout the activity. The participants are to listen carefully.

• **Activity** While the participants have their eyes closed, the
facilitator will move around the room and will not speak.

- He/she will open a bottle and drink from it and then close the bottle.
- Open a box or pencil case and take out a marker, remove the pen lid and write with it.
- Open and close the door.

The participants will be asked to open their eyes and explain what they heard while their eyes were closed.

**Conclusion** The participants will explain what made this task difficult and the facilitator will write their ideas up on a flip-chart. (Examples: no-one spoke to fill the gaps. No effort was made to encourage the participants to use their other senses.)

<table>
<thead>
<tr>
<th>Whole group 15 minutes</th>
<th><strong>Activity 2: Experiencing Physical Impairment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Explain that the participants will experience how difficult it can be to write or draw with certain physical impairments.</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>One or two participants should have their thumb and next two fingers tied to prevent them from using them. (See Appendix 4.1)</td>
</tr>
<tr>
<td><strong>Instruction</strong></td>
<td>All participants should be told that they can only use their small finger and the one next to it to draw their favourite animal and write their own name underneath their picture. Facilitator to demonstrate. (See photographs Appendix 4.1)</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>All participants to be given a few minutes to draw and write. The facilitator should show some of the drawings and then ask what made this task so difficult.</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>Ideas about what made this task difficult should be added to those from the previous activity. (Examples: no support was given to make this activity comfortable. There was no discussion about the type of pen that would make this easier. No support was given to arrange the paper to make the task easier. The activity was rushed.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Working in pairs 10 minutes</th>
<th><strong>Activity 3: Experiencing Speech and Language Impairment and Hearing Impairment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>Facilitator to explain that the next activity is to show part of the difficulty experienced by someone who has a speech and language or even a hearing impairment.</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>Divide the group into pairs.</td>
</tr>
<tr>
<td><strong>Instructions</strong></td>
<td>The facilitator will explain that no-one should speak during this activity. In their pairs, the participants must use only gestures to describe to their partner how they travelled to training that morning.</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Participants to be given just a few minutes to try and communicate without words being spoken.</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>Facilitator to ask if this was a difficult activity and write on the flipchart any ideas that the participants give as to what made this a difficult task.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whole group 10 minutes</th>
<th><strong>Activity 4: Experiencing Intellectual Impairment</strong></th>
</tr>
</thead>
</table>
**Introduction** Explain that participants have just had a small experience of the impact of a few impairments. There are many more and it is impossible, for a person who doesn’t have an impairment, to know what it is really like to have one. There was **no stigma, rejection or feeling of being worthless or no good.** But there were barriers put up deliberately to make the tasks difficult.

Facilitator to explain that it is difficult to give an experience of intellectual impairment. Examples which show that it is hard to read or write are very good but many people who have such difficulties do not have intellectual impairment. Some have a specific learning difficulty such as dyslexia or dyscalculia. While these do make learning more difficult, they are not as global as intellectual impairment. So, for this activity the trainees will look at the words of a child who has been made to feel worthless.

**Preparation** Show the poem “Always the last” on a screen, rice sack or give out paper copies.

**Instructions** Facilitator will explain that the trainees will read and listen to a poem written by a child and will briefly discuss it afterwards.

**Activity** Facilitator to read the poem and then ask questions about how the writer of the poem feels:

- How does the child feel?
- Why does he/she feel this way?
- Is it right that a child should feel so bad about themselves?

Add to the flipchart ideas about some of the attitudes or barriers that may have made this child feel the way they do.

**Conclusion** Are the participants surprised that a child can write in this way about themselves? Many children around the world feel this way. The last four activities have been to demonstrate just a few of the impacts of impairments and the difficulties that having an impairment can bring.

<table>
<thead>
<tr>
<th>Whole group</th>
<th>30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 5: Steps Activity</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Introduction</strong> Facilitator to explain that the next activity looks at some of the things that people with impairments can achieve.</td>
<td></td>
</tr>
<tr>
<td><strong>Preparation</strong> Facilitator to hand out descriptor cards (Appendix 4.2), one each to all participants and ask them to stand at the far side of the room.</td>
<td></td>
</tr>
<tr>
<td><strong>Instruction</strong> The facilitator will explain that he/she will read a series of statements (Appendix 4.3). After reading each one, the participants must decide if they can take a step forward, even with the impairment that has been described on their descriptor card. This will be repeated over a series of statements.</td>
<td></td>
</tr>
<tr>
<td><strong>Activity</strong> After explaining the activity, the facilitator will read through all 12 statements and ask the participants if they think they can take a step forward, leaving a few seconds for them to consider what is written on their card.</td>
<td></td>
</tr>
<tr>
<td><strong>Conclusion</strong> Most people who have an impairment are able to achieve the activities listed in the Steps Game. The facilitator should observe which activities the participants felt they couldn’t take a step forward for and discuss whether they were right to stand still. It is important to aim high for children with disabilities and break down the barriers that stop them from achieving the best that they can achieve.</td>
<td></td>
</tr>
</tbody>
</table>
There are people all over the world with disabilities who get married and have children.

There are world Olympics for people with disabilities.

Rwanda has a volleyball team made up of players with disabilities.

There are famous scientists such as a man named Stephen Hawking who has profound disability but is a genius. He cannot speak or move. But he has been married twice and has children.

Rwanda has lecturers and teachers with visual impairment.

An American President called Franklin D Roosevelt had polio and had to use a wheelchair.

There have been blind politicians and singers.

Famous actors have been wheelchair users.

Some very clever people have a form of autism.

A very famous scientist called Albert Einstein had a specific learning difficulty called dyslexia.

(Two supporting photographs Appendix 4.4)

The impact of impairment depends on the attitudes and actions around the person who has an impairment.

Not all people can achieve these things whether they have an impairment or not and expectations should be realistic and take into account the individual child.

The facilitator will make a new poster which will be put up on the wall. To do this he/she will ask for examples of success stories from the trainee’s own communities. What does success look like for a person with an impairment? (Examples: Having friends, jobs, being included well in the community, singing in the choir in church, children helping out in the same ways as their siblings…..)

Facilitator to show the diagram illustrating the traditional vs social model (Appendix 4.5 or rice sack) and point out that children with impairments are restricted by the barriers that the society leaves in place or puts up to exclude them.

Session 5: Advocacy and Actions – supporting the rights of children with SEN

Advocacy involves supporting people to express their views and concerns. It is about enabling them to access information and services and it promotes and defends their rights. An average of 55% of parents questioned in a recent survey, specified that a lack of a voice or representation was one of the challenges that they faced. All children in Rwanda have the right to education. This unit looks at ways that advocacy can be used to support the rights of children to enjoy access to education in addition to school and community life.

<table>
<thead>
<tr>
<th>Objective</th>
<th>By the end of the session participants will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Explain what the social model of disability is and why this is important</td>
</tr>
<tr>
<td></td>
<td>• Understand the current laws and initiatives in Rwanda relating to</td>
</tr>
</tbody>
</table>
inclusion of children with impairments
  • Identify ways in which they can use their own roles in the community to act as advocates for children with impairments and their families

**Preparation**
Read all the relevant activities before the session to ensure that the content is clear and understood.

**Materials**
- Marker pens
- Flip chart paper showing headings for Bus Stop Activity
- Photos showing Bus-stop brainstorm (Appendix 5.1)
- True or false statements on policy and practice (Appendix 5.2)
- ‘Whose Responsibility is it?’ sheet and grid (appendix 5.3)
- Rice sack showing medical v social model

**Total Time**
2 hour 10 minutes

**Overview of Session**

<table>
<thead>
<tr>
<th>Grouping/Time</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grouping/Time</strong></td>
<td><strong>Activities</strong></td>
</tr>
</tbody>
</table>
| Group to be divided into 4 smaller groups 30 minutes | **Activity 1: The right of children with SEN (A Bus Stop Activity)**

**Introduction**
Explain that there is a new curriculum that has inclusion as a cross-cutting issue and that there are national initiatives which aim at recognising the rights of all Rwandan children to access appropriate education.

**Preparation**
Four sheets of paper to be placed around the room with the following headings:
  • Policy – what policies are there in Rwanda that relate to people with disabilities and what Government and NGOs work for people with impairments? (Ex: Vision 2020, etc.)
  • Services – what services are available to people with impairments in Rwanda? (Ex: medical care)
  • Disability – What do participants now know about disability? Can include types and descriptions.
  • Culture – what is the culture around disability in Rwanda? (Ex: fear, curse, etc.)

Areas in brackets are given as spoken examples, but are not written on the sheets.
The Group should be divided into 4 smaller groups. For a big group (over 20) each sheet can be duplicated and 8 small groups can be formed.

**Instruction**
In their small group participants will visit one of the 4 sheets of paper, discuss the heading and write a few points showing what they know about the topic. After 5 minutes, the facilitator will ask each group to ‘move on’. At this point they will move to one of the other three sheets, as instructed, and add comments to those that have been written by the previous group. This will be repeated until all participants have had an opportunity to comment on all 4 of the topic areas. (Photos Appendix 5.1)
### Activity 2  SEN and Policy

**Introduction** Facilitator to explain that the group will be looking at current policy and practices around the education of children with SEN in Rwanda in order to understand the rights of these children.

**Preparation** Divide group into pairs. Each pair will be given a set of true or false statements.

**Instruction** Facilitator to explain that the group will have the chance to look at a range of statements about the education and rights of learners with impairments and they should decide, in their pairs, whether they think each statement is true or false.

**Activity** Once the true or false statements have been handed to the participants, (Appendix 5.1) they should be given about 10 minutes to discuss and decide whether each of the statements is true or false. Facilitator to move between pairs and check that the instructions are clear and be available to talk through and clarify any of the statements.

**Conclusion** Facilitator to show or read correct answers and discuss how accurately each pair answered the questions. Are there any surprises in what the participants have read and discussed?

Should conclude:
- All children in Rwanda have a right to education
- Only a small percentage of children with impairments are currently enrolled in schools
- Current policies and practices need to be fully supported to ensure that children enjoy their rights to education
- An Inclusive Education Task Force has been established to work to develop guidance to support the inclusion of children in mainstream school and to improve the education of children in Special Schools.
- All those involved with working with children have a responsibility to make a full commitment to do everything that it is in their power to do to help to ensure that education for all children becomes a reality.

### Activity 3 Whose responsibility is it?

**Introduction** Facilitator will explain that children with impairments face a number of barriers in relation to attending school. This next activity aims to look at the causes of such barriers.

**Preparation** Give each pair a sheet of scenarios which show barriers that a child may face in relation to being included in school. At the bottom of the sheet is a grid for them to fill in. (Appendix 5.3)
**Instructions**

Ask the participants to look at the list of some of the issues that face children with impairments. Ask them to fill in the grid to show whose responsibility each issue is: the child, the parents, the school or the community. Explain that they might decide that there is more than one answer and it is acceptable to write more than one answer for each statement.

**Activity**

Participants should work in pairs and decide where they think they should write the number of each statement on their grid. For example: Statement 1 “A child with a physical disability cannot go to school because the roads leading to school are too difficult for them to walk on.” Is this the responsibility of the child, parents, school or community? Participants to decide where on their grid to write the number 1.

**Conclusion**

Facilitator will take feedback, writing the numbers up on a grid on a flipchart after discussing the answers.

Establish that it is not the child with impairment who puts up barriers but other members of the community. Show rice sack diagram of traditional and social model (or on screen image) of impairment and explain that responsibilities lie with others and not the child. The child has the right to the same opportunities as their peers who do not have impairments.

---

**Working in groups of 4**

20 minutes

**Activity 4: Identifying Barriers**

**Introduction** Facilitator to explain that in this activity, participants will have the opportunity to identify barriers that exist in their own communities.

**Preparation** Traditional vs Social model to be displayed.

**Instruction** Facilitator to point to the circle on the rice sack which shows a person with a disability surrounded by barriers. Explain that they will have 10 minutes to design their own circle. Instead of writing ‘barrier’ they should think of actual examples of barriers that prevent inclusion in their own communities.

**Activity** Participants to make their own posters. Once completed, each group should show their work and explain their barriers.

**Conclusion** Some examples of barriers which might be included:

- Lack of medical support
- lack of knowledge
- stigma
- poor roads
- poverty (when money is short, educating a child with impairment isn’t a priority)
- flexibility (ability to think about changing routines to allow a child toilet break)
- buildings
- toilets
- lack of compassion
- lack of advocacy
- Fear (e.g. parents, children and even at school level)
| Working in groups of 4 1 hour | Facilitator to explain that barriers exist at all levels—family, school and community. Health care providers, CHWs and NCPD representatives have opportunities to support families, schools and communities to break down barriers that exclude children. |

**Activity 5: Advocacy — Helping to remove barriers**

**Introduction** Advocacy is about supporting people to express their concerns and actively defends the rights of others to access and inclusion. In this activity, participants will look at ways that they can realistically support the rights of children with impairments in their own communities.

**Preparation** Participants will continue to work with the sheets from Activity 3 and each pair will join up with another pair to make up a group of 4. The facilitator will give each group 2 or 3 of the examples from the sheet “Whose Responsibility is it?” to consider as they complete the task. (Appendix 5.2)

The facilitator will write up some areas for the participants to consider.

- The children, the parents, the school and the community for this activity.
- Referrals— who can they speak to about the child or who can they suggest parents speak to
- How can they encourage families?

**Instruction** Facilitator to explain that the participants should work through their examples from “Whose Responsibility is it?” which show just a few barriers that many children with impairments face in terms of inclusion in education and community life.

In their groups, they should brainstorm ways in which they can use their voices and roles in their own communities to help overcome some of the barriers listed. They should think about:

- The children, the parents, the school and the community for this activity.
- Referrals— who can they speak to about the child or who can they suggest parents speak to
- How can they encourage families?

**Conclusion** Facilitator to take feedback and record on flip-chart suggestions on how the participants can support inclusion. Each group to be given time to explain their findings. After taking feedback, look for common ideas such as:

- Where to refer parents and carers of children with impairments
- Actively encourage children and families that all children should receive an education and be included in community events and life
- **Actively encourage schools to use the Inclusive Guidance to Teachers manual once it is available and use it to support teachers**
- Speak to community leaders and parents to voice the rights of children to an education
- Advise schools on ways that children with impairments can be included— physically, socially and emotionally
- Speak to community and school leaders about some of the barriers that can realistically be removed
- Be prepared to be problem solvers for children, parents, schools and in their wider community
- Encourage families to link up so that they know they are not alone and can benefit from mutual support
Appendix 1.1 The Sticker Game
**Appendix 1.2 Words**

Rice Sack layout (This should just be the grid. This version also shows the answers.) This card should also be cut into sections for participants to arrange into ‘Respectful’ and ‘Disrespectful’ groups.

<table>
<thead>
<tr>
<th>Respectful 😊</th>
<th>Disrespectful 😞</th>
</tr>
</thead>
<tbody>
<tr>
<td>cannot /does not speak</td>
<td>utavuga</td>
</tr>
<tr>
<td>has an intellectual impairment, has a learning difficulty</td>
<td>ufite ubumuga, bwo mu mutwe</td>
</tr>
<tr>
<td>deaf, has a hearing impairment</td>
<td>utumva</td>
</tr>
<tr>
<td>blind, has a visual impairment</td>
<td>utabona</td>
</tr>
<tr>
<td>has a physical impairment, has a physical difficulty</td>
<td>ufite ubumuga, physically handicapped</td>
</tr>
<tr>
<td>Imvugo y'icyubahiro</td>
<td>Respectful Language</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>utavuga</td>
<td>cannot /does not speak</td>
</tr>
<tr>
<td>ufite ubumuga, bwo mu mutwe</td>
<td>has an intellectual impairment, has a learning difficulty</td>
</tr>
<tr>
<td>utumva</td>
<td>deaf, has a hearing impairment</td>
</tr>
<tr>
<td>utabona</td>
<td>blind, has a visual impairment</td>
</tr>
<tr>
<td>ufite ubumuga</td>
<td>has a physical impairment, has a physical difficulty</td>
</tr>
</tbody>
</table>
Appendix 1.3 Impairment or Disability

Impairment

• A difficulty which can make life more challenging. For example: visual impairment. It can be the result of illness, injury or a congenital condition.

Disability

• The disadvantage and exclusion faced by people with an impairment. An impairment becomes more disabling when society or the environment create barriers to prevent that person from functioning in the best possible way.
Appendix 2.1

What is Impairment?

There are many definitions of impairment. Read through this one and see if you can fill in the blanks with the words written below.

An impairment may be generally defined as a ____________ which may restrict a person’s mental, sensory, or ____________ functions to undertake or perform a task in the same way as a person who does not have an impairment.

It does not mean that a person with an impairment is ___________ to perform all the important requirements of a job and do even better than teachers or employers expect.

Impairments _________ people in different ways. Many people associate those with impairments as being someone who is in a____________ or who is blind or __________. They have the attitude that people with an impairment are totally different and therefore need to be treated ______________. Unfortunately, this kind of stereotyping or attitude is in itself a form of discrimination.

People with an impairment come in a variety of shapes, sizes, colours, sex and cultures - just as we all do. The only thing that separates a person with an impairment is that, for one reason or another, they are _________ to do certain things in the same way as the mainstream of society. They may require some form of adaptation or alteration to assist them to overcome the ____________ of their impairment.

A person’s impairment is always specific to that person, in other words one person’s impairment is always different in some ways to that of other people.

For people with impairments, some days will be better than others. Impairments may remain the same, fluctuate in severity or become more ____________ over time.

(Adapted from an article from: http://www.dwa.org.au/whatisadisability.htm)

unable, affect, condition, effect, physical, wheelchair, deaf, unable, differently, severe
What is Impairment?
There are many definitions of impairment. Read through this one and see if you can fill in the blanks with the words written below.

An impairment may be generally defined as a condition which may restrict a person's mental, sensory, or physical functions to undertake or perform a task in the same way as a person who does not have an impairment. It does not mean that a person with an impairment is unable to perform all the important requirements of a job and do even better than teachers or employers expect. Impairments affect people in different ways. Many people associate those with an impairment as being someone who is in a wheelchair or who is blind or deaf. They have the attitude that people with an impairment are totally different and therefore need to be treated differently. Unfortunately, this kind of stereotyping or attitude is in itself a form of discrimination. People with an impairment come in a variety of shapes, sizes, colours, sex and cultures - just as we all do. The only thing that separates a person with an impairment is that, for one reason or another, they are unable to do certain things in the same way as the mainstream of society. They may require some form of adaptation or alteration to assist them to overcome the effect of their impairment. A person's impairment is always specific to that person, in other words one person’s impairment is always different in some ways to that of other people. For people with impairments, some days will be better than others. Impairments may remain the same, fluctuate in severity or become more severe over time.
Appendix 2.2

Case Studies/Identifying Causes

Samuel has a serious visual impairment called optic nerve hypoplasia. He was born with this condition (congenital). Sometimes there is no cause for this and sometimes there is a genetic cause. Samuel’s mother drank a lot of alcohol while she was pregnant and this is the most likely cause in Samuel’s case. Both of Samuel’s optic nerves, which are the nerves leading from the eye to the brain are damaged. He can see objects that are held up close to his eyes.

Anande has albinism. She also has a young brother with albinism. This is a genetic condition or inherited condition. She was born with the condition (congenital). The colouration in her skin and eyes is lacking. Her skin is very pale and her eyes are pale blue. Sunlight makes her eyes hurt and she has to protect her skin from strong sunlight because of the risk of cancer. Anande has poor vision. She has nystagmus which means that her eyes are very wobbly and this makes it very hard to focus. She can see objects if they are held close to her eyes but has more difficulty seeing things in the distance.

James has spina bifida. The nerves in his spinal cord, the cord that runs through the back bone, did not develop properly during pregnancy. He is unable to walk because the damage to his spinal cord caused paralysis to his legs. His spine is curved and he does not have full bladder control. He is intelligent.

Mary has Cerebral Palsy. Mary’s mother had difficulty giving birth to her and as a result she suffered a bleed on the brain and this caused the cerebral palsy. She has muscle weakness which makes walking difficult. Her arms are weak and she has difficulty lifting heavy objects as well as gripping small objects like a pen. Because her muscles are weak, she walks awkwardly and her speech is not clear. Some children with cerebral palsy have learning difficulties but Mary is very bright.
Nehemiah has Down syndrome. He has weak muscle tone. Down Syndrome is not inherited but it is caused by chance genetic happening and is present at birth. Nehemiah has an extra chromosome. One in every 1000 babies will have Down syndrome. Nothing can be done to prevent it and Down syndrome occurs around the world. Nehemiah has a small flat nose, and a small mouth. His eyes slant upwards and outwards and the back of his head is flat. He has short fingers and broad hands. Nehemiah has difficulty making himself understood when he speaks and he has intellectual impairment.

Sharon was able to hear when she was born. Over a period of time she gradually lost her hearing. This was caused by a genetic condition which resulted in an abnormality in her inner ear.

Dennis has severe hearing impairment. At the age of 8 he suffered from meningitis. This caused the nerve endings (hair cells) in the cochlea (a part of the ear) to die. This resulted in his hearing loss.

Emmanuel is 6 years old. He will say a few words when he is asked a question but does not hold conversations like his friends. His words are not clear and he often runs out of breath and gets tired when he is talking. Sometimes he drools/dribbles. Emmanuel’s mother had a very difficult and long labour. Emmanuel did not get enough oxygen and did not cry at birth. He has cerebral palsy.

Alisha has visual impairment. She developed dry eye when she was 7 years old. This is caused by a lack of Vitamin A. Her parents were slow to take her to see a doctor and so she suffered permanent damage to her right eye but treatment with Vitamin A drops saved the sight in her left eye.

Sebastian has mild hearing loss. His mother had the sexually transmitted bacteria called Syphilis. After he developed a rash around his genitals and mouth and suffered from a high fever, he was treated with penicillin but was
left with permanent damage to his hearing.

Jean has an intellectual impairment. When he was a baby his carer shook him hard one day when he wouldn’t stop crying. He suffered a bleed on the brain and now has a very poor memory. He has to have information repeated frequently in order to remember it.

Augustine fell from a tree when he was six years old while playing out with his older brothers. Both legs were fractured but his right leg suffered complicated and multiple fractures and had to be amputated. His left leg has recovered and he is able to walk using a wooden crutch.

Appendix 3.1 Impairments

Visual
Hearing
Intellectual
Physical
Speech and Language
Behaviour/Social
Health
### Corners Activity Statements

<table>
<thead>
<tr>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I ask people to speak more loudly.</td>
</tr>
<tr>
<td>I communicate with my hands.</td>
</tr>
<tr>
<td>I use a wheelchair or crutches to move around.</td>
</tr>
<tr>
<td>I get very frustrated when people do not understand what I am saying. This makes me angry and I yell and hit things.</td>
</tr>
<tr>
<td>I move differently to other children.</td>
</tr>
<tr>
<td>The bright sun hurts my eyes.</td>
</tr>
<tr>
<td>I write with my toes.</td>
</tr>
<tr>
<td><strong>I hold my head at an angle when listening to someone.</strong></td>
</tr>
<tr>
<td>It takes me a longer than my peers to learn new things.</td>
</tr>
<tr>
<td>I try to talk, but I can only say a few words. It is difficult for me to communicate with others.</td>
</tr>
<tr>
<td><strong>I do not understand what the teacher says.</strong></td>
</tr>
<tr>
<td>I get scared around large groups of people.</td>
</tr>
<tr>
<td>I find it difficult to pay attention in class.</td>
</tr>
<tr>
<td>I hold objects close to my face when looking at them.</td>
</tr>
<tr>
<td>I can speak well, but I cannot read</td>
</tr>
<tr>
<td><strong>I fall behind with school work.</strong></td>
</tr>
<tr>
<td>I have repeated P3 four times.</td>
</tr>
<tr>
<td>I am not understood by people outside of my family.</td>
</tr>
<tr>
<td><strong>I do not like sport.</strong></td>
</tr>
<tr>
<td>I give wrong answers.</td>
</tr>
<tr>
<td>I like to carry on with a task when other people move onto a new one.</td>
</tr>
<tr>
<td>I am not allowed to go to school because I hit my friends.</td>
</tr>
<tr>
<td><strong>I get tired quite quickly.</strong></td>
</tr>
<tr>
<td>I find it difficult to pick up small objects that have been put in front of me.</td>
</tr>
<tr>
<td><strong>I don’t like to look at people when they are talking.</strong></td>
</tr>
<tr>
<td>I bump into doorframes and sometimes furniture.</td>
</tr>
<tr>
<td>I like to play the same game over and over again.</td>
</tr>
<tr>
<td>I miss a lot of school because I am often sick.</td>
</tr>
</tbody>
</table>

The answers in bold have more than one obvious cause, but even those that are not in bold can have several causes. For example, “I miss a lot of school because I am sick” could be because of long-term health problems but it could also be because of behaviour/social impairment.
### Appendix 3.3

**Impairment Definitions**

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
</table>
| **Visual** | - A visual impairment is any condition of the eye or visual system which results in reduced ability to see.  
- The visual loss can be total or partial.  
- Some visual impairments can be corrected or improved. |
| **Hearing** | - A hearing impairment affects a person's ability to hear.  
- They may hear some sounds or only very loud noises or no sounds at all. |
| **Intellectual** | - Intellectual impairments are characterized by limitations in intellectual functioning, language ability and adaptive behaviours.  
- These limitations are usually seen from birth unless it is as a result of an acquired brain injury or sickness such as meningitis.  
- Intellectual disability is not an illness or disease as it cannot be cured.  
- It should not be confused with mental illness. |
| **Physical** | - A physical impairment interferes in some way with a person's ability to move or control and/or coordinate movement.  
- The impairment may affect how they sit, walk, write or speak.  
- The impairment does not affect their intelligence unless there is another impairment present (e.g., Intellectual Impairment). |
<table>
<thead>
<tr>
<th><strong>Speech and Language/ Communication and AS</strong></th>
<th><strong>Autism:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A speech and language impairment might involve difficulty in sounding words correctly.</td>
<td>• Disorder of neural development characterized by impaired social interaction and communication.</td>
</tr>
<tr>
<td>• The flow of words might be disrupted.</td>
<td>• Restricted, repetitive and sometimes challenging behaviour.</td>
</tr>
<tr>
<td>• The child's voice might have an abnormal pitch or quality.</td>
<td>• Some people with autism have intellectual impairment.</td>
</tr>
<tr>
<td>• The child might have problems expressing needs, ideas or information and/or in understanding others.</td>
<td>• People with autism have difficulties with social communication and are often loners.</td>
</tr>
<tr>
<td></td>
<td>• Find it hard to make sense of the world around them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Health</strong></th>
<th><strong>Behaviour/ Emotional</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A person who has persistent medical or health problems such as a heart condition, epilepsy, diabetes, sickle cell anaemia, etc. which affects their ability to participate fully in society/life.</td>
<td>• A person with an Emotional/Behavioural impairment has difficulty with accessing, understanding, coping with and processing their emotions</td>
</tr>
<tr>
<td></td>
<td>• This is a serious condition that results in persistent problem behaviours that are either internalized or externalized.</td>
</tr>
<tr>
<td></td>
<td>• Internalized behaviours could be low self-esteem, anxiety, or depression.</td>
</tr>
<tr>
<td></td>
<td>• Externallized behaviours often include aggression towards themselves or others.</td>
</tr>
</tbody>
</table>
Appendix 4.1 Photographs
Appendix 4.2

Always the last
Always the slowest
Always the least worthy
Always the least respected
Always the one to break things
Always the one to displease others
## Appendix 4.3
### Step Game Descriptor Cards

<table>
<thead>
<tr>
<th>You have albinism. You are very sensitive to light and you have very poor vision. You have to keep your skin covered in strong sunlight to avoid cancer which can be caused by the sun’s harmful rays.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have cerebral palsy. You have weak muscles in your arms and legs which means that you have difficulty walking. You also have some problems being understood when you speak. You are able to read and but writing is difficult. You have a poor memory.</td>
</tr>
<tr>
<td>You were born with no hearing. Because of this you have very little speech.</td>
</tr>
<tr>
<td>You were born with spina bifida. This means that nerves in your spinal cord (which runs down your back) did not develop fully in the womb. You use crutches because you have difficulty walking.</td>
</tr>
<tr>
<td>You have a speech impairment which makes it difficult for people to understand you.</td>
</tr>
<tr>
<td>You have Down syndrome. This means that you look slightly different to other people. You have some difficulty speaking and you also have learning impairment.</td>
</tr>
<tr>
<td>You have autism. You have difficulty understanding other people. You do not always understand what they are saying and you find social situations difficult.</td>
</tr>
</tbody>
</table>
Appendix 4.4

**Step Game Statements**

1. Take a step forward if you can attend school.
2. Take a step forward if you can go out to play with friends in your village or town.
3. Take a step forward if you can move around school independently.
4. Take a step forward if you can take part in some sports.
5. Take a step forward if you can learn.
6. Take a step forward if you should be respected.
7. Take a step forward if you can dress yourself.
8. Take a step forward if you can learn to cook.
9. Take a step forward if you think you might get a job.
10. Take a step forward if you think you might get married.
11. Take a step forward if you think you are a valuable person in your community.
12. Take a step forward if you think that you could live independently in the community.
Appendix 4.6 Traditional vs Social Model
Appendix 5.1

True or False?

According to the World Health Organisation 15% of any population have disabilities.

MINEDUC states that some children, with more severe disability, should be cared for rather than educated.

MINEDUC statistical yearbook 2011-14 indicates that in Rwandan Schools only 1% of the total students enrolled in pre-primary, primary, secondary and tertiary education are recorded as having a disability.

MINEDUC’s mission includes the aim to provide “equitable access to
The World Health Organisation estimates that 15% of the population has some kind of disability. This would mean 405,000 children in Rwanda have a disability. Only 2000 of these children in Rwanda are in special schools.

The World Health Organization (WHO) states that children with disabilities are just as likely to be in school as their peers.

According to the MINEDUC’s ESSP, the chance of a child dropping out of school is four times higher for a child who has disability.


In the Nyamagabe District only 50% of parents of children with impairments surveyed encourage their children to go out to play with other children.

In the Nyaruguru District, 20.4% of parents of children with disabilities who were surveyed said that their children would drop out of school if excluded or isolated.

From 2016, it is planned that all Rwandan schools will receive training on how to include children with a range of impairments.

From 2016, it is planned that all Rwandan schools will have access to a manual providing guidance for teachers on inclusion.

**True or False with correct answers?**
According to the World Health Organisation 15% of any population have disabilities.

True: In some countries it is difficult to gain accurate data about the number of people with disabilities, but this is an average and applies throughout the world.

MINEDUC states that some children, with more severe disability, should be cared for rather than educated.

False: MINEDUC states that “Every child has the basic right to education.”

MINEDUC statistical yearbook 2011-14 indicates that in Rwandan Schools only 1% of the total students enrolled in pre-primary, primary, secondary and tertiary education are recorded as having a disability.

True: The figures indicate that the majority of children with a disability are not currently on roll at school.

MINEDUC’s mission includes the aim to provide “equitable access to quality education”

True: MINEDUC and REB have worked with the universities and charities to produce Guidance for Teachers and training for all schools on how to make this happen.

The World Health Organisation estimates that 15% of the population has some kind of disability. This would mean 405,000 children in Rwanda have a disability. Only 2000 children in Rwanda are in special schools.

True: 2000 children are in Special Schools. There are some children with disabilities in mainstream schools but nowhere near 403,000.

The World Health Organization (WHO) states that children with disabilities are just as likely to be in school as their peers.
False: MINEDUC’s ESSP places a 7-8 year old with a disability at a 3 times greater risk of not starting school at the right age.

According to the MINEDUC’s ESSP the chance of a child dropping out of school is four times higher for a child who has disability.

True: Even if a child is able to start at school, those with disabilities are at a much greater risk of dropping out than their peers who have no disabilities.


True: Rwanda’s move to include learners with impairments is an obligation to fulfil the rights of children with disabilities.

In the Nyamagabe District only 50% of parents of children with impairments surveyed encourage their children to go out to play with other children.

False: The number is a lot lower. Only 17.6% of those surveyed said that they encouraged children to go outside to play.

In the Nyaruguru District, 20.4% of parents of children with disabilities who were surveyed said that their children would drop out of school if excluded or isolated.

True: A large percentage of children with disabilities drop out of school and exclusion and isolation are given as a big reason for this. In a neighbouring district, over 38 % of parents said these reasons would make their children drop out of school. It is a challenge to all who work with children with disabilities to ensure they are welcomed and included.

From 2016, it is planned that all Rwandan schools will receive training on how to include children with a range of impairments.
True: A National Task Force, comprising representatives from REB, MINEDUC, Universities and Charities has been working on developing training for pre-service and in-service training to inform every school in Rwanda on best practices in inclusion.

From 2016, it is planned that all Rwandan schools will have access to a manual providing guidance for teachers on inclusion.

True: The National Task Force has worked to produce Inclusive Guidance for all schools in Rwanda.
(Appendix 5.2)

**Whose responsibility is it?**

1. A child with a physical impairment does not play outside because the parents keep them hidden away.
2. A child with an intellectual impairment does not play outside because the other children call him/her cruel names.
3. A child with serious speech impairment does not take part in community events because other parents do not want their children to mix with him/her.
4. A child who has a serious visual impairment is not allowed to go out with other children because his/her parents are worried they will fall and injure themselves.
5. A child with autism does not go to community events because he/she embarrasses people by calling out and they find it hard to sit still.
6. A child with a physical impairment cannot go to school because the roads leading to school are too difficult for them to walk along.
7. A child with a physical impairment does not go to school because the step up to their classroom is too high for them to manage.
8. A child is falling behind in lessons because they cannot see the board.
9. A child with an intellectual impairment stops going to school because the work is too hard.
10. A child with a physical impairment does not want to go to school because they have no friends.
11. A child with a hearing impairment refuses to go to school because they are always on their own at playtime.
13. A child with disability is hidden away because their family is ashamed of them.
14. A child dislikes school because they often wet themselves. They have a bladder problem and cannot wait for 40 minutes before going to the toilet.
15. A child cannot go to school because the toilet is not accessible.
16. A child does not go to school because they cannot find their way to their classroom because they have a visual impairment.
17. A child who has speech impairment cannot join in with group work in the classroom because the other children do not understand him or her.
18. A child does not settle at school because they find the school routine too confusing.

<table>
<thead>
<tr>
<th>Child</th>
<th>Parents/Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Community</td>
</tr>
</tbody>
</table>
“My son has begun to speak”

Charles Sibomana, 11, has suspected intellectual disabilities. He remained mute in school and was separate from other children. Since his teacher at Gahanga Primary school was trained by VSO, his performance is improving, he is mixing with other children, and has even begun to speak.

VSO’s L3+ pilot project aims to bring children with disabilities into the mainstream through training and support for teachers, parents, health workers and organisations for people with disabilities.

Charles Sibomana is the ninth and lastborn child of Viviane Karuyonga. Eight months after the happy occasion of his birth, however, his father died, leaving Viviane with a lot of her hands.

Around this time, she also began to suspect that her youngest son was different from his brothers and sisters.

“I thought that he may have some intellectual impairment. As he grew, he did not speak,” Viviane says.

His older brothers and sisters are very caring to him, but attitudes have not all been kind.

“There has been a mixture of treatment. Most people accept him, others think he is useless and use names. People just say what they want,” she says.

Integration in education

When he was around eight years old, Viviane decided to take Charles to school for the first time. He was still not talking.

He was placed in nursery, but when the teacher left, things did not go so well as before. Viviane explains that, “He does not like people speaking angrily to him.”

So Viviane decided to move Charles, who is today 11 years old, to Gahanga Primary, one of the schools where VSO has been training teachers in mainstreaming disability as part of the L3+ project.
His P1 teacher, Esperance Niyomufasha, has been trained by VSO in how to support children with disabilities or impairment in her class. It is already a challenge to teach a class of 40-50 whose ages range from 7-11 years old, with few resources, let alone to engage a child with different learning needs.

“Before I was trained it was difficult to integrate him in the class. He would be separate. I learned how to integrate him by preparing special lessons and materials for him, and to encourage other children to support him,” says Esperance.

**Support from other children**

In class, it is clear that Charles has friends who help explain difficult concepts, and the whole class bursts into applause when he correctly answers the teacher. Her behaviour and approach is encouraging the whole class to treat Charles as their peer and equal.

When asked about children like Charles, his classmate Claude Hakizimana, 10, says, “That child must be supported on his way. When he does not have materials I can share mine with him.”

Teacher Esperance says she can see the impact of the training she has received in her class:

“Now I see Charles mixing with others — it’s a great step. I am seeing more improvement. When other children are writing he is identifying some things and learning to say a few things. He may not do it at the rate of the others but he does it at his own pace”

**What does the future hold?**

Charles’ mother Viviane is delighted with his progress: “He no longer fears. He speaks. When he comes home he can tell me what he has studied.”

It is clear that Charles has a big personality and intelligence. Whilst he is reserved around large groups, with his mother he is transformed into beaming smiles.
But things are still not easy. Charles’ mother has never received an official medical assessment for him, and says that when has taken him to the health clinic she was refused a referral. She says he is a “sickly child” and complains of stomach problems. She hopes for support to find out whether and how Charles can become more well.
Voices of parents of children with disabilities

VSO’s L3+ pilot project aims to bring children with disabilities into the mainstream through training and support for teachers, parents, health workers and organisations for people with disabilities. The following testimonies were collected during end line data collection from parents of children with disabilities in focus groups conducted at Uwinkingi Health Centre in Nyamagabe district. As part of L3+, all of the parents had received training about caring for and rights of children with disabilities.

Bayavuga Celestin:
“I could identify that my child was physically disabled when he was born. His limbs, especially the legs, were not well developed.

“I took him for medical treatment in Kigeme and was transferred to a bigger hospital in Huye, but I was not able to pay for crutches.

“I went home and locally got sticks made for him and started to take him to school every morning and would pick him after school. This happened before L3+. My son is performing very well and he is among the top in his class he will be joining P5 next academic year. He still needs proper crutches because he is currently using old, borrowed ones.

“For me the biggest challenge is the lack of means constraining me from every angle. It is our responsibility to take them to school and pick them up - there is no other support.”

Munyaneza Cyprien
“My daughter is visually impaired, but I did not always know. She was failing in class some years back when I started to help her with reading at home and realised that she could not see properly. I went to meet the teacher at school and negotiated for her to be allowed to sit in front rows. The teachers accepted. Since then her performance improved and she is among the top students in her class (P4).”
Mukarugwiza Philomene:
“Soleille is three years old. Her legs are not well formed at the knees though they are straight. She is active and bright. The medical people told us that her legs have no bones in them and denied us a transfer, saying she cannot be treated.”

Nakimana Madoleine:
Madoleine noticed that her son, Mubamana Cecile, had some eye problems as he grew up. Unfortunately, she could not afford health insurance to pay for treatment. The boy’s condition has worsened considerably and he is now almost completely blind. She says: “This project has connected us. Even those of us who knew each other before, had not discussed having a child with disability with one another before. Before now it has been seen as a private issue. “It is difficult when you don’t have any support. You do what you can, but you know you can’t support your child in the way you would like. People may not be willing to help you”
Muhayimana Cyprien: “The project helped us to discuss how to support our children. Taking them to school and coming back to collect them, allowing them to play some games. Some of our children have even befriended each other. We understand the right of our children to get an education and play, just like any other children.”
“There has been a big change – but we are limited”

Dr Jeanne d’Arc Umutoni explains the developments that have been made in supporting an increasing number of children with disabilities referred to Uwinkingi Health Centre – and how difficult it is to see parents who have not been able to, or cannot afford to access specialist healthcare that might improve the quality of their children’s lives.

Uwinkingi is among the sectors targeted by VSO’s L3+ pilot project that aims to bring children with disabilities into the mainstream through training and support for teachers, parents, health workers and organisations for people with disabilities.

Uwinkingi Health Centre is a small but busy hub of activity, crowded with expectant mothers, parents receiving milk for their malnourished children and community health workers discussing cases.

As part of VSO’s L3+ project, some of these community health workers were trained to recognise and refer children with disabilities in their homes and wider community to health centres such as Uwinkingi.

Head of the centre Dr Umutoni explains that the project has had a positive impact, though the centre itself, which sees 800-1,000 people per month, does not always have capacity to respond in an adequate way.

“There has been a big change in the numbers of children with disabilities referred here.”

“We do some diagnoses here, and in other cases we refer elsewhere – but we are limited. We really need a specialist medical practitioner on disability.

“The objectives of this project are excellent in responding to our needs. Not everything that we see in children here called ‘disability’ is disability. Some are impairments, or medical conditions or abnormalities that could be treated or even reversed if they are recognised in time.”

The centre offers mental health services as well as screenings for visual and hearing impairment. However, Jeanne says that it is difficult to see patients who miss out on treatment for reasons of poverty or low health service capacity.
“We have seen some severe cases of intellectual disability that we cannot do much for. In the six months I have been at the centre I have also seen two cases where the ‘disability’ could have been prevented.”

“I feel really sad. What I do is refer those cases to the referral hospital, or to the special centre at Gatagara. However given the long distance needed to travel there, the parents just stop there and are stuck. That is very difficult for me”

Uwinkingi Health Centre is keen to sustain the work of L3+. This includes a hope that they will be able to maintain the learning resource centre – a room lent by the centre for the duration of the project, dedicated to demonstrating best practice in teaching and learning aids for children with disabilities.

Dr Umutoni says other commitments are in place as well:

“We will be continuing to include care and support to children with disabilities in our daily work plans,” says Jeanne.

“There will be a focal person appointed who will be given tasks to care a support children with disabilities, and monitor use of the learning resource centre, reporting weekly into health centre management teams. We plan to combine this with the role of managing referrals from our youth corner.”