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SPECIAL EDUCATION FOR THE HANDICAPPED

by

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[Abstract]

by

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The writer makes a plea based on five reasons for the use of 'special' or 'exceptional' rather than the term 'handicapped'. The special needs of exceptional children maybe summarised as follows:

- 1 professionally trained special education teachers;
- 2 the importance of early diagnosis;
- 3 the avoidance of negative labelling or the danger of mislabelling;
- 4 special modified curriculum;
- 5 an individualized education programme and smaller class size;
- 6 feelings of success;
- 7 emphasis on self-competition and not peer competition;
- 8 a multidisciplinary approach;
- 9 special apparatus and equipment;
- 10 parental counselling.

Recommendations include:

- 1 increase the NUMBER of teachers of the hearing handicapped and of 'slow learners' or children with learning problems;
- 2 professional training for teachers of mentally retarded children, cerebral-palsied children and the mentally gifted;
- 3 establishment of special classes for the mentally retarded in regular schools, itinerant programmes, special classes in hospitals for chronically-ill children and enrichment programmes for the mentally gifted;
- 4 early diagnosis and treatment of specific handicaps;
- 5 avoidance of negative labelling or mislabelling;
- 6 evaluation of the current special modified curriculum.

- 7 an individualized education programme;
- 8 smaller class size;
- 9 provision for feelings of success;
- 10 self-competition rather than peer competition;
- 11 a multidisciplinary approach;
- 12 updating and regular maintenance of special apparatus and equipment;
- 13 parental counselling.

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1. Introduction

First of all, I wish to thank the Consumers Association of Penang (CAP) for inviting me to present a paper on the above-mentioned topic. It is most encouraging that CAP has taken into consideration the educational needs of the 'handicapped' in this Seminar. Sometimes the needs of minority groups are either ignored or suppressed.

2. Nomenclature

The title of the paper has been given to me by CAP. I wish to make a plea here for the use of another more appropriate word to replace 'handicapped' for the following reasons:-

- (1) the term 'handicapped' by itself is misleading as it seems to imply that the person who is blind or deaf or orthopaedic is 'handicapped' in all respects. In the vast majority of cases, a person who is blind is handicapped only visually, a person who is deaf is handicapped only auditorially and a person who is orthopaedic is only handicapped physically.
- (2) persons who are blind, deaf or orthopaedic often have special talents or gifts and so cannot be labelled 'handicapped'; for example, a university student who is blind may have an extraordinary memory or is very eloquent, a person who is deaf may have exceptional talents as an artist or craftsman while an orthopaedic person I know who uses a wheelchair is a senior company executive.
- (3) in certain circumstances the mislabelled handicapped blind, deaf or mentally retarded have decided advantages over so-called 'normal' or non-handicapped individuals; for example, the blind child can study late into the midnight hours through tactual braille with the lights off without disturbing his sighted brother who shares the same bedroom as he; people who are deaf work comfortably in a noisy printing room or textile factory or as ground crew members at an airport while their hearing workmates have to wear expensive ear-muffs; a person who is mentally retarded may be happy working at an assembly line because he generally loves routine, repetitive

work which is considered boring by a non-mentally retarded worker.

- (4) when the term 'handicapped' is used, it should be qualified; for example, one speaks of a child who is visually or hearing handicapped or one who is physically handicapped.
- (5) the term 'handicapped' by itself carries negative connotations. With education and rehabilitation, a blind child can overcome his visual handicap by using non-visual media such as tactual braille, audio tapes and three-dimensional models or embossed materials. Similarly, a deaf child can solve his hearing problem by using lip-reading, finger-spelling and/or sign language. A mentally handicapped factory worker no longer deserves the label 'handicapped' as his assembly line work may not require complex or abstract thinking processes.

Other alternative and more appropriate terms to use to describe blind, deaf and such like children are 'special' or 'exceptional' or 'children with special educational needs'. Thus, the so-called 'slow learner' is not generally 'handicapped' in all aspects of learning. He may be handicapped in mastering abstract language skills but may excel in art or in the sports field. The suggested three alternative terms are also more appropriate when applied to the intellectually superior or mentally gifted or talented children who need special educational treatment if they are to develop to their maximum potential.

3. Special Needs of Exceptional Children

3.1 When discussing about the special needs of exceptional children we must be cautioned against over-simplification and over-generalization. When we speak of exceptional or special children, or of the blind, the deaf and the slow-learners, we have the tendency to treat them as separate, homogeneous and stereotyped groups with almost similar characteristics; we need to be reminded that no two blind children or two gifted children are alike and so we cannot speak of the same special educational treatment for all children within a disability group. The special needs of exceptional children may be categorized as follows:-

- (1) special education teachers
- (2) early diagnosis
- (3) avoidance of negative labelling or mislabelling
- (4) a modified curriculum
- (5) an individualized education programme and smaller class size.

- (6) feelings of success
- (7) emphasis on self-competition and not peer competition.
- (8) a multi-disciplinary approach
- (9) special apparatus and equipment
- (10) parental counselling.

The nature of special needs, the extent to which such needs are being met and suggestions on improving the situation will be discussed in subsequent paragraphs.

4. Special Education Teachers

Teaching special children and youth is a specialized field, which includes the use of special teaching-learning media such as braille for the blind, total communication (including lip reading, signing, finger spelling and speech) for the deaf and the Bliss Symbol Communicating System (McNaughton et al, 1975)¹, for children with special speech-cum-motor deficiency. Prior to 1962, special education teachers were trained overseas but the Ministry of Education now has full-time one-year training courses at the Specialist Teachers Training Institute (S.T.T.I.), Kuala Lumpur for trained teachers with at least 5 years' experience teaching regular children in the following three areas (Chua, 1977)²:

- (1) education of the visually handicapped (begun since 1962)
- (2) education of the hearing handicapped (begun since 1963)
- (3) education of slow learners (begun since 1977).

4.1. The Faculty of Education, University of Malaya also conducts elective courses on special and remedial education at the M.Ed. level, begun in the 1970's. The Ministry of Education has also introduced short exposure courses on teaching of slow learners in its pre-service basic three-year teacher training programme and through in-service vacation courses.

4.2. A point of concern is that there has been a high drop-out rate among trained special education teachers. Of the 157 teachers of the visually handicapped, only 58 (36.9%) have remained in service (Bukhari, 1983)³. For the deaf, out of 201 trained teachers, 164 (81.6%) are still in active service. (Md. Hashim, 1983)⁴. Although 1790 teachers have been trained to teach slow learners through the one-year S.T.T.I. course and through vacation and weekend exposure courses (Ministry of Education, 1983)⁵, not all of these teachers are engaged in remedial work. A fairly large

number of special education teachers have left teaching exceptional children because they have been promoted to higher positions, have gone for further studies, or have left to go back to teach regular children. This is a serious waste of trained manpower. In order to retain such scarce manpower and to attract better qualified teachers into the field of special education, an incentive, non-pensionable allowance (equivalent to one or two years' annual increment) should be paid to serving special education teachers for the following reasons:-

- (1) in recognition of their additional professional training equivalent to 9-12 months of full-time study in special education.
- (2) teaching exceptional children demands greater industry, resourcefulness, creativity, good relationships with children, effective planning and co-operation with school and staff. (Bourgeault, 1970)⁶.
- (3) the number of promotion posts as heads of special schools is very limited.
- (4) many developed and developing countries do recognize the special position of such personnel by paying an incentive allowance or emplacing them on a higher salary scale.

4.3. The 1790 remedial education teachers that have been trained so far are unable to meet the needs of primary school slow learners estimated at 10% (Chua, 1978)⁷ or 207,100 (Ministry, 1982)⁸ or 116 slow learners to one remedial teacher. With over 6,400 primary schools (Jabatan, 1982)^{8a}, this means there is only one remedial education teacher to serve three and a half primary schools! Thus, the number of such teachers is being gradually increased by the Ministry of Education through its S.T.T.I. one-year course and in-service courses. Teacher trainees in all Ministry's basic teacher training programmes have recently been exposed to some aspects of remedial education.

More teachers for the hearing impaired are also needed.

4.4. There are three other types of exceptional children where training of special education teachers is needed locally - the teaching of mentally retarded children, cerebral palsied children and the mentally gifted, arranged in order of priority. Although just over a thousand mentally retarded are in special government and private schools or centres (Chua, 1983)⁹, only three teachers have had at least a year's professional training in teaching the mentally handicapped. However, some of the other teachers have attended short weekend training courses. The current teacher preparation curriculum on teaching slow learners at S.T.T.I. can be modified to include aspects of teaching mentally retarded and cerebral palsied children, thus meeting the crucial need for professionally trained

teaching staff. In many countries, including the Philippines, facilities are available for full-time training of teachers for the mentally gifted or talented. In the case of Malaysia, short in-service courses should be provided to arm teachers with the know-how to challenge bright and creative children.

4.5. In terms of administrative programmes for special children, there are four types which have not been exploited fully in Malaysia. There should be special classes for mentally retarded children in regular schools and more residential facilities for children from rural areas since there is a waiting list of 630 children (Chua, 1983)¹⁰. An itinerant programme should serve two or more schools where hearing-impaired have been integrated into the regular stream. Special express classes for the mentally gifted in regular schools should be reintroduced and enrichment programmes for such children in special and/or regular classes should be established in order not to waste invaluable talent. Chronically-ill children who have to stay in hospitals for long periods for treatment should be educated in special classes set up in the hospitals.

5. Early Diagnosis and Education

5.1. Blind, deaf, mentally retarded and other special children are admitted into special schools or classes only at the age of 6 years in line with non-disabled children. This late age admission for exceptional children is most unsatisfactory for the following reasons:-

- (1) learning problems of exceptional children become more difficult to remediate because of what has been termed 'cumulative deficiency' (Awang Had, 1979)¹¹.
- (2) on the effects of early intervention in social-cultural aspects of mental retardation, studies by Kirk (1970)¹² have suggested that 'intervention at age 2 is more effective than at age 4, and that intervention at age 4 is more effective than at age 6.'
- (3) studies on specific categories of exceptional children have also indicated the value of early diagnosis and education before the age of 6 years. Magary and Freehill (1972)¹³ maintain that the period between age 3 and 7 is critical for the mentally gifted; for the blind child, the early months of the child's life and the years of the preschool period are of primary importance as they are 'critical' and determine the course of his later development (Norris et al, 1957)¹⁴; for the hearing-impaired, Watson (1961)¹⁵ has quoted various studies to show 'clearly that children who are supplied with hearing aids at an early age learn to make very

considerable use of their hearing capacity'. Mindess and Kalisher (1967)¹⁶ have specifically cited important implications for early screening and prevention of physical, emotional and behavioural difficulties; for example, lazy eye blindness can be helped if it is detected before eyes are fully developed at age 6 years (U.S.A. n.d.)¹⁷; De Hirsch et al. (1966) have demonstrated 'that valid prediction of reading, spelling and writing achievement can be made by evaluating children's perceptual motor and language behaviour at early years,' and that many 'intelligent but educationally disabled children ... would not have required help had their difficulties been recognized at early ages'.¹⁸ Glueck (1966)¹⁹ even claims that one can even predict delinquency at the age of 5 years.

5.2. The importance of early identification and education of exceptional children has been recognized by the Ministry of Education through the Cabinet Committee Report Resolution No.171 which recommends that deaf children be allowed to begin schooling before the age of 6 years (Malaysia, 1979)²⁰. However, this has not been implemented although formal education for the deaf in Malaysia began more than 29 years ago in Penang (Chua, 1977)²¹.

5.3. Periodic publicity campaigns should be conducted to remind parents and teachers of early diagnosis of exceptionalities or learning problems so that remediation or intervention can begin early to reduce or even eliminate the specific disabilities.

6. Avoidance of Negative Labelling or Mislabelling

6.1. Special educational facilities in the country are still associated with negative labelling. The blind, the deaf, the mentally retarded and other such children are still referred to as 'handicapped' by both government and private organisations. Some senior government officers still refer to the hearing-impaired as 'deaf and dumb' in spite of the fact that the deaf are being taught to speak in addition to using gestures (sign language) and finger spelling (manual alphabet). Neither are parents or general education teachers more enlightened by the use of such terms as 'dyslexic' or 'autistic' or 'Down's Syndrome'. A label has often been wrongly used as a cause of a learning problem. It is more helpful if the special education teacher can describe some of the specific difficulties experienced by these children, including specific steps in ameliorating such conditions.

6.2. An appeal is made to all personnel such as parents, special education and general education teachers, social workers and doctors dealing with special or exceptional children to avoid mislabeling or using negative terms and opt for positive or neutral terms. We speak of the partially sighted and not the partially blind, the partially hearing and not the partially deaf, the special class and not the class for slow learners.

7. Modified Curriculum

7.1. It is true the curriculum for special children has been modified. The blind child learns to read and write braille, uses more auditory and tactual learning materials and engages in an additional 'subject' - orientation and mobility. The deaf child learns, in addition to the regular curriculum, lip-reading, speech, signing and finger spelling and has special sessions for auditory training. The special schools/centres for mentally retarded concentrate on a more multisensory approach and require more programmed instructional materials and behaviour modification principles. While much more has been done for the blind, including special provisions in public examinations, relatively little has been done to review the curriculum including special examinations for the deaf. (Md. Hashim, 1983)²² For the mentally retarded and spastic, there is no clear curriculum guidelines and each special school/centre has to devise its own curriculum based at times on trial and error. However, a M.Ed. student, Sandayao Sebastian, at the Faculty of Education, University of Malaya is researching on a suitable curriculum for use in schools for the mentally handicapped in Malaysia. There has been a tendency for the curriculum to be too academic-oriented especially at the secondary and tertiary levels. (Chua, 1983)²³

7.2. Special committees should be set up under the chairmanship of the relevant Ministry to review existing curricular especially for the education of the following categories of exceptional children:-

- (1) the visually handicapped.
- (2) the hearing handicapped.
- (3) the mentally retarded.
- (4) the cerebral palsied, including the spastic.
- (5) children with special educational needs (or 'slow learners').
- (6) children who are intellectually superior or mentally gifted or talented. (Chua, 1982)²⁴

8. Individualized Education Programme (IEP) & Smaller Class Size

8.1. Basic to special education is the need to recognize individual differences. This does not mean that there must always be a one teacher to one special child situation although in the case of a multiply-handicapped child such as a spastic child who has severe mental retardation, poor gross motor functioning, severe visual and auditory input, a one-to-one relationship is indeed necessary. Our current class size of 40-50 children (some of whom have special learning problems) is too large for teachers to handle effectively. While some research studies have indicated that class size does not adversely affect the learning of factual material, it is professionally unsound to emphasize this type of learning. Keliher (1967)²⁵ has cited research evidence to indicate that 'small classes produced more educational creativity ... children more likely to receive individual attention and there was more variety in instructional methods ... teachers more likely to observe children, keep records of children behaviour, and conduct good parent conferences ...'. The doctoral dissertation by Richmond (1955)²⁶ has indicated that small classes of 25 have led to increased face-to-face relationships between pupils and teachers, opportunities for pupils to choose learning materials, knowledge of teachers concerning their pupils' individual abilities, knowledge by teachers of the potentiality of their pupils, teacher attention to provide informal pupil guidance, teacher awareness in observing covert pupil behaviour suggesting emotional instability, work with the bright and backward child and attention to grouping and greater flexibility of group work. The Ministry of Education should be congratulated for recognising the importance of small classes and has approved class enrolment of 10-12 pupils in special classes for the blind, the deaf, the mentally retarded and the cerebral palsied. However, a word of caution is in order here. It is a sheer waste of effort and money if a teacher in a class of 25 or 30 is doing precisely what he has been doing with 50 pupils. (Chua, 1977)²⁷.

8.2. Currently special education teachers in Malaysia use their own initiative and discretion in preparing lesson plans for their special children. A case can be made for adopting the IEP concept from the USA. An IEP is one in which the following statements have to be made by the special education teacher for each particular student:-

- (1) the student's present levels of educational performance;
- (2) annual goals, including short-term instructional objectives;

- (3) specific special education and related services to be provided to the student and (in the case of an integrated programme student) the extent to which he will be able to participate in a regular educational programme;
 - (4) projected dates for initiation and duration of services;
 - (5) appropriate objective criteria and evaluation procedures and schedules for determination, on at least an annual basis, whether the short-term instructional objectives are being achieved.
- (Hayes & Higgins, 1978)²⁸

The advantages of an IEP include the following:-

- (1) instructional objectives and strategies are specified;
- (2) each student can progress at his own pace;
- (3) his progress is continuously monitored;
- (4) parents and other members of the multidisciplinary team can easily refer to the IEP and may even suggest changes to the programme.

8.3. It is, therefore, suggested that the Ministry of Education seriously consider the implementation of the IEP concept and the reduction of class size. In fact, to partially offset the cost of implementing smaller classes at the primary level, existing approved class sizes of 50 at the primary level and 35 at the Form 6 Arts level can be reversed since pre-university students are more mature and relatively more capable of independent study.

9. Feelings of Success

Whether exceptional children are studying in residential or day special schools or in special classes in regular schools or fully integrated in the regular class, we need to fulfill one of their fundamental needs - the need for feelings of success, of worthiness and of value. Too often children with learning problems have returned home to face the wrath of parents with report books dotted with red marks or even 'duck eggs'. We as general or special education teachers have the responsibility of utilizing appropriate evaluative procedures, sequentially arranged and geared to the developmental level of our pupils so that children with learning problems do not feel they are failures throughout their school life and more importantly that failure in school does not necessarily failure in working or adult life, as the skills required may be very different. Constant encouragement is necessary to guide the child through small sequential steps so that progress, though slow, is taking place and the exceptional child more so than the so-called normal

child will appreciate the truth of the statement, 'Nothing succeeds like success'.

10. Self-Competition versus Peer Competition

The present school system for exceptional children in special schools or in special classes in regular schools or in mainstreaming emphasizes peer competition through monthly or annual tests or examinations. This is made worse when ranking positions in a particular class or Form level are highlighted. This is well and good for those in the top 5 or 10 percent but think of the adverse psychological effects on children who are always at the bottom of the class and the problem of the self-fulfilling prophecy looms up again. I am happy to note that some schools, though too few, not only reward those who excel in their studies but also those who have made the most individual progress and others who show talent in other non-academic activities such as sports and performing arts. We need to emphasize self-competition through criterion-reference tests rather than peer competition through norm-reference tests.

11. A Multidisciplinary Approach

11.1. An interdisciplinary or multidisciplinary approach to educating special children ^{is necessary} as the needs of each child are so varied. Among the specialist staff required are the following:-

- (1) the special education teacher for educational treatment;
- (2) the general class teacher for individualized curriculum;
- (3) the paediatrician/neurologist for medical diagnosis and treatment;
- (4) the educational psychologist for psychological testing and behaviour modification;
- (5) the child psychologist for play therapy;
- (6) the child psychiatrist for child psychotherapy;
- (7) the speech therapist for speech therapy;
- (8) the occupational therapist for perceptual training;
- (9) the physiotherapist for psychomotor training;
- (10) the optometrist for visual training;
- (11) the recreation therapist for music, art/dance therapy;
- (12) the nutritionist for vitamin therapy;
- (13) the nurse for health care;
- (14) the social worker for home therapy.

11.2. Malaysia is particularly short of educational psychologists, child psychologists, child psychiatrists and speech therapists. Malaysia has its own training programme for physiotherapists. There is an urgent need to train speech therapists for the hundreds of children suffering from speech problems amongst the hearing handicapped and the large number of so-called slow learners or children with general or specific learning problems.

12. Special Apparatus and Equipment

12.1. Associated with special education is the increasing contribution from technology in the form of new and sophisticated teaching-learning electronic machines and electronic hearing aids and speech trainers. For the visually handicapped, some recent technological development includes the Kurzweil Reading Machine, the Optacon, Speech Compressors, Talking Calculators, the Sonicguide, the Laser Cane, the Versa Braille, and Talking Computers. (Chua, 1983)²⁹. The Ministry of Education should be congratulated for having acquired one of the most modern stereo copiers which can reproduce embossed maps and diagrams directly from two dimensional inkprint or plain writing copies. A number of new electronic aids for the hearing handicapped are in the market, including the Canon Communicator, the Visible Speech Training System and AM-COM Telephone/Typewriter. (Chua, 1978)³⁰. Rion Co. of Japan has recently produced an electro-palatograph in which certain sounds produced by the deaf child are translated into visual images to facilitate speech training and learning. The relative inadequacy of special equipment in integrated programmes for the visually handicapped in regular secondary schools has been highlighted in a M.Ed. thesis by Filmer Jr. (1982)³¹. The need for maintenance and regular updating of electronic group-hearing equipment and individual hearing aids in special classes for the hearing handicapped has been identified by Md. Hashim (1983)³² in a national seminar on education of the deaf.

12.2. There is need to make a systematic study of existing equipment and aids for all categories of exceptional children with the following aims in mind:-

- (a) to update existing equipment;
- (b) to supplement existing equipment;
- (c) to have periodic maintenance checks to ensure maximum functioning of such equipment.

13. Parental Counselling

13.1. On the whole, there is no large-scale organised counselling of parents of exceptional children in spite of the importance of early childhood intervention. Problems and suggested solutions with regard to counselling of parents of visually-handicapped and hearing-impaired children have been identified by Chua (1979³³, 1982³⁴) in a Penang seminar and Johor Bahru seminar respectively. The main objectives of parental counselling are as follows:-

- (1) to give moral and professional support to parents;
- (2) to assist parents in coping with feelings such as anger, rejection, overprotectiveness, guilt, shame and/or anxiety;
- (3) to guide parents in developing in their preschool children basic skills of daily living and language development;
- (4) to help parents make decisions on such matters as medical treatment, school placement and sources of help;
- (5) to assist parents in providing vocational guidance to their children.

13.2. Efforts should be made to counsel parents of exceptional children. In isolated rural areas, printed informative materials should be made available. More television, radio and the newspaper should be utilized to enlighten and guide parents.

14. Enrolment in Special Schools/Centres

14.1. Although formal education in Malaysia may be said to have begun as early as 1926 by the Anglican Mission for blind and physically handicapped children in Malacca (Chua, 1980)³⁵, the numbers enrolled in special education schools or centres seem to suggest that large numbers of exceptional children remain unidentified and unlocated. Just based on four categories of exceptional children - the visually handicapped, the hearing impaired, the mentally retarded and the physically handicapped - as shown in Table 1, about 3.41 percent of the Malaysian population aged 5-19 years or 192,910 may be said to be handicapped.

Table 1

Possible Prevalence Rates and Estimated Numbers of Handicapped Persons Aged 5-19 Years in Malaysia, 1982.

Estimated Total Population in 1982: 14,143,000^(a)

Percentage of Total Population Aged 5-19 Years: 40.0^(b)

Estimated Total Population Aged 5-19 Years: 5,657,200

<u>Type of Handicap</u>	<u>Prevalence Rate %</u> ^(b)	<u>Estimated Population</u>
Visually Handicapped	0.04	2263
Hearing Impaired	0.46	26023
Mentally Retarded	1.46	82595
Physically Handicapped (including cerebral palsy & orthopaedic cases)	1.45	82029
TOTAL	3.41	192910

(a) Malaysia, Ministry of Finance, Economic Report 1982/83. Kuala Lumpur, National Printing Department, 1982, p.7.

(b) Chua Tee Tee, A Survey of Exceptional Individuals in Selected Countries of Southeast Asia, Jurnal Pendidikan (Journal of Educational Research), University of Malaya, Vol. 7, October 1977, p.50.

14.2. As indicated in Table 2, the total number of exceptional children and youth enrolled in special schools and centres as at the end of 1982 is only 3749, or just 1.9 percent of the estimated numbers, a figure which reminds us that we have barely scratched the surface of the problem!

Table 2

Percentage of Estimated Numbers of Handicapped Children and Youth Enrolled in Special Schools/Classes in Peninsular Malaysia, 1982.

<u>Type of Handicap</u>	<u>Number Enrolled</u>	<u>Estimated Population</u>	<u>Percentage Enrolled</u>
Visually Handicapped	438	2263	19.4
Hearing Impaired	1836	26023	7.1
Mentally Retarded	1079	82595	1.3
Physically Handicapped (including cerebral palsy & orthopaedic cases)	396	82029	0.5
TOTAL	3749	192910	1.9

14.3. The mass media, particularly television, radio, newspapers and cinemas, should be used more frequently to publicize the existence of special education and rehabilitation services for exceptional individuals and to urge parents to send their children for diagnosis, registration, treatment and education. In the mean time, both government and private organisations are urged to expand physical facilities so as to reduce the long-waiting list for admission of exceptional children, particularly the mentally retarded and the physically handicapped.

Conclusion

Much has been done for the education of exceptional children and youth in Malaysia. There are facilities for the education of visually-handicapped, hearing-impaired, mentally-retarded and physically-handicapped and/or cerebral palsied children. There are even local one-year training programmes for teachers of the visually-handicapped, hearing-impaired and children with learning problems. However, much more needs to be done. Special school places need to be increased substantially, the special needs of children with behaviour problems or children who are mentally gifted need to be met, the quality of existing facilities has to be upgraded and more government support to existing private organisations has to be forthcoming. The equality of education must be interpreted as the right of every child to an equal chance to develop his potentialities to the full. Moreover, exceptional or special children without formal schooling are likely to become economic, social and cultural liabilities in adulthood and prevented from becoming taxpayers and economically independent self-respecting citizens.

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