



MINISTRY OF EDUCATION AND
SCIENCE OF THE REPUBLIC OF KAZAKHSTAN

Z.A. Movkebayeva, A.T. Iskakova

INCLUSIVE EDUCATION



Almaty, 2016

**MINISTRY OF EDUCATION AND SCIENCE OF
THE REPUBLIC OF KAZAKHSTAN**

Z.A. Movkebayeva, A.T. Iskakova

INCLUSIVE EDUCATION

Textbook

Almaty, 2016

UDC 37.0
LBC 74.00
M 91

*Approved by the Ministry of Education and Science.
Republican scientific and practical centre "Textbook"*

Reviewers:

- A.S. Magauova** – d.p.s., Professor of Al-Farabi KazNU;
B.O. Arzanbaeva – c.p.s., associate Professor, chair of the department
"Education as Socialization and as Individualization" FAO CRK Orleu;
M.A. Absatova – d.p.s., Professor of KazNPU Abai.

Movkebayeva Z.A., and etc.

M 91 Inclusive education: Textbook. / Z.A. Movkebayeva, A.T. Iskakova. / –
Almaty: Association of higher educational institutions of Kazakhstan,
2016. – 236 p.

ISBN

The content of the textbook "Inclusive Education" is aimed at the systemic formation of the professional preparation of future teachers to work in the conditions of inclusive education.

The textbook highlights in detail the basic theoretical issues of inclusive education, presents regulatory framework of this process, reviews foreign and domestic experience of inclusive education, determines the trends of development of inclusive education in the world and in the Republic of Kazakhstan, describes special educational disabilities for children with special educational needs.

Of particular practical interest can be the sections of the textbook, in which there is a representation of a system of educational services provided to the learner in the process of inclusive education, the organization of the work of an interdisciplinary team of teachers and specialists, organization of educational work in inclusive education, forms and methods of work with parents of children with special educational needs.

The textbook is designed for students and teachers of higher educational institutions, as well as a wide range of researchers and practitioners in the education system.

UDC 37.0
LBC 74.00

ISBN 978-601-7529-74-1

© Movkebayeva Z.A., Iskakova A.T., 2016
© Association of higher educational
institutions of Kazakhstan, 2016

CONTENT

| | |
|---|------------|
| INTRODUCTION..... | 5 |
| DEFINITIONS..... | 7 |
| SYMBOLS AND ABBREVIATIONS..... | 8 |
| MODULE 1. INCLUSIVE EDUCATION AS A MEANS OF REALIZATION OF STATE SOCIAL POLITICS..... | 9 |
| 1.1 The Content of Inclusive Education..... | 9 |
| 1.2 The ideology of Inclusive Education..... | 15 |
| 1.3 The models of social attitudes towards the people with special educational needs..... | 23 |
| 1.4 Children with “special educational needs” and “limited developmental capacities”..... | 34 |
| MODULE 2. LEGAL AND REGULATORY BASIS OF INCLUSIVE EDUCATION..... | 51 |
| 2.1 The international legal and regulatory basis of integrative processes..... | 51 |
| 2.2 The domestic legal and regulatory framework of integrative processes..... | 59 |
| 2.3 Foreign experience of inclusion of children with limited disabilities into mainstream education..... | 64 |
| MODULE 3. THE ORGANIZATION OF TEACHING AND EDUCATIONAL PROCESS WITH CHILDREN WITH SPECIAL EDUCATIONAL NEEDS..... | 82 |
| 3.1 Creation of the comfortable educational environment in inclusive classes..... | 82 |
| 3.2 Educational barriers of inclusion of children with disabilities in general education process..... | 91 |
| 3.3. Adaptation and modification of educational process at inclusive school..... | 108 |
| MODULE 4: MULTIDICIPLINARY INTERACTION OF TEACHERS AND SPECIALISTS..... | 134 |
| 4.1 The professional competence of a teacher in the conditions of inclusive education..... | 134 |
| 4.2 Interaction of teachers and specialists..... | 139 |
| 4.3 Functional responsibilities of teachers and various specialists in inclusive education..... | 145 |
| MODULE 5. WORK WITH THE FAMILY IN THE CONDITIONS OF INCLUSIVE EDUCATION..... | 160 |
| 5.1 Features of family education of children with special educational needs..... | 160 |
| 5.2 The difficulties that parents have at inclusive school..... | 171 |
| 5.3 The strategy of work with parents in the conditions of inclusive education..... | 176 |

MODULE 6. ASSESSMENT OF EDUCATIONAL ACHIEVEMENTS OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS..... 191
6.1 Assessment of educational results..... 191
6.2 Methods of tracking the educational results of children with special educational needs..... 194
6.3 Monitoring as the process of tracking the development of the child 198
REFERENCE LIST..... 201
APPENDIX 1..... 206
APPENDIX 2..... 208
APPENDIX 3..... 221
APPENDIX 4..... 224
APPENDIX 5..... 226
APPENDIX 6..... 229
APPENDIX 7..... 231

Introduction

In accordance with the Concept of Kazakhstan joining the number of 30 most developed countries in the world, “inclusiveness” is recognized as one of the most significant principles that will play an important role in the development of reforms. This principle assumes “an entire involvement of the population in the process of socio-economic development through the provision of equal disabilities for good education, access to health services and highly productive work for all citizens, including the most vulnerable segment of people.”

The recognition of new values of education as a social system, creating conditions for human and social development, in its turn, has had a great influence on the development of inclusive education. Inclusive education is a real way for the future, where everybody can get education, always, all their lives, for themselves and for the society. Without inclusive education there cannot be an inclusive society: a very high price now is paid by those countries where inequality of disabilities in education, selection and segregation of children on the basis of socio-economic status of their parents, abilities, psycho-physical, linguistic, cultural, ethnic, religious and other differences have led to the escalation of social conflicts, violence and instability in the society.

Accordingly, the society must provide any person with the right to choose the kind of education according to their interests, needs and disabilities. There should be a wide range of offers in the field of education. Without a competent solution to the problem of implementation of inclusive education, without eliminating the practice of infringement of the constitutional rights of people with developmental disabilities, the humiliation of their dignity, the manifestations of social discrimination, none of the countries will become a civilized state.

Today, inclusive education is being widely introduced in the Republic of Kazakhstan at all levels: at the stage of pre-school, school, vocational and higher education. One of the priorities of the State Programme of Education and Science Development for 2016 - 2019 is to increase the share of educational organizations that have created conditions for the integration of children with special needs into general education.

Large-scale introduction of inclusive education in the country, in its turn, stipulates the preparation of a modern teacher to implement inclusive education. In this connection, universities face the task of training future teachers for inclusive kindergartens and schools, capable of implementing effectively various technologies of inclusive education, regulating and

coordinating productive interaction of all participants in the educational process in an inclusive environment. It is a content-ideological, spiritual and moral, professional training of teachers capable of independently, creatively and appropriately selecting and using technologies that are suitable to work with specific educational groups, whether they are children with physical and intellectual disabilities, children of different social groups living in the city or the village, and others.

As indicated in the State Programme of Education and Science Development for 2016-2019 «in the light of new professional competencies teachers expand the area of approaches» herewith as the most important is defined the competence on the integration of pupils with special educational needs, and consulting support of parents. In order to guide the content of training of future teachers in the process of the formation of their professional readiness to work in the conditions of inclusive education, a subject «Inclusive Education» is included in the curricula of all educational specialties.

The content of this subject is aimed at the formation of the system of professional readiness of the future teachers to work in the conditions of inclusive education. As the assimilation of the content of the subject «Inclusive Education» the student will have an understanding of:

- the trends in the development of inclusive education in the world and in the Republic of Kazakhstan;
- the role of inclusive education in the socialization of the child with special educational needs;
- special educational disabilities of children with special educational needs;
- system of educational services provided to the student in the process of inclusive education;
- methods of designing individual educational trajectory of students in the area of inclusive education;
- the organization of educational work in inclusive education;
- peculiarities of the work in the “team” of specialists;
- forms and methods of work with parents of children with special educational needs.

DEFINITIONS

Adapted programme is an educational programme, adapted for education of persons with disabilities taking into account the peculiarities of their psychophysical development, individual capabilities and providing the correction of developmental disorders and social adaptation when they are in need.

Children with special educational needs are the children who suffer from permanent or temporary difficulties in obtaining education due to health, and who are in need of special, comprehensive training programmes and the programmes of additional education.

Home-based training (training at home) is a form of education that a learner receives at home, and the learning process is carried out on an individual curriculum. It is recommended for the children who cannot be taught directly in the educational organization for medical reasons.

Disability discrimination is any distinction, exclusion or restriction made on the basis of disability which has the purpose or effect of deprecation or denial of the recognition, realisation or fulfillment of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other sphere on an equal basis with others.

Physical disability is the degree of restriction of human life due to health problems with the persistent disorder of body functions.

Inclusive education is a process that ensures equal access to education for all learners, taking into account special educational needs and individual possibilities.

Integrated education is the co-education of a child with special educational needs in a group of peers with the use of special tools, techniques, and with the participation of teachers-specialists.

The modified programme is a programme, which is based on the approximate (typical) programme, but modified taking into account the features of an educational organization, the children's age and the level of training, schedule and the timing of activities, non-standard individual results of training and education.

Special conditions for education are the conditions that include special education programmes and teaching methods, technical and other means, living environment, health, social and other services, which are indispensable for the acquisition of comprehensive education and training programmes by persons (children) with special educational needs.

Special training programmes are developed on the basis of general education curricula of primary, basic secondary, general secondary education, the educational programmes of technical and vocational education and focused

on training and development of people (children) with special educational needs, taking into account the psycho-physical characteristics and cognitive capabilities of students and pupils, determined by taking into account the recommendations of the psychological, medical and educational guidance.

SYMBOLS AND ABBREVIATIONS

| | |
|----------|--|
| RK | – the Republic of Kazakhstan |
| HEI | – Higher Education Institute |
| SCES | – State Compulsory Educational Standard |
| SEN | – special educational needs |
| LCD | – limited capacity of development |
| MSD | – muscle-skeleton disorders |
| IA | - infantile autism |
| ASD | – autism spectrum disorder |
| DD | – developmental delay |
| ISCE | International Standard of Classification of Education |
| ISCED–97 | – International Standard Classification of Education |
| UNESCO | – United Nations on Education, Science and Culture. |
| UE | – United Education |
| MM | – Mass media |
| USA | The United States of America |
| UPIAS | – Union of the Physically Impaired Against Segregation |
| SENDA | –Special Educational Needs and Disability Act |
| ECM | –Every Child Matters |
| GEI | – General Education Initiative |
| NCLB | –No Child Left Behind Act |
| PMEG | – Psychological, medical and educational guidance |
| PMPC | – Psychological, medical and pedagogical consultation |
| TPT | – Therapeutic Physical Training |
| ITP | – Individual Training Plan |
| IEP | – Individual Educational Programme |
| IDP | – Individual Development Programme |
| ICT | – Information and Communication Technologies |

MODULE 1. INCLUSIVE EDUCATION AS A MEANS OF REALIZATION OF STATE SOCIAL POLITICS

1.1 The Content of Inclusive Education

In the system of basic and the most important human rights and freedom of any person is the right to education. In the Republic of Kazakhstan, as well as in all other developed countries, this right is provided to all children without exception, regardless of their social or financial status, sexual identity and religious beliefs, health conditions and etc. None of the children in our country can be deprived of this right because of any intellectual or physical disorders.

The right of all children to education is guaranteed by our state in its main law – Constitution of the Republic of Kazakhstan. In 1994 our state ratified the UN Convention on the *Inclusive education* is a state policy aimed at eliminating the barriers which disengage children, at full inclusion of all children in mainstream education and social adaptation, regardless of their age, gender, ethnicity, religious affiliation, underdevelopment or economic status, through active participation of the family, correctional, educational and targeted social support of the child's personal needs and not the child's but the adaptation of the environment to the individual characteristics and educational needs of children, i.e. through the establishment of adequate educational conditions.

Inclusive or included education is a term used to describe the learning process of children with special educational needs in comprehensive educational institutions. Inclusive education is the development of general education, which implies access to education for all people, in terms of adaptation to their various needs. Inclusive education begins with **the acknowledgment of the existence of differences between pupils**. With the development of an inclusive approach to learning such differences **are respected** and are **the bases of the educational process**.

Inclusive education is the education that gives **everyone** the opportunity to be involved in the overall process of training and education (development and socialization), despite the physical, intellectual, social, emotional, linguistic or other conditions, that will give them the opportunity to be involved in an integrated learning process and education. The basis of inclusive education is the ideology that excludes any discrimination against children and ensures equal treatment of all people, and creates special conditions for children with special educational needs. Broadly speaking, inclusive education involves teaching children with their peers, who are somewhat different from them. Ultimately, this will enable a growing person to become an equal member of society, reduce the risks of social and communication problems and social isolation.

Inclusive education, in fact, is a part of a larger strategy to build a tolerant society that accepts all people, regardless of their differences. At the core of inclusive education lies the recognition, as an axiom, of the following important facts:

1. All children are educable, i.e. can learn.
2. All children should attend the same school, regardless of their cultural and social level, and their abilities and capabilities.
3. All children are individuals with different learning needs.
4. However, growing up together, children learn to accept their own features and to take into account characteristics of other people.

In the current regulatory guidance documents it is clearly specified that the organization of inclusive education of children with developmental disabilities suggests the possibility of learning in any educational organization located at the child's place of residence, and in which the children will be provided the necessary remedial help. Such training does not separate children from their families and homes and provides them with constant communication with the family, with friends, with "normal" peers, which contributes to the effective solution of problems of social adaptation and integration into society. However, growing up together, children learn to accept their own features and to take into account the characteristics other people.

In the socio-philosophical sense inclusive education supposes a form of joint life of normal children and children with special educational needs. In this context, inclusive education is considered as the right of each student to choose a place, a method and a language of learning, provision of the conditions necessary for successful training and development of children with special educational needs in educational organizations, and the full engagement of children in the educational process. Inclusive education allows all students to participate entirely in the life of the kindergarten team, school, university, it has the ability to ensure the equality of all students and encourage their participation in all matters of the staff and public.

The provisions that lie on the basis of inclusive education are as follows:

1. The principle of equal rights of all people (respecting their individuality and taking into account their features at the same time).
2. Prohibition of discrimination of any type, i.e., any restrictions on the rights of people with special educational needs to get education and participate in social life.
3. Recognition of the rights of people with special educational needs to meet these needs in all areas of social and public life and, in particular, in education (special conditions for learning, access to social infrastructure and etc.).
4. The obligations of society to offer all necessary facilities and services for successful socialization to children with special educational needs.

5. An opportunity for all children to be enrolled in general educational institutions.

These provisions should be taken into account by pedagogical teams of pre- and secondary schools as well as by all educational community together with parents and participating people. It is important to note that inclusive education is a two-way process of mutual approach, a movement of social members towards each other:

1. Children with special educational needs, seeking to be included in the learning process, together with their peers, as well as their parents.

2. The most general education, which should create favourable organizational and functional, moral-psychological and other conditions for such inclusion.

An inclusive approach requires an understanding of children's various educational needs and the provision of services in accordance with these requirements through entire engagement in the educational process, involvement of the public and the elimination of segregation and discrimination in education. For ordinary students, inclusive education means a freedom of choosing between inclusive and normal classes and, in the case of choosing the first option, to offer him the quality and pace of training provided by educational standards, adoption and compliance of the established social norms and rules of inclusive education by the student. Under these conditions, a transition to "inclusive society" occurs, i.e., to such a type of social relations in which the differences between children are seen as a resource for mutual enrichment.

The benefits of the inclusive approach are obvious:

Creation of more favourable conditions for the socialization of the students with special educational needs.

Provision of an opportunity for closer interaction of children with special educational needs in school and during extracurricular activities.

Enhancement of teachers' skills.

Development and improvement of the new technology of training and educating children.

Entering into cooperation with the special (correctional) organizations, social and health institutions.

Inclusive education is not a static education which is difficult to change, but is a dynamic process aimed at adapting the constant learning environment to the individual characteristics of children. In a comprehensive school there can be created the conditions not only to engage a child with special educational needs in the environment of healthy peers and the following successful socialization, but also for the personal fulfillment and development of all his potential. The education system has a great potential for socio-psychological rehabilitation

of students with special needs, which is aimed at the inner transformation of the person, leading to the awakening and disclosure of their capabilities in order to maximize the full realization of the individual as a person.

The core principles of inclusive education are as follows:

1. The value of a person does not depend on his abilities and achievements.
2. Each person is capable to feel and think.
3. Everyone has the right to communicate and to be heard.
4. All human beings need each other.
5. Genuine education can only be carried out in the context of real-world relationships.
6. All people need the support and friendship of peers.
7. For all students progress is likely to be achieved in what they have abilities rather than in what they do not.
8. Diversity strengthens all aspects of human life.

The basic idea of inclusive education implies the preparedness of the education system to involve any child but not a child be prepared for inclusion. This means all the teachers and parents need to be sensitive to the fact that inclusive education is not only an open door to a comprehensive school or kindergarten, but it is a responsibility for the result of education as well. Its quality depends on the extent of educational services to meet the educational needs of children with special educational needs. As far as inclusive education suggests that a child with special educational needs should acquire knowledge within the educational standard in the same timeframe as normally developing children and, this approach is only possible with respect to children, whose level of psychophysical development corresponds to their age or close to it. According to N.N. Malofeyev [6], the organization of inclusive education becomes advanced in the preschool period. For educational organizations to adequately respond to them, it is necessary to look for effective educational strategies, to model and describe them for further practical implementation.

The main operational **principles** of the inclusive education model are:

1. The priority of interests of the child with special educational needs in all areas of their lives and social interaction.
2. Taking into account the requests and needs of children with various mental and physical development pace.
3. Respect for the right of children with development delay to get education.
4. System approach to the content, method and administration of inclusive processes.
5. Building the education and training system for a child with special educational needs taking into consideration successive educational routes; system of training and education (secondary education model, special

education, inclusive education, social rehabilitation, rehabilitation by means of additional education, combined models, etc.).

6. Development of common methodological approaches to the establishment and functioning of the rehabilitation space.

7. Continuous monitoring of emerging risks of personal or social alienation and disharmony in the environment of children and adults.

The analysis on the issue of inclusive education research reveals the following its **principles**:

- recognition of the equal value of all learners and teachers to society;
- an increase of students' participation degree in the cultural life of the schools and the simultaneous reduction of the level of learners' isolation from the whole-school life;
- restructuring of the methods of work in pre- and secondary schools so that it can entirely meet the diverse needs of all students living close to these organizations;
- the elimination of barriers to get knowledge and participate in school life for all students, not just for those who are disabled, or those who have special educational needs;
- analysis and study of the attempts to overcome the barriers and improve accessibility of schools for individual students, reforms and changes for the benefit of all students at the school as a whole;
- differences between students are the resources that contribute to the pedagogical process, rather than an obstacle to be overcome;
- recognition of the right of students to education in pre-schools and schools located at place of residence;
- improvement of the situation in kindergartens and schools in general, both for students and for teachers;
- recognition of the role of schools, not only in improving the academic performance of students, but also in the development of social values;
- development of supportive relations and cooperation between schools and local communities; recognition of inclusive education as an aspect of equality in society. [3]

An inclusive approach as realized by UNESCO is:

- active participation of all school-age children in entire educational process,
- equal disabilities for all children to get high-quality education,
- an opportunity for all children, regardless of their features, learn together,
- an opportunity for children to learn to live together,
- a basis for the development of an inclusive society and its welfare.

In 2016 the Republic of Kazakhstan ratified the Convention against Discrimination in Education and the Convention on the Rights of Persons with

Disabilities. All the provisions of the conventions are outlined in the country's legislation, including the Law "On Education", "On Social, Medical and Educational Support for Children with Disabilities", the State Programme for the Development of Education in the Republic of Kazakhstan for 2016 - 2019, etc. So, in the Law of the Republic of Kazakhstan "On education" inclusive education is defined as a process that ensures equal access to education for all learners, taking into account the special educational needs and individual possibilities [4].

In the basis for the development of inclusive education in the Republic of Kazakhstan are laid the following **basic principles and values**:

1. Equal of each child access to education in educational institutions and the opportunity to get a high quality education.

2. Recognition of the learning abilities of each child and, therefore, the necessity of creating appropriate conditions for it by the society.

3. Ensuring the rights of children to grow in a family environment and have access to the all cultural, educational, medical achievements of society.

4. Engaging parents in the educational process of children as equal partners and first teachers of their children.

5. Adaptation of the curriculum based on personality-oriented, individual approach. Programmes should encourage the development of learning skills throughout life and to aim at providing disabilities for persons with special educational needs to participate entirely in social life.

6. Admission of the fact that inclusive education involves the creation of special educational conditions necessary for providing special educational needs of children with special educational needs.

7. Use of the results of current research and practice in the implementation of the inclusive education model.

8. An interdisciplinary and team approach to educating children with special educational needs, which includess the involvement of teachers, parents, speech therapists, psychologists and other specialists.

The main requirements for the development of inclusive education are:

The inclusion of all children with different capabilities in such an educational organization that they could attend if they didn't have development features.

The number of children with special educational needs enrolled in an educational organization, is in a natural proportion to the entire pediatric population of the district or area in which this educational organization operates.

Elimination of separation, sorting and "rejection" of children on any grounds, but on the contrary, training them all together.

Children with special educational needs are educated and trained in groups (classes) according to their age, i.e., together with their peers.

Provision with special conditions for effective training and education of children with special educational needs.

Therefore, inclusive education is a fundamentally new system, where students and teachers are working on a common goal - affordable and good education for all children without exception. The development of the integration process in modern pedagogy is greatly influenced by the recognition of new values of education as a social system, creating conditions for the development of a man and society. The education system should meet the needs of students, so that everyone knows their rights, studies and develops. It is the duty of the state, the government to ensure a consistent educational policy addressed to the excluded groups of children from the general education. At the same time, the quality of education becomes an essential element in the implementation of inclusive education, and the right to education is seen as not only an access, but also the assurance of the success of every person in the educational process from early childhood to adult life in affiliation with good education and a solid foundation for further education.

By taking into account the variety of students inclusive education is designed to deal with discriminatory attitudes, create a favourable atmosphere in the society, strive to achieve the goal of education for all, as well as to improve the quality and effectiveness of education of school enrollment.

1.2 The ideology of Inclusive Education

Modern society cannot be considered complete if there is discrimination in respect of any group of people. For example, A.D. Ward claims that “any state that seeks justice and is subject to international standards of human rights should be governed by the laws that ensure all children education appropriate to their needs and abilities. With regard to the children with special needs, such a state is obliged to provide them with the opportunity to match their learning needs. [5]

Inclusive education is an essential resource for the coordinated development of the individual and society, the decisive factor in the integration of the Republic of Kazakhstan in the European Educational Space. Thus, according to the Concept on the inclusion of Kazakhstan in one of the 30 most developed countries of the world, the principle of inclusiveness is defined as one of the six principles for its implementation activities which “implies the entire involvement of the population in the process of socio-economic development through the provision of equal disabilities for a good education, access to health services and highly productive work for all citizens, including the most vulnerable segment of people”. Inclusivity increases the level of mutual trust in the society, gives confidence in the future, a sense of security, and also

increases the degree of consolidation of the society in times of economic crisis “[1]. Spiritual condition and health of the society depends on the way the society conceives the people with special educational needs, the way they fit in the community, and what place they occupy. From this perspective, a successful introduction of inclusive education is possible only in a society with a healthy moral basis. But this process is interdependent. Inclusive education, in its turn, strengthens the moral, economic and political health of the society. This profound relationship between cultural and moral education of young people and the welfare of society as a whole was noted by the academician D.S. Likhachev: “Where there is no culture there is no morality in the society. Without common morality social and economic laws do not work, decrees are not met and there can be no modern science, for it is difficult, for example, to check the experiments, worth of millions... People of high level of culture are not hostile to a foreign nationality and the opinions of others, and are not aggressive ... The low level of culture and morality, and crime will make all our efforts in any field fruitless and useless. It will be impossible to reform the economy, science and social life “. [6] In this sense, the system of inclusive education is an effective mechanism for the development of an inclusive society, i.e., developing a system of inclusive education, thus we contribute to the development of an inclusive society, a society for everyone. This is the key value of inclusive education.

Thanks to the flexibility and relatively low cost, inclusive education is exactly the area that is able to effectively resolve the political, socio-economic and cultural problems in society. It is safe to say that inclusive education from early childhood helps to develop qualities such as humanity, tolerance, willingness to help. Tolerant interaction based on the understanding and acceptance of physical, psychological, social and other characteristics becomes the basis for sustainable development and stability in society.

The benefits of inclusive education for children with special educational needs are very significant:

Children with disabilities demonstrate a higher level of social interaction with their healthy peers in an inclusive environment as compared to the children in special schools (boarding schools). This becomes particularly evident when educational institutions are deliberately engaged in activities on the socialization of children.

The inclusive environment improves social adaptation and interpersonal communication skills of children with special educational needs. This is largely due to the fact that children with disabilities have more disabilities for social interaction with their peers, which can offer samples of behaviours accepted in society.

In the inclusive environment, children with special educational needs have more intensive and challenging curriculum. This results in raising the level of their knowledge and achievements. It is clear that educational programmes provide higher and more complex levels of education than the special (correctional) educational institutions do.

The social acceptance of children with special educational needs is improved due to the classes in small groups peculiar to inclusive education. Children work together with each other on the task of the teacher in small groups, forgetting about the presence of someone with developmental disabilities. Gradually ordinary children begin to realize that they have much in common with the children with special educational needs.

In inclusive classrooms the friendship between normal children and children with special educational needs becomes common. Special investigations have found that children, enrolled in the inclusive classroom, have stronger friendships with their peers than children in special schools. It is especially clearly seen in cases where children with special needs attend general education organizations near their place of residence, and therefore have more disabilities to meet with classmates outside of school.

When becoming adults, children who have had an experience of learning in inclusive terms, later are more successfully employed than graduates of special schools.

Wages of inclusive schools graduates, on average, are three times higher than that of graduates of special schools and their financial support costs twice cheaper to the government.

But inclusive education brings benefits for children without developmental disabilities as well. These benefits include:

Ordinary learners gain an advantage by improving the overall quality of learning and the use of a variety of techniques, methods and means of teaching.

Some children with special educational needs when learning require new education technologies, for example, the use of information technologies is very often necessary for teaching children with disabilities. When using these technologies all other students in this class also benefit from their use.

Ordinary children usually benefit by means of increasing the special material and financial support of the educational process. More modern training and developmental equipment for children with special educational needs can be successfully used for their healthy peers. These resources can be used in various ways, such as organizing extra-curricular activities, inviting guests to make speech in class, provide the class with additional means of training which can be used by all children, not just children with special educational needs.

The advantage of inclusive education for ordinary learners and gifted children can be also the presence of additional teaching staff (assistant, tutor or coordinator of Inclusive Education) in the class.

Very often the additional funding goes directly to provide psychological and pedagogical support for children with disabilities. To do this, specialists are introduced to the staff of pre-school or school organization: special educators (defectologists), speech therapists, psychologists, and other specialists. The presence of other teachers and professionals in the classroom creates additional benefits for all class members.

Ordinary learners take on the mentor function, helping in the training of their peers with special educational needs (special methodical approach to learning in an inclusive class, the so-called peer-tutoring), thereby improving their self-esteem, forming their own principles, social knowledge and behaviour. Moreover, it is proven that children who help in teaching children with special educational needs demonstrate better academic knowledge than their peers do not take part in tutoring.

Children without special educational needs, studying in the inclusive classroom, have the opportunity to learn Braille or sign language in an informal and accessible form. It is understood that the acquisition of these skills are more accessible to children enrolled in the inclusive classroom, rather than to those who did not study together with the children with disabilities.

In the inclusive classroom ordinary children learn to respect and appreciate their classmates with special educational needs, see what is hidden behind the outward manifestations of disorders in psychophysical development.

In the framework of inclusive education is put the ideology that excludes any discrimination against children and ensures equal treatment of all people, and creates the conditions for children with special needs.

Ideologically, inclusive education abroad is based on *the concept of normalization* (Nire), which is based on the idea that the life and the everyday routine of people with special educational needs should be as approximate as possible to the conditions and way of life of the society in which they live. For children, this means the following:

A child with special educational needs have needs that are common to everybody, the main of which is the need for love and the environment stimulating their development.

A special needs child should lead a life that is at the highest possible close to the life of normal people.

All children can learn and it means that all of them, no matter how heavy their developmental disorders are, should be given access to education.

Education in inclusive educational institutions allow children to acquire

knowledge on human rights (although they are not specifically taught), and this leads to the decrease of discrimination, as children learn to communicate with each other, learn to recognize and accept the difference. Joint training helps to ensure that every learner feels accepted, and their ability and needs are taken into account and evaluated.

The success of the integration depends on the efforts of society and the individuals with special educational needs, aimed at the formation of the members of the Humane Society, coupled with real knowledge of the capabilities of persons with disabilities, with specific practical assistance in all areas of their life.

Tolerant interaction is manifested in the following capacities:

to accept individuality of people around them, their right to self-expression and variety of ways of life;

to have a non-judgmental perception of another person, the ability of decentration, understanding the others' position, point of view, and beliefs;

to demonstrate flexibility and adaptability in communication, ability to forgive mistakes and errors of the communication partner;

to understand the variety of positive and negative states and feelings of people;

To assist and support another person in difficult situations.

Psychological theories of social learning can be considered as the theoretical basis of inclusive education (A. Bandura, U. Bronfenbrenner, R. Sears, B. Skinner, K. Hull, and etc.). According to these theories, the central problem of development of the child is learning. And it is possible only under the influence of the immediate social environment in which the child is immersed. In this process the role of each member of the society is important. That is why a huge value in teaching practices, based on the theories of social learning, is attached to raising the educational level of parents.

Unlike the theories of social learning, typical of the western model of integration, Russian scientists stand on the positions of *the activity approach*. The essence of this approach is that the inclusion of a child with special educational needs in the peer environment occurs in the process of joint activities (gaming or learning, communicative or cognitive), which unites children, and is aimed at achieving a certain goal.

Aiming at the leading activities of an age, consideration of the sensitive periods in the development of higher mental functions, timely formation of children's typical activities and their age-related mental neogenesis are the basis that allows a specially prepared adult to carry out targeted education and training of children with special educational needs.

A review of various theoretical foundations of inclusive education indicates that:

- a key element of human development, changes of his way of life, inclusion in society is to understand their own properties, qualities, self-knowing;

- the construction of any educational system should be based on the fundamental laws and moral development of a common space of life of a Man, Society, Nature, etc .;

- reasonable study of personal and foreign experience of inclusive education, even negative, plays a huge positive role, allowing to build flexibly a strategy for the qualitative everyday routine and life of each individual.

Different terms are often used in the psycho-pedagogical and legal literature on this issue. **“Integrated Learning” and “inclusive education”** are the two terms often used interchangeably, since many teachers and schools consider them synonymous. Some teachers consider their integration programmes as inclusive ones while other schools, working inclusively, define their work as integration. Meanwhile, the differences between these terms are sufficiently significant. The main difference lies in the fact that integration is “external” sources. *Integrative programmes* are intended to involve children with different capabilities to the already existing school life and school structure. The purpose of the integrative programmes are the “normalization”, or helping children to fit into the existing training model.

Inclusive education outstands from the *integration* with the fact that from the very beginning it considers all children, without exception, as a part of the general education system. Thus, there is no need for children with special needs in any social adaptation, since they are part of the school system from the beginning. One of the goals of inclusive education is that any school should be ready in the future to accept the children with different capabilities. This can lead not only to the changes in the structure and work of the school, but also a change in the views of teachers of general and vocational education, accustomed to consider their job as teaching only certain groups of children. Most of the schools in their activities adhere to the approach, in the centre of which stands a child, his needs and requirements, and this approach requires that all teachers should be ready to meet the needs of all children. Inclusive education involves «normality» in the differences and peculiarities that exist in people. Despite the differences, all human beings belong to each particular community. And all the children who live in a certain territory have the right to go to any school.

To identify the meaning of the term «inclusive education» let us look at some of its definitions which are given in the following major international documents: Standard rules regarding the equal disabilities of persons with disabilities in the United Nations, the Convention on the Rights of the Child, the World Programme of Action concerning Disabled Persons.

A common understanding of inclusive education is presented in the materials of the Salamanca Declaration and Programme of Action concerning

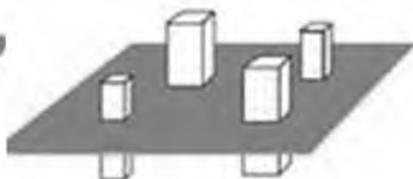
the education of children with special educational needs: «*Inclusive education is a system of educational services in the conditions of a general education institution based on the principle of ensuring the fundamental right of children to education and the right to study at the place of residence. In order to ensure equal access to good education, general education institutions should adapt training programmes and plans, methods and forms of learning, the use of existing resources, partnership with the community to individual educational needs and different forms of education for children with special needs. General educational institutions should ensure a range of services corresponding to the various educational needs of these children*». [7]

UNESCO defines ***inclusive education*** as “the process of handling and responding to the diversity of needs of all learners through increasing their participation in learning, cultures and communities, and reducing school enrollment refusals and exclusion from them.” “This will lead to changes and modifications of the approach to the structure of the content, a common vision that will apply to all children of a certain age, and to the belief that it is the responsibility of the system to educate all children.” The document “International consultation on early learning of children with special educational needs” [8] states that “*Integration* is defined as the efforts to introduce children in a regular educational environment. *Inclusive education* is a policy and process that allow all children to participate in all programmes.” The difference in approach is to recognize the fact that we are changing the education system to take into account and adapt to the individual needs of people (“inclusive education”), and not the child has to adapt to the conditions of the pre-school and school educational institutions (“integrated learning”).

Integrated education is teaching a child with special educational needs in a group of their peers. Inclusive means incorporating, inclusion has the meaning of incorporation; inclusive education is the state policy aimed at the full incorporation of all children in general education, their social adaptation, regardless of age, gender, ethnicity, religious affiliation, and underdevelopment through the active participation of the family, correctional, educational and social support to the child’s personal needs.

The main difference between the inclusive approaches from the integrative ones is that in inclusive education in comprehensive schools attitude towards the children with disabilities and their parents changes. Education Ideology changes towards greater humanization of the educational process and enhancement of educational orientation of training. Including children with special educational needs just physically in general education space is not inclusive education. The experience of such formal education shows that in

the case of inability of teachers to organize educational process in such a way as to take into account the individual needs of each child, these children are not able to participate in the learning process, and as a result, their motivation reduces and learning outcomes become worse.

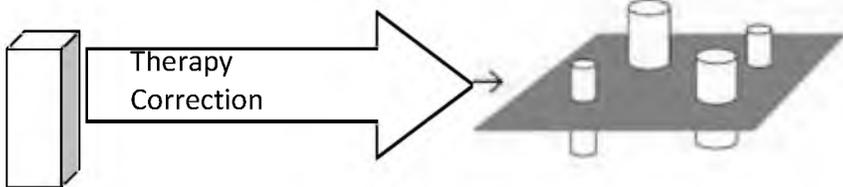


“Conventional education”

“An ordinary” child
 Round pegs for round holes
 Ordinary teachers
 Ordinary schools

“Special education”

A special needs child
 Square pegs for square holes
 Special education teachers
 Special schools



Integrated education

Adaptation of children to the system requirements
 Turning square pegs into
 Turning square pegs into

The system remains unchanged
 A child either adapts to the
 turning square pegs
 into system or becomes

Inclusive education



All children are different
 All children can learn
 There are various skills, ethnicities,
 different ages, height, background,
 gender
 Adaptation of the system to the needs
 of a child

1.3 The models of social attitudes towards the people with special educational needs

The integration of people with developmental problems in society depends on the attitude of the society towards these people, from the awareness of others about the life, especially the life of the disabled people. Historical experience shows that the transition of a country into a new path of development is always accompanied by a revision of the principles of state policy in relation to persons with special educational needs. The main periods of formation of education for persons with developmental problems abroad, are shown in Table 1 (according to Medova N.A. [9])

Table 1. The periods of formation of education for persons with developmental problems abroad

| Name of the period | A period of time | Characteristics of the period |
|--|---------------------------------------|--|
| I. Origination | VIII century. BC. - XII century. BC | Recognition and awareness of the need to consolidate the legal status of atypical children in legislation. |
| II. Awareness of learning disabilities | XII-XVIII centuries | Education of children with sensory disorders. First special organizations. |
| III. Education of three categories of children: with hearing, vision, and mental disorders | XVIII century. – Early XX century. | Opening of specialized educational institutions and the emergence of the first legislative acts on introducing special education. |
| IV. Understanding the necessity of education for all children with special needs | Early XX century – 70s of XX century. | Extending coverage of children with special needs, taking into account the type of disorder. Implementation of the «model of normalization» - the integration of children. |
| V. Inclusion of children with disabilities into society | Late 70s of XX century | Implementation of «inclusion model» of children with special educational needs in general education. |

As the analysis shows, the literature, in different stages of development of society, evolved different views about the development features: religious, medical, social. Accordingly, various researchers offered various classifications of models of social attitudes to people with special educational needs. In our

opinion, the most detailed and thorough approach to the allocation of these models is the classification proposed by Kazakh authors A.E. Dumbaev and T.V. Popova [10]. On the basis of their classification, it is possible to identify:

I. The model of various types of exclusion of people with disabilities is presented in the form of several models, which are known under the names of “model subhuman”, “a threat to society”, “an object of piteousness”, “an object of burdensome charity” and others. The names of the models themselves show a negative attitude towards the children with developmental disabilities in ancient times.

II. Moral (religious) model, historically one of the most ancient and little used today, determined the presence of the features in the development both as a shame and a religious punishment for the sins. The one who had the illness, respectively, was treated as being defective, and therefore not worthy of attention. A person with disabilities could not even count on the impersonal attitude of others, as it was believed that the deafness, blindness, madness, congenital malformation is a punishment for the sins of a man. Moral, religious model considered the features of the development as “a punishment for the sins”, demoniac possession, witchcraft and the consequences of bad karma (something bad was done in the past), or, conversely, they were ranked as the martyrs who have a godlike gift. According to a recent opinion, such people were called angels, holy fools, blessed ones who bless others. This identification of people with special needs has led to the isolation of the disabled in society and fostered in them a negative social identity. This model is now almost never used in real social policy of states which does not prevent the part of the population from having not enough positive ideas about disabilities.

III. The medical model. According to this model, a person with the disorders of mental, physical and intellectual development is considered to be sick. The medical model defines it as a medical phenomenon (“a sick man”, “a person with severe physical injuries”, “people with insufficient intellectual development”, etc.). This means that people with disabilities are considered in terms of the presence of a defect in health, medical care perspective and determination of possible treatment, which is better to carry out in a medical institution. The medical model emerged in the eighteenth century with the birth of medicine as a social institution. The medical model considers the physical and psychological differences between people using the terms of abnormalities and defects, i.e. the “inferiority» (Preiffer D.A.) [11].

The distinctive approach of the medical model is that it treats people with disabilities as an incompetent, unable to be in charge of themselves and to work, as those who need care and perhaps, dangerous for society. From the classical medical model comes out the definition of *functional limitations*, describing inferiority as the inability of a person to perform certain functions along with healthy people. In particular, the US Act of 1975 “On the rights

of persons with developmental disabilities” states the fact that the functional limitations of people can be manifested in three or more areas of human activity: the inability to care for themselves, limitations in communication, limitations in learning, mobility, self-control, lack of economic independence due to the damage, impossibility of independent existence, and others. With this approach, ailments automatically exclude the participation of such people in normal social activities, and therefore it is necessary to create special health centres, isolated special boarding schools and correctional schools. In addition, these people are in need of special social privileges, payments that fulfill, as a rule, only a minimum level of material well-being. This approach caused the consolidation of the low social status of people with developmental problems and enhanced the social stereotypes about their lack of independence and self-doubt (Campbell F.) [12].

The medical model defines the methodology of work with persons with disabilities, which is restrictive and protective in nature and involves the treatment, occupational therapy, creation of special services that help a person to survive (e.g., in case of a child’s long term occupancy in the educational institutions of residential type or in a health institution). Education, participation in economic life, and rest are closed for people with developmental problems. Instead of having these institutions adapted to the needs of all people, the society does in other way, separating people with disabilities into specially designed parallel space. In this parallel space people with disabilities are mostly non-working pensioners, or those who take up segregated, as a rule, “special” jobs for persons with disabilities, characterized by low payment and low prestige. Special schools for children with disabilities are also a reflection of the medical model, an educational service “pulls” the children to themselves, being unable to provide every one with educational services in every school and kindergarten.

Since persons with disabilities are considered to be physically disabled or mentally ill, then it is concluded that they can work with much “less pressure” than healthy people, or are unable to work at all. It was assumed that this side of a normal life, like work, is completely inaccessible for the majority of the people with difficulties in the development.

The ideology of the medical model still has some influence on legislation, social policy and organization of social services. For example, the definition of disability, which gives the World Health Organization, is very close to this model, embodying the following scheme: illness is a health condition or diagnosis (e.g., spinal injury), limited capacities are physical or functional limitations (e.g. inability to walk), disability (for example, the inability to work) [13].

IV. The social model of disability. In the 70s the concept of “normalization” appeared in Scandinavia, as an alternative to “medical model.” The normalization concept embraced new representation of the child with special

needs that opened up broad prospects, and was focused on his education in the spirit of cultural norms, accepted in the society in which he lives. This concept was adopted in the US and Canada, and was connected with the process of integration of children with special needs in the environment of healthy peers. In this context the integration was usually considered as a process of assimilation that required the person to adopt rules that were typical of the dominant culture and follow them in their behaviour. The basic idea of the concept of “normalization” was the following: a child with special needs is a person who develops and can master different activities. Therefore, society must recognize this and ensure the conditions of life as close to normal as possible.

Further development of the social model was carried out by considering the problem, not on the basis of the presence of diseases, disorders or pathologies, but on the existence and extent of the loss of the ability to live ordinary, “normal” life in the society. The social model of disabilities considers this issue as a social problem, and mainly as a question of full integration of the individual into society. In accordance with the social model the developmental problems take political meaning. Authorship of the social model (sometimes it is referred to as “an interactive model” or “a model of interaction”) is owned mainly by the people with special needs. The focus of this model is the relationship between the individual and his environment. In other words, limited disabilities as the problem are the result of social and economic oppression within the society, so people with special needs can be considered as an aggrieved group, rather than as people with whom something is wrong.

The importance of the social model is that it sees the causes of disability in an unsuitable architectural environment, imperfect laws and others. According to the social model, a person with developmental problems should be an equal individual of the public relations whom the society must provide with equal rights, equal disabilities, equal responsibilities and free choice with account of their specific needs. At the same time, people with disabilities should be able to integrate into society on their own terms, rather than being forced to adapt to the rules of the world, “healthy people”. The social model does not deny the existence of disorders and physiological differences, defining the features of the development of the individual as a normal aspect of life and points to social discrimination as the most significant problem. Thus, the presence of any developmental features of humans can be seen as a form of social inequality. The authors, the classification of whom we consider (A.E. Dumbaev and T.V. Popov [10]), indicate that among the various social models can be distinguished as follows:

- A) The British materialistic model;
- B) The British model of independent living;

- C) The model (concept) of Handicap;
- D) The concept of minority;
- E) Psychosocial model;
- F) Cultural model;
- G) The model of human diversity.

The authors point out that the so-called British model has been widely spread practice in the world which differed on important parametres such as the attitude to the transformation of the social structure and the strategy of liberation from social oppression.

A) *The British materialistic model* is a social model that stems from the theory of Karl Marx, and as a methodological framework used Marxist sociology and Marxist political economy. The materialistic model was first discovered in the United Kingdom and was called a “great idea” of the British social movement of people with developmental problems. The materialistic model contains several key elements:

- states that people with disabilities are an oppressed social group;
- makes distinction between the damage that people possess, and oppression, they face;
- defines the disability as social oppression experienced by people with disabilities.

The society, with its social institutions, is represented in the model in such a way that it makes people with disabilities the people who have health problems. Since the main purpose of capitalist production is profit, it will have little interest in the slower and less productive work of persons with persistent health disorder, identifying them as disabled.

B) *The British model of independent living* found the closure of the chains of special boarding schools for people with disabilities in the officially embarked course, and the development of various forms of service and support on the place of residence, first in Scandinavia and then in the UK and the US. This model includes a self-development, which is consistent with the ideology of an independent life. Including a system of social services that people with disabilities could delegate his limited capacities would make them an equal member of the society who makes their own decisions and have responsibility for their actions.

Normal conditions of life for people with developmental problems mean having their own houses, education, being employed, leisure time, livelihood, taking advantage of a variety of social benefits, self-service and communication skills. However, reliance on self-help, on relatives and friends mean, in a sense, a return to traditional forms of care for the people who are in need. Opponents of this model point out the following: firstly, normalization theory does not offer a satisfying explanation as to why the “special” people are oppressed and

discriminated in the capitalistic society; secondly, this model does not present an adequate all-embracing strategy of liberation from this discrimination, there are only a few tactics of “independent living”; thirdly, there is the vagueness of the definitions of “normality / abnormality” which is artificially created in the society and therefore should not be used in the assessment of individuals with developmental problems.

C) The model (concept) of Handicap

In 70 years, European researchers refused to use the term “disabled”. Gradually the word disabled has come out of use because it means “not applicable”, “the failed” and it was replaced by Anglo-Saxon word “Handicap» (hand in cap), meaning literally “hand in the hat.” Handicap is a game accidentally invented by people who were trying to somehow organize their leisure time in the absence of game material. The players perform certain actions with a bandaged hand. This hurdle has limited the possibility of playing; allowing them at least for a time, imagine themselves in the place of persons with disabilities and to understand in which socially disadvantaged conditions they are in, compared to ordinary people.

The author of this concept (F. Wood) built his model on a simple postulate: “any person can become disabled who faces obstacles, restrictions that prevent him to act normally, and as a result he is found in socially disadvantaged condition.” Handicap is philosophical, social and medical concept according to which the socialization never occurs outside of society. You can assimilate the “norm” only being in society, adapting to it. The society, on behalf of the state, then expand their capabilities and eliminates the failure, when he will be able to remove barriers, to produce a so-called “social prosthesis”: to build ramps, toilets, install elevators, traffic lights adapted for blind pedestrians, distribute Braille alphabet and others.

D) Minority concept has recently become widespread. According to this concept, people with developmental problems are considered as social minority, the rights and freedom of whom are violated by external constraints: the unavailability of the architectural environment, a limited circle of communication, limited access to the participation in all aspects of society, to information and communication, culture and sport. The content of this model determines the need for the consolidation of equal human rights of people with disabilities by legislation to participate in all aspects of society. This model orientates the society to protect the special rights of these people in the same way as similar attitude should be guaranteed to every single social group with special needs.

In this model, which considers people with disabilities as an oppressed minority, there are three basic postulates:

- the source of most of the problems, faced by people with developmental problems, first of all, is a consequence of social conditions;

- many of the necessary environmental conditions may be provided by the surrounding society and the right policy;

- finally, in a democratic society, policy should not only reflect society's attitude towards people with disabilities, but also actively influence the formation of the correct attitude towards them.

E) *The psychosocial model* treats people with developmental problems as a group of oppressed minority. Anyone with disabilities according to this model, is "branded", "stigmatized". The concept of "stigma" considers the nature of the interaction between "normal" and "stigmatized" people which can be attributed to people with disabilities. The border between healthy and "special" people, that is, between "normal" and "abnormal" is a social construct. Therefore, it becomes necessary to expand the concept of "norms" including all people with disabilities.

F) *The cultural model* was gradually formed in the second half of the 90s of the last century, and it is based on awareness of people with impaired mental and physical development of their significance, i.e., self-identification. This suggests the emergence of pride in belonging to this group, the team, and the organization brings different people with disabilities together, strengthens their social position. This desire is expressed most comprehensively in the three modern slogans: "Nothing about us without us", "Glorify your difference!", "I am disabled, but I'm proud!".

G) *The model of human diversity*, according to which persons with physical or mental problems are a multi-faceted individual, whose problems are only one of the inherent features of diversity among all mankind without evaluating component and building a hierarchy of norms, beauty and ugliness. With this approach, special needs are, in fact, the normal state of human (Garland-Thomson R.) [14]. The emphasis on the inability of the society to adapt the physical, social, working environment and its attitude towards those who are somehow unlike is the key aspect of these concepts.

V. «*The newest*» *paradigm*. A.E. Dumbaev and T.V. Popova [10] pointed out that the scientific community has recently begun to debate on the fact that the existing variants of the social model is the ideology of yesterday. Latest paradigms involve the elimination of the future concept of "disabled" and semantic associations of persons with disabilities with the unemployed. This is possible if the society removes the previously mentioned types of restrictive barriers, but does not create conditions for employment of people with special needs. In this case, only a part of this group of people, namely disabled or unemployed, will be different from other people and will receive unemployment benefits, along with other categories of unemployed people from the same financial source. There is a broader interpretation of the

concept of “unemployed” and which is more unusual, a new unique semantic association of disabled and healthy persons on the basis of lack of employment and giving a new meaning to the category of “unemployed”. Persons with developmental problems with a job, absolutely will not differ or stand out from the others in terms of society’s attitude towards them.

Summing up the consideration of the various models of public attitudes towards persons with disabilities, the native authors A.E. Dumbaev and T.V. Popova conclude that the religious and medical models emphasize the fact that this person either has a disorder, or he is limited. Thus, *the religious model* focuses on the inability of people to the social adaptation for moral reasons (“visitation”), and *the medical model* focuses on their illness, etc. These models were designed to create certain social niche for people with disabilities without trying to enroll them into the society which has lead in its turn to the creation of barriers of communication with healthy people, promote passive social and professional behaviour and lowering their status in the labour market.

The social models, defined in details by the authors, in their view, demonstrate the rejection of stereotypical attitudes, try to consider the possibility of optimal adaptation of all human beings to society both through their own efforts and revision of their own attitude towards their abilities, and due to the revision of public attitudes to the characteristics of people.

Differential criteria for medical and social models are presented in Table 2.

Table 2. The differential criteria for medical and social models

| THE MEDICAL MODEL | THE SOCIAL MODEL |
|--|--|
| The child is imperfect | Every child is valuable and accepted in the way he/she is |
| Diagnosis | Strengths and needs identified by the child and his environment |
| Attach labels | Determination of barriers and solving problems |
| The presence of features, disorders, and illnesses becomes the centre of attention | Conducting activities aimed at the result |
| Needs assessment, monitoring, therapy of disorders | The availability of standard services with the use of additional resources |
| Insulation (segregation) and the provision of separate, special services | Preparation and training for parents and specialists |

| Continued Table 2 | |
|---|---|
| Need for interpersonal communication are not taken into account | Building relationships between the people, differing among themselves |
| Recovery in the case of a more or less normal state, otherwise life in the hospital (boarding schools, etc.) under the doctors' control | The differences are welcomed and accepted. «Inclusion» of each child |
| The society remains unchanged | Society develops |

It appears that the approval of the social model in a society will lead to the disappearance of the stereotypes about the problems and disorders as diseases and disability, and will promote the harmonization of society. However, this is a long process that requires systemic measures of the state policy. Currently, the social model is reflected in a number of international documents that consider the problems of people with disabilities in the aspect of the restoration of their violated social connections. In addition to medical care for people with developmental problems, the measures to promote equal disabilities play an important role and the creation of an accessible environment for all in the society. In education, the priority of inclusive form is proclaimed: people with disabilities are beginning to be seen as people with “special educational needs”.

According to a leading specialist in the field of inclusive education N.N. Malofeev [3], the pedagogical system of modern times arise in response to a change of the attitude of society to the rights and disabilities of children with special educational needs, as a negation of the previous learning systems aimed at the previous stage of the attitudes of society. All of the modern trends in the development of national systems of vocational education have deep social and cultural roots and a definite “historical age.” It should be noted that inclusive education is a fundamentally new system for the Republic of Kazakhstan, where students and teachers are working on a common goal: affordable and quality education for all children without exception. The development of the integration process in modern pedagogy greatly influenced the recognition of new values of education as a social system, creating conditions for the development of man and society.

N.N. Malofeev [3] defines the following criteria for the development of inclusive education in Russia and abroad, which, by virtue of having common historical past, can be rightfully attributed to the Republic of Kazakhstan as well. These criteria are: the dynamics of the value orientations of society and

the education system, the number of educational institutions and categories of students with special educational needs, qualitative changes in the system of inclusive education. Using these criteria allowed N.N. Malofeev to distinguish the following periods:

Stage 1 – the dynamics of the value orientations in the education system;

Stage 2 – the formation of special education;

Stage 3 – the development of international law;

Stage 4 – the development of integration processes, special education crisis;

Stage 5 – the emergence of inclusive education.

Analyzing these steps, the famous Russian scientist claims that during the first and second periods the gradual development of preconditions of organizing the training of the blind and the deaf and dumb children takes place, in the third period, the evolution of the first special schools are beginning to be established. The fourth period is characterized by intensive deployment and differentiation of systems of special education. It is at this stage the national system of special education reaches their structural perfection and maximum coverage of the people with special needs. According to N.N. Malofeev [3], as the main advantage of the Soviet system of special education can be considered a high level of academic knowledge and work skills obtained by graduates. Many young people with impaired vision, hearing, and speech, at the end of the special schools successfully were enrolled in vocational-technical schools and universities. There are examples when young blind, deaf people or the people with cerebral palsy got higher education and defended their dissertation.

The most important in the context of development of inclusive education system appears the fifth period of evolution which was highlighted by N.N. Malofeev, and which is related to the stage of reduction of the network of special (correctional) educational organizations and intensive introduction of integrative approaches, as well as the formation of new cultural norms: respect for differences between people. During this period the priority of the inclusive form is proclaimed in the education: people with disabilities are beginning to be seen as people with “special educational needs”. Thus, there has appeared a modern form of collaborative learning: “inclusive education”, focused on creating the conditions for inclusion of the largest number of children with developmental problems in the general education system.

Improving quality of life through the implementation of inclusive approaches in education involves:

- preserving of parent-child relations and the possibility of the full participation of the child in the daily life of his family;
- getting good education, which is a factor in the future of social mobility and competitiveness in the labour market;
- acquisition of experience of positive social interaction with peers and adults;

- formation of social skills in the community to support children and adults from socially vulnerable groups, making the whole society more stable and solid.

The main characteristics of the new type of inclusive education system include:

- the freedom to choose the form of education and type of educational institution;

- the creation of educational institutions of the combined type, where children with disabilities of varying etiology can be trained together, including those with the normally developing peers;

- a new mechanism of interaction between special and general education, providing the permeability of boundaries between special and ordinary education.

In the socio-philosophical sense the inclusive education involves a form of joint life of normal children and children with special educational needs, which supports and promotes the society and the system of educational institutions. In this context, inclusive education is considered as *the right for each student to choose* the place, method and language of learning, provision of children with special educational needs with the necessary conditions for successful training and development and their full integration into the educational process of general educational organization. Inclusive education enables all students to participate fully in the life of the kindergarten team, school, institution, and it has the ability to ensure the equality of all students and to encourage their participation in all matters of staff and the public.

Thus, inclusive approach involves understanding the different educational needs of children and the provision of services in accordance with these requirements through full participation in the educational process, involvement of the public and the elimination of segregation and discrimination in education. For ordinary students, inclusive education means freedom of choice between inclusive and normal class and, in the case of choosing the first option to ensure the quality and pace of training provided by educational standards, adoption of and compliance with established social norms and rules of inclusive education by learners. Under these conditions, a transition to the “inclusive society” occurs, i.e., to the type of social relations in which the differences between children are seen as a resource for mutual enrichment.

Among the main directions of the development methodology of inclusive education the most often referred to are:

- preparing the society to accept the equality of status of children, regardless of their features; wider coverage of goals, objectives and main areas of inclusive education in the media and on the web sites of educational institutions;

- transition from the approach oriented on the defects to supporting capacity development of each child;

- diversification of the content of school education in order to meet the educational needs and interests of all categories of students;
- The use of information technology and the development of distance education to ensure equal access for everyone to good education;
- Preparing teaching staff to work in the conditions of inclusive education.

Inclusive education in the information age of the knowledge society is really the way of the future, where everybody can learn everything, always, during the whole life, for themselves and for the society, create new quality of life of people in the world based on the knowledge. At the same time, N.N. Malofeev [3] and his followers believe that the inclusion, as a leading trend of the current stage of development of the educational system, should not be a substitute for the special education system as a whole. This is only one form, which will not be a monopoly, but along with the other, the traditional and innovative forms. Collaborative learning is not opposed to special education and serves as one of its forms. Integration / Inclusion is the “child” of special education, as the “included” child with special educational needs in the general education environment stays under its patronage: he either learns in a special class (group) in a comprehensive education organization, is brought up in a mixed pre-school group, or, learning in a regular classroom (group) receives a necessary correctional help. The integration / inclusion bring together two education systems: general and special, making a permeable boundary between them. Children with disabilities should be able to realize their right to education in any type of educational organization and get the correction and educational assistance necessary for him.

1.4 Children with “special educational needs” and “limited developmental capacities”

Inclusive education gives the right to education for each child; no matter if their abilities fit or not the strict criteria of the school system. The basic provisions of inclusive education are taken as a basis for state policy in education for all developed countries, including the Republic of Kazakhstan. Thus, in Article 3 of the Law “On education” as one of the core principles of national education is considered the “**equal rights** of all people to good education and **availability** of education at all levels for the population with the consideration of intellectual development, psychophysiological and individual characteristics of each person” [4]. Consequently, the objective of the educational system is “the creation of special conditions to get education for individuals (children) with special educational needs “. [4]

Children with special educational needs, according to the Law of Kazakhstan “On Education”, are those who experience persistent or temporary difficulties in obtaining education due to their **health**, who are in need of special, comprehensive training programmes and the programmes of additional education. Respectively, the provided term in our country is mostly applied to children with disabilities and the development of people with disabilities, who have “permanent or temporary difficulties in obtaining education due to **health**.”

It should be noted that in other countries the category of children with special educational needs include all learners whose educational problems go beyond the generally accepted norms. In this respect, as an example we can suggest definition given by the French scientist G. Lefranco: “Special needs” is a term used to refer to individuals whose *social, physical or emotional features* require special attention and services, the opportunity to expand their potential is given.” Subsequently, in many foreign countries this category of children includes not only the children with health problems, but also the children who need extra attention of the psychologist and teacher. Thus, the category of children with special educational needs include:

- children with disabilities;
- migrants’ children, children of refugee families, oralmans, national minorities;
- gifted children,
- children who have difficulties in social adaptation:
 - orphans,
 - injured or aggrieved children (children who were subjected to violence)
 - children with deviant behaviour,
 - children from families with low socio-economic and socio-psychological status and others.

Despite the dissimilarity, joined together with the term “children with special educational needs”, they have one thing in common, all of these children have certain peculiarities in developing and are in need of additional support in the learning process.

However, if we talk about inclusive education in our country, we have in mind, first of all, the special educational needs of children who have disorders in the psycho-physical development.

Children with development disabilities

The category of children with special educational needs includes a group of children with development disabilities.

Children with development disabilities are those who are under 18 years old with physical and (or) mental deficiency, physical disabilities due to congenital, hereditary, acquired diseases or as a result of injury confirmed in accordance with the established procedure [15].

The category of children with disabilities includes:

1. Children with hearing disorders (deaf, hard of hearing, late deafened);
2. Children with vision disorders (blind, visually impaired, late blinded);
3. Children with impaired function of the musculoskeletal system;
4. Children with speech disorders;
5. Children with intellectual retardation;
6. Children with mental retardation;
7. Children with the disorder of emotional and volitional sphere and behaviour;
8. Children with complex disorders, including deafblindness.

Children with hearing disorders

Children with hearing disorders are a special group of society, because they have no disabilities for full communication with the environment. Hearing is a means of perceiving the world, which is filled with different sounds: laughter and voices of the people, the rustling of leaves and birdsong. Complete or partial loss of hearing of a child is the only physical defect, which leads to the intelligence deficiency and mental retardation of the child.

Statistics have revealed that approximately 10% of the population in any country have different hearing disorders.

On condition of hearing children are divided into *hard of hearing* and **deaf**. **Deaf children** are those who have deficiency of hearing sense which cannot be used by them for their own accumulation of speech stock. Deafness can be full only in exceptional cases. Usually, hearing remains saved, allowing the individual to perceive some sounds: very loud, sharp, low. Coherent perception of speech by deaf children is impossible.

Hard of hearing children are those who have partial hearing impairment that obstructs speech development, but retains the ability of self-mastery of speech by means of hearing. In contrast to deaf children hard of hearing children have residual hearing, which can be effectively used in the process of learning to communicate with others and know the surrounding reality. Hardness of hearing may be expressed to various degrees. For example, one hard of hearing child can hear the speech of conversational volume at a distance of 4-6 metres and may have difficulties in perception of only whispered speech. Another hard of hearing child barely perceives the familiar words pronounced at a conversational volume near his ears.

Congenital hardness of hearing and the hardness of hearing that has occurred at an early age (until the age of 3) lead to the disturbance of normal speech development of a child. In severe cases of hearing disturbance, without any special training, the child never obtains speech. This occurs because the child does not hear his own voice, he does not hear the speech of others and, therefore, cannot imitate it. The sharp speech underdevelopment or its

absentation makes it difficult for the deaf child to come into contact with the environment, disrupt the formation of cognitive activity and personality.

Children with hearing disorders can be characterized by the following common features of development:

- speech and communication difficulties;
- distinction of perception, attention, memory and thinking;
- specificity of formation of emotional and volitional sphere;
- uniqueness of personality formation;
- difficulties in socialising.

With timely and systematically correctional work carried out for a long time with speech therapists the level of verbal and cognitive development (even of deaf children) can be as close as possible to the development of a healthy child. For example, the children with hearing disorders with targeted and adequate remedial work carried out since the first months of their lives, by the age of 3-5, despite the severe hearing disorders or even deafness, can bring together the levels of not only common, but also speech development with the age norm. In this case, they own the expanded phrase speech, easily communicate with adults and children, talk about what they see, what happened, read poetry, sing along songs, understand well the speech addressed to them which they perceive both visually and aurally, i.e., looking at the lips of the speaker, while listening to him with the help of individual hearing aids. The sound of their own voice, as a rule, differs little from their hearing peers. If a stranger does not see the individual hearing aids on the child, which he constantly uses, he does not even suspect that a child has something wrong. Such children in the future, as a rule, are taught together with hearing children in comprehensive schools and kindergartens. Nowadays, children's deafness is not a verdict. Children with hearing disorders can become full members of society, if parents and professionals are concerned as well. Deaf or hard of hearing children will feel happy in a positive emotional environment, and with the support of specialists. The potential of children with hearing disorders is very high; they can be, on a maximum level of general and speech development, be close with healthy peers and successfully learn with them.

Children with visual disorders

Visual pathology of children affects their ability to get acquainted with the environment and their further development. For successful adaptation of the child in adult life it is necessary to pay special attention to their development and education.

There are the following groups of children with visual disorders:

1. Blind children whose visual acuity in the better sighted eye is from 0.01 to 0.04;

2. Children with visual disorders whose visual acuity in the better sighted eye in the result of correction is from 0.05 to 0.2;

3. Children with strabismus and amblyopia with visual acuity less than 0.3.

The child's psyche is affected by the formation period of the visual pathology, its severity, comorbidities, treatment efficiency and the situation in the family. The sooner the defect is revealed and the more it is expressed, the more mental development is impaired.

Abnormalities in cognitive activity are observed in the children with profound visual disorders:

- The total number of received information from the outside world is reduced, so their ideas and knowledge on subjects of the real world is very scarce and is presented only in general terms.

- Because of the lack of visual perception the children have limited possibilities of forming visual images, imagination and memory.

- It is peculiar to the children with visual disorders to have characteristic features of spatial orientation and mobility in space.

- They may have less cognitive activity, lack of communication and speech development and others.

- Due to the visual defects children may be in a state of anxiety and be insecure of their abilities and capabilities. The change of the situation and familiar operational environment can cause stress in children with visual disorders. All this affects the formation of the child's personality and emotional and volitional sphere.

- The children with visual disorders may be dependent on adults and their peers; they may have fear of new conditions and changes as well. Psychological complexes appear.

- Some changes take place in the physical development of children with visual disorders: degradation of the movements accuracy, their intensity, the gait becomes specific.

- Formation of skills of self-care slows down.

However, a visually impaired child retains considerable scope of psychophysical development and the possibility of full cognition. Standard mental activity of children is based on those analyzers and feelings that had been preserved (tactile, auditory, kinetic, etc.). It is on this sensorial basis are formed those higher forms of cognitive activity (voluntary attention, thinking, speech, logical memory). Therefore it is very important to help a child with visual disorders use effectively tactile sense, hearing, kinetic-tactile sensitivity that in some way compensates for the lack of visual deficiency. Formation and development of mental and physical system in these children is directly related to correctional work, with the formation of compensatory abilities.

Children with speech disorders

Speech disorders are most often found among children. Such disorders are quite diverse. With regard to the severity levels, there can be highlighted two of them:

- disorders of the first level of severity allow the child to get education in a common school (or attend common kindergartens, in many of which there is a speech therapist),
- disorders of the second level require that the education of children with speech disorders should be carried out in special classes (groups), kindergartens and schools.

The simplest of these is the articulation deficiency: children omit, distort or replace one or more sounds. The most complex cases of speech disorders are observed among children when the all speech components are impaired: vocabulary, grammar, connected speech and articulation.

It is peculiar to the children with speech disorders:

- to have less amount of information and ideas about the surrounding environment (compared with normally developing children);
- dischronation, lack of sensory and spatial inference,
- decrease of the ability to remember visual and auditory material,
- lack of focus and concentration,
- decrease of the level of logical generalizations, lack of the ability to build inferences, establish cause-and-effect relationships, etc.,
- poor development of hand movements and speech organs, and others.

All types of speech disorders are divided into two groups, depending on what speech is impaired:

1. The speech disorders, the severity of which may differ: from the almost complete absence of speech to the expanded speech with separate elements of its imperfections.

2. Disorders of written speech.

Children with the speech disorders do not fall behind their peers on the intellectual development, yet they need a timely and differentiated impact of speech therapy. Logopedic work should begin as soon as possible to eliminate the deficiencies so that they could not affect the further development of the child: thier preparedness for successful assimilation of school knowledge, the full development of mental processes and, in general, the formation of personality.

Children with the disorders of the musculoskeletal system

When there are the disorders of the musculoskeletal system the leading ones are the movement disorders, which are mainly related to the disorder of the central nervous system and damage of the motor areas of the brain. A

feature of motor disorders among children is that they exist since birth, and affect the entire course of their further development.

According to the severity level of movement disorders and formation of motor skills (primarily walking and self-service), children with disorders of the musculoskeletal system are divided into three groups:

Group 1 – *severe disorder*. This group may include 10-15% of children. These children have difficulty walking on their own and move only by means of crutches, walking-sticks, orthopedic devices, special shoes; their gait is very unstable, and they are in need of constant care when walking up or downstairs; have incomplete skills of self-service.

Group 2 – *medium severity*. Most of the children (50-60%) have medium severity of damage: they are able to move on their own steadily enough, but within a limited distance, mainly within the building and the area around it. When moving outside the building or the territory they might be in need of physical assistance. They have the skills of self-service, but these skills are not developed sufficiently. The children have difficulties with fine differentiated hand movements and often have a variety of malposition of the limbs.

Group 3 – *mild severity of acropathology*. This degree of impairment is found in 25-40% of children. These children are able to move on their own, even around the city, have sufficient skills of self-service. However, they perform many movements improperly.

The above discussed way of dividing children into groups characterizes not only the severity of motor disorders, but as well as the adaptation peculiarities of the child to his defect. It should be noted that it is peculiar to all groups of children to have difficulty in mastering school skills. As a result of tremor and the coordination disorder of fine finger movements, motor writing skills of children with disorders of the musculoskeletal system is formed with a great difficulty, writing remains uneven, ragged and with jagged capital letters for a long time that does not comply with a standard.

Children with intellectual disorders (mentally retarded children)

The term “mental retardation” defines a constantly expressed disorder of the cognitive activity of a child, which arose on the basis of an organic lesion of the central nervous system. The degree of damage of the central nervous system may have various severities, time of onset and etc.

Intellectual disorders are classified as follows:

1. *Mild intellectual disorders*. A distinctive feature of these children is the capacity for purposeful activity within the available to them tasks. Children with mild mental disabilities willingly communicate with their peers. They are able to acquire knowledge, though not completely. In adulthood, people with such a diagnosis can successfully live and work in the community, although they might need some help.

2. *Moderate intellectual disorders.* Children with moderate mental retardation account for about 10% of all children with intellectual disabilities. Disorder of intelligence is found in early or pre-school age, i.e., in the early stages of a child's development. Moderate mental retardation is diagnosed most among the children with Down syndrome. Pre- and primary school children can communicate with other people and take care of themselves provided proper guidance. Adolescents with moderate mental retardation have difficulties in the assimilation of social norms and, as a consequence, difficulties in communicating with their peers.

3. *Severe intellectual disorders.* The children with severe mental retardation account for 3-4% of the children with intellectual disabilities. The diagnosis is made at an early age, as the physical features and developmental disorders are manifested clearly in the first months of life. The ability of these children to sit, crawl, walk, and other stages of development are manifested much later. Intellectual disorders are usually accompanied by the problems with the physical development or health. In early childhood, the speech of these children is completely absent. The children with severe mental retardation are able to make up sentences (of 2-3 words) only by the age of 10-12.

4. *Profound intellectual disorders.* Children with profound intellectual disorders account for 1-2% of all children with intellectual disabilities. They are diagnosed in infancy. Significant developmental delays are observed in such babies. It requires a long and intensive training to teach them to eat, get dressed, use the toilet and take care of themselves.

The psyche of mentally disabled children is characterized by the following symptoms:

1. Persistent disorder of cognitive activity which is expressed in the absence of knowledge needs, hypo psychosis, inability to analyze and summarize, to highlight the main point, compare, find similarities, evaluate themselves and their work.

2. It is noted that they have insufficient levels of mental activity: visual-motor, visual-figurative, verbal and logical thinking.

3. Analysis of the visual perception of a real object or image is poor and fragmented.

4. The perception is characterized by slower pace and small volume, so the formation of knowledge and the development of motor actions require more time. The difficulties of perception of space and time prevent orientate in the environment, to capture the internal relationship.

5. The speech activity is underdeveloped and all its aspects are poor: phonetic, lexical, grammatical. Typical delay of the speech formation and understanding of speech are observed. At high school vocabulary is enriched, but there is still a deficit of words that define the natural properties of the

human, and the sentences are mostly simple. Some children are forced to use gestures and other non-verbal signs to explain what they want. As a result, the difficulties of verbal communication are noted.

6. Remembering is characterized by poor development and low level of memorization, retention and reproduction. Especially there is a great difficulty in sensible memorizing. They quickly forget as well what is kept in mechanical memory. This concerns both the verbal material and movement. Therefore, each physical exercise or an instruction requires multiple repetition, and vivid emotional experiences that caused a big interest are better remembered. It is ineffective to make them memorize the material.

7. The attention of the children is distracted and unstable. They cannot focus their attention on one thing for a long time and they easily get distracted. It can be seen in the situation when there occur any difficulties they try to avoid them and shift their attention to something else.

8. The volitional processes of the children are significantly affected as well. They are extremely passive and are not able to guide their activities. They are often characterized by an immediate impulsive response to external impressions and the inability to resist the will of another person.

9. Emotional sphere of these children also has a number of features. They may have insufficiently or improperly expressed emotions, they do not show any feelings, and they experience difficulty understanding facial expressions and expressive movements. Now and then there are cases of emotional falling and hyperthymia. There is underdevelopment of skills of play activity, they are happy to play the games familiar to them and have difficulty mastering the new ones.

10. There have been noted problems with building friendly relations. Children with intellectual disabilities may not always understand what other children want from them and what their words and facial expressions really express. That's why it is difficult for them to get engaged in games and general social activities that require compliance with certain rules of behaviour.

11. Great difficulties are observed in the learning process as well. Since the mental retardation affects language skills, quick thinking, the ability to perceive information and solve logical problems, etc., it causes difficulties in the learning process.

Influenced by training and education the mentally disabled children develop, acquire certain knowledge and skills, though their progress is slow and irregular. This is due to the heterogeneity of the learners, different potentials of the children with various levels of mental retardation. Education is of primary importance for mentally disabled children as the formation of cognitive activity of individuals takes place during the learning process and the correction of development problems is carried out. During the training

it is necessary to take into account not only the peculiarities of the children but also the development possibilities of each child. Correctional influence should be directed, first of all, to the advancement of the learners' development possibilities.

Many intellectually disabled people are able to achieve economic and social independence with the equivalent to an initial stage of general education.

Children with a development delay

Development delay of a child means that there is a significant underdevelopment of mental abilities and behavioural skills according to the actual age of a child. This state lasts quite a short period of time.

The characteristic features of the children with a development delay might be as follows: the predominance of the emotional motivation of behaviour, high mood, ingenuousness and vivid emotions with superficialism and instability, responsiveness to suggestion. Difficulties in learning, often experienced by these children in the lower grades, are associated with immaturity of motivational sphere and personality in general; there is a predominance of game appeal. Development delay is a disorder of the normal rate of mental development, in consequence of which the child of school age continues to remain within pre-school, game appeal.

There are typical features peculiar to all children with development delay:

1. A child with a development delay is notable for their naivete, lack of independence, spontaneity, conflicts with peers. They do not perceive or perform school requirements. There is a predominance of forms of gaming activity.

2. It is difficult for a child with development delay to organize, regulate and plan their own purposeful activity.

3. Children with development delay are noted for slowness of perception and cognitive information processing aurally, the child needs to be clearly and practically supported with detailed, step by step instructions. Verbal and logical thinking is underdeveloped, so the child cannot master the mental operations for a long time.

4. Children with development delay have low level of performance and easy fatigability.

5. Children with development delay of primary school age find it difficult to master the programme of secondary school, the assimilation of which does not correspond to a slow rate of their development. As a result, in a secondary school without the psychological and educational support such children might be aware of their incompetence, they have a sense of self-doubt, fear of punishment and care for more affordable activities.

6. The attention of children with development delay is characterized by instability, high distractibility and the lack of concentration on a subject.

7. Children with development delay are characterized by a low level of

cognitive activity, which is manifested in a lack of curiosity. These children either do not ask questions at all, or ask questions, which relate only to the external properties of objects and phenomena.

8. It is characteristic to children with development delay to have impulsiveness, disinhibition and increased physical activity or, on the contrary, sluggishness and inactivity.

9. Many children with development delay are marked for their features of oral speech: lack of articulation, phonemic awareness, vocabulary, disorder of logical construction of coherent expression. For example, there is fixedness of attention on the minor details and dismissing of important logical link, disorder of conveying sequence of events, slipping from one topic to another.

10. Children with development delay are characterized by numerous specific errors in writing.

11. There are considerable difficulties in cooperating with others, building friendship and personal relationships because of the limited skills of the process of cognition, the underdevelopment of speech, unusual or inappropriate behaviour.

With timely diagnosis, treatment and psycho-pedagogical support the children with development delay are capable of a rapid progress in mental development and behavioural skills acquisition, and further, of a normal living in the community and further activity. They are able to get an education and a profession, and as an adult, develop excellent social and communication skills

Early infantile autism

Autism is the state of psyche which is characterized by unsociability, lack of need for communication, preference of the inner world to contacts with people around. The term “autism” means “separation from reality, retiring into oneself, absence or a paradoxicality of reactions to external influences, passivity and supervulnerability in contacting with surrounding people”. Autism is met more often than the isolated deafness and blindness, however statistical data on its prevalence are ambiguous.

The main symptom of this disorder is a disorder of communication, the child’s contact with others, retiring into his inner world. The child is immersed in his own illusory world and experiences. He is unsociable, refuses to communicate, does not look into the eyes of others, avoids physical contact, affection, and etc. The reluctance to communicate is manifested in relation to all others. Disorder of eye contact is manifested in the lack of fixing eyes on the human face, avoiding eye contact, look “past”, “through”.

Children refuse to participate in group games; it is peculiar to them to play individually. Monotonous physical activity is characteristic of such children: they can go around for a long time, perform stereotypic movements, whisper

something, and cry out separate sounds and words. Obsession to play the same game or to draw the same pictures can be observed among the children with early infantile autism.

Stereotype of mechanical movements and actions (for example, repeated switching on and off the light) is peculiar to them. Motor anxiety alternates with posturing, mental block. Often children with early infantile autism speak about themselves in the second or third person; they have disorders of oral speech. A distinctive feature of children with autism is discontinuity of mental development in general, and also separate psychomotor functions. The intelligence of children with autism can be normal, but developed inharmoniously, in some cases there might be mental retardation, in the other endowments. Often children with early autism have various associated diseases: epilepsy, disorder of sight or hearing, somatic diseases, injuries of the brain, etc.

Autism is most brightly manifested at the age of 3–5, and among its most characteristic manifestations it is possible to name the following:

- the autistic child doesn't fix an eye, especially on a face, details of the other person's face, doesn't make an "eye to eye" visual contact;
- the first smile, though, appears in time, but isn't addressed to someone specifically, is not provoked by a laughter or joy;
- the autistic child treats people indifferently: they do not ask to carry them in arms, often prefer to be in bed, in a baby cot, a baby stroller, at the same time sometimes easily goes on hands to other people;
- the autistic child recognizes his relatives, but at the same time doesn't show any vivid emotional reactions;
- the child with autism treats caress unusually: sometimes indifferently (tolerates it) or might show disinclination, but even if he feels pleasant feelings and experiences, then they quickly get bored;
- their attitude to the moments of discomfort (for example, disturbance of dietary regime) can be paradoxical: the autistic child does not tolerate any changes in time or conditions of meal (the same time, the same ware, etc. have to be kept strictly), or they might be indifferent to them;
- the needs for contacts with other people (even relatives) are also paradoxical: in some cases the child doesn't have such needs or they quickly get bored, i.e. try to avoid contacts; in more severe cases (especially tactile) they are indifferent to any contacts.

Anyway, there should be a careful attitude towards the evaluation of an autistic child's intellectual ability which is associated with another feature - the uneven development of individual intellectual functions. So, different (sometimes even outstanding) calculation capacities (the child easily adds, subtracts, multiplies, divides) are combined with the inability to understand

the meaning of a simple task, or having a good spatial orientation the child is not able to properly lay out a text on the paper.

According to the Institute of Correctional Pedagogy of the Russian Academy of Education, when proper corrective work is carried out timely:

- 60% of autistic children can be trained in a secondary school,
- 30% in a special (correctional) school
- 10% have home-based training and are adapted in the family conditions.

In the cases when the correctional work is not carried out by specialist teachers, psychologists and speech therapists:

- 75% of the children with autism do not adapt socially,
- 22-23% of the children are adapted on a relative level, i.e. need constant care;
- only 2-3% reach a satisfactory level of social adaptation .

Thus, *persons with disabilities* have functional difficulties as a result of disease, abnormalities or underdevelopment, for health reasons, and others. The term “limited capacity” primarily does not mean that children have any limited capabilities but it means the existence of prejudice in society with regard to the persons with disabilities and a variety of barriers as a result of the inadaptability of the environment to their specific needs.

The mechanism of such disabilities can be followed by this scheme:



The disability can be caused by a lack of, or inadequacy of educational programmes, health and social services necessary for a particular child, teenager or adult. Disabilities are not only a quantitative factor (i.e., a person simply hears or sees worse, he is limited in movement and so on.). This is an integral, systemic change of a personality as a whole, this is “a different” child”, “a different” person, unlike others, and needs quite different than usual conditions of education in order to overcome the limit and solve the education problem which is faced by any person.

To do this, he needs not only to cope with the educational programmes in a special way, but also needs to form and develop the skills of his life competency

(social adaptation): the skills of orientation in space and time, self-service and social and domestic orientation, various forms of communication, skills of regulating consciously his own behaviour in the society, physical and social mobility; fulfill the lack of knowledge about the surrounding world, associated with human limitation; develop motivational, emotional and volitional sphere; form and develop the ability to live independently in the community.

Modern views on the disabilities of people are based on their understanding of it not as a disorder (pathology), but as a process in which the disorder of constitution, bodily functions or environmental conditions reduce human activity and make their social activities difficult. One of the main objectives in the development of civil society is to integrate a disabled person, provide them with the opportunity to develop their individual capacities, provide access to education, to information, to cultural and educational institutions and organizations, transport, overcoming the negative attitude and etc. At the same time one of the leading problems of effective integration of people with health problems in society is to provide him an opportunity to get a good education.

Today's society is gradually coming towards the conclusion that a human duty is to create conditions for the development of every human being, the essential one of which is good education. This has caused the changes in the attitude of the society and the state towards the children with disabilities, involving ensuring their right to education under equal conditions with their normally developing peers.

In traditional education system of the Republic of Kazakhstan children with a developmental disorder are educated in special (correctional) schools or are trained at home.

Disadvantages of training in special (correctional) schools:

1. When attending a special (correctional) school the child has to spend a lot of time travelling to school or has to stay in the boarding school, which deprives him of his usual environment.

2. A disabled child is deficient of communication with healthy peers.

3. Special schools enclose their learners with visual, hearing, speech or mental disorders in the narrow circle of the school community, create a closed world, in which everything is adapted to the defect of the child, everything focuses the learners' attention on their handicaps and does not introduce into the real life.

4. Education in a special (correctional) school mainly aims at: developing all correctional and pedagogical work in the way that brings the learners' physical and mental development as close as possible to the "norm". However, as it was noted by N.N. Malofeyev, no one thinks that a "special needs child" has the right to live a fulfilling life, communicate with peers, play games, have care and attention of their family, who do not continually pursue corrective aims [3].

Despite the fact that an extensive network of specialized educational institutions (special (correctional) schools and kindergartens, rehabilitation centres, offices of psychological and pedagogical correction, and others.) has developed, in the last decade in the Republic of Kazakhstan a significant change has taken place in the attitude of society towards the persons with disabilities. There is increased awareness that psychophysical disorders do not deny human nature, the ability to feel, experience and acquire social experience. People start understanding that it is necessary to create favourable conditions for the development of each child, taking into account their individual learning needs and abilities. There is a new set of goal: to treat each child making emphasis on *what they can* do in spite of the existing disorders but not on *what he cannot* because of their handicaps.

In the early twentieth century, a prominent psychologist L.S. Vygotsky [16] pointed out the need to establish a system of education in which it would be possible to organically interlink special education with the education of children with normal development. One form of the effective development of children with disabilities, according to L.S. Vygotsky, should be the group. Emphasizing its dominant role in the process of development and education, the author proves the necessity of groups consisting of children with various intellectual underdevelopment degrees. When the groups are rather homogeneous it is detrimental to both disabled and healthy children, depriving them of disabilities. Intellectually capable children cannot show their social activity while the children with developmental disorders are deprived of the possibility of collective cooperation and communication with the more gifted children. This leads to burdening of their disorders and the postprimary retardation in the cognitive field. Therefore, the main task of training a child with a developmental disorder, as considered by L.S. Vygotsky, is their integration in the peer team.

L.S. Vygotsky's ideas on the integration of special and general education have been realized in recent years in the form of inclusive education, the main objective of which is to provide children and youth with disabilities with full and effective education so that they could live a fulfilling life. The recognition of the new values of education as a social system, creating conditions for human and social development, in its turn, has had a great influence on the development of inclusive education. The development of ideas on joint training of children with disabilities with healthy peers is the requirement of the present day. It is a natural stage of development of education for these children. Every child with disabilities should be able to implement their right to get education in any type of educational organization and receive, at the same time, necessary special care.

However, it should be taken into consideration that the joint education of

children with developmental disorders with healthy peers can only be effective with available:

- additional medical and psycho-pedagogical correctional care;
- psychological preparedness of the child with a developmental disability to join their healthy peers;
- the desire of parents to send them to general education kindergarten or school, their active participation in the education and upbringing of the child and etc.

Theoretical questions

1. Expand the essence of inclusive education.
2. Define the concept of “inclusive education”.
3. Expand the ideology of inclusive education.
4. Describe the existing models of public attitudes towards people with developmental problems.
5. Show the differentiation in the definitions of “inclusive education” and “integrated learning”.

Practical exercises

1. Read the famous phrase of the famous Kazakh philosopher Abay: “Who poisoned Socrates, burned Joan of Arc, crucified Christ, buried Muhammad in the remains of a camel? The Crowd. Then the crowd has no mind. Find a way to put it on the right track”. Consider this aphorism regarding the history of attitudes towards the people with special educational needs in ancient and medieval times, and nowadays.

2. Comment on the quote of Helen Keller, who was deaf and blind since her childhood, but, despite this, graduated from the university, overcame all barriers and left behind a precious literary heritage.

Explain, what the analogy of space and “other worlds” is associated with in relation to the attitude of society towards people with special educational needs?

“Yet none of the pessimists has not penetrated into the secrets of the stars, has not opened unknown land and has not opened a new heaven before the human spirit”. “How often do we rush into the endless cosmic abyss with the hope to meet there other intelligent beings in our dreams and fantasies! And how often, when faced with these “other worlds” at home, at work, in a transport, we do not see proper to look deeper into these “other worlds” in order to understand them, to make contact, to accept its difference from all the other, to learn from it and to learn something good, bright, harmonious ... Even more it is difficult not to fall in such contacts to a primitive comparison - who is better and who is worse ... Very often, when faced with “other people” who developed physically or mentally not as it is “accepted” by society, people put

a wall between themselves and the “other” ... And if there is any relationship, they are often based on the principle “sick - healthy” or (that is a thousand times worse!) - “full - defective.” Although, if you look, can you call these people “defective”?

3. Analyse a quote from the book by Dr. Bill Albert, “The British Movement of the Disabled and the Social model of disability” and determine the differences between the medical and social models of social attitudes towards persons with developmental problems:

“To see the differences between these two models and the way they affect the action in society, let’s look at the image of a man in a wheelchair who wants to borrow a book from the public library. Why he cannot get to the library? If we examine this image through the glasses of the medical model, the answer is, “Because he is in a wheelchair ” The problem is in a wheelchair The essence of the problem is the disabled person, so we need to “fix” him. But if we cannot do that, and we know that most people with disabilities cannot be “repaired”? Well, then he cannot get to the library. This problem is difficult to solve.

However, if we look at the same image through spectacle lens of the social model that give us more disabilities, then we will see a completely different reality. Now we realize that this man cannot get to the library because of the stairs. And this, I must stress, is the only reason why he cannot get to the library.

Architects, builders, planners, who built the library, did not consider people with disabilities as part of “society.” And the attitude, perception and action of these professionals have created an environment that makes people disabled. If a ramp has been built, it is quite clear that this person in this situation would not have been disabled, as he could go to and leave the library as well as any other person. Thus, the use of the social model points gives us a clear and accurate picture of the causes of disability, as well as the immediate answer to how we can overcome this disabling barrier

If you use a “social approach”, it turns out that the “wheelchair user” is invalid only because the buildings are equipped with stairs, not ramps. Deaf person is disabled because he cannot be provided a text phone service so he could communicate. Mentally retarded people are people with disabilities when the information is not presented in an appropriate, understandable for them form. This is a completely different point of view on disability. From this viewpoint, the disabled are no longer a problem on their own. We begin to break those artificial barriers that society has set for us. For us, a disability is “ the loss or limitation of disabilities to participate in society on equal conditions with others due to physical or social barriers” (definition given in 1981 by the International Organization of Disabled Persons and approved by the British Council of the Disabled).

MODULE 2. LEGAL AND REGULATORY BASIS OF INCLUSIVE EDUCATION

2.1 The international legal and regulatory basis of integrative processes

2.2 The domestic legal and regulatory basis of integrative processes

2.3 The foreign experience of inclusion of children with disabilities into general education

2.1 The international legal and regulatory basis of integrative processes

The United Nations (UN) is the initiator of realization of the equal rights of children with special educational needs in the education system. Since its foundation (1945) the UN draws the attention of the states to the issues of the rights of people with special educational needs in receiving high-quality and affordable education, which are reflected in a number of UN documents: the Universal Declaration of Human Rights (1948), the Convention on against discrimination in education (1960), the Declaration of rights of the child (1959), the Declaration on the rights of disabled Persons (1975), the World Programme of action concerning disabled Persons (1982), the UN Convention on the rights of the child (1989), the World Declaration on education for all (1990), the UN Standard rules on the equalization of disabilities for persons with disabilities (1993), the UN Convention on the Rights of Persons with Disabilities (2005) and others.

For the first time ever the states internationally recognized the existence of the human right to education in the **Universal Declaration of Human Rights**, which was adopted in 1948. It proclaimed humanistic values and uniqueness of education: "... Education should be directed to the entire development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. Education should promote understanding, tolerance and friendship among all nations, racial or religious groups, and should further the activities of the United Nations on peacekeeping ...". Article 26 of the Universal Declaration of Human Rights states: "Everyone has the right to education ... Technical and professional education should be made generally available and higher education should be equally accessible to all on everybody's capabilities."

The Universal Declaration of Human Rights separately indicates the need to provide the right to education for people with special educational needs (including the disabled). Thus, Article 120 says that "The member states should adopt policies which recognize the right of persons with disabilities to have the same educational disabilities as other persons. Education of persons with disabilities should take place within the general school system as far

as possible. Responsibility for their education should be should be laid on the education authorities. The laws relating to compulsory education should include children with all types of disabilities, including the most severe forms.” However, it is noted that the education system for children and adults who are disabled, should be:

a) *individualized* - that is, based on the estimated and agreed needs of each student and designed to achieve clearly defined learning objectives and short-term objectives that are regularly re-examined and revised as necessary;

b) *available to the local population* - that is, it should be a short distance from home or place of residence of a student except in special cases where the needs of the student cannot be achieved in such institutions;

c) *comprehensive* - that is, it should serve all people with special needs, regardless of age and degree of disability, so that no single school-aged child is deprived of access to education due to their degree of disability or receive much worse education than that which is given to other students;

d) *propose a number of possibilities* in accordance with the terms of the special needs of this group of the population (Article 122).

The Declaration of Rights of the Child, proclaimed by resolution of the United Nations General Assembly (UN) on 20 November 1959, the following principles are found among the fundamental principles:

- The child who is physically, mentally or socially handicapped should be given the special treatment, education and care required by their particular condition.

- The child has the right to get education, which should be free and compulsory, at least in the initial stages, and should be given an education which will promote his general cultural development and enable them, on a basis of equality of opportunity to develop their abilities and become a useful member of the society.

- The child should be protected from practices which may foster racial, religious or any other forms of discrimination.

Consequently, more than 50 years ago, the international community worked out the rules according to which children with special needs, associated with their physical, sensory or intellectual health disabilities, required additional (special) attitude, but with strict observance of the principle of opportunity equality. In 1960, UNESCO adopted its **Convention Against Discrimination in Education**, which was ratified by the Republic of Kazakhstan on January 28, 2016. According to the Convention, “the term “discrimination” includes any distinction, exclusion, restriction or preference ... which has the purpose or effect of eliminating or impairing equality in education, and in particular:

a) depriving any person or group of persons of access to education of any type or degree.

b) the situation, incompatible with the dignity of a person, which humiliates any person or group of persons.

In this regard, states are committed to:

a) discharging any legislative measures and administrative regulations, and to discontinue any administrative practices which involve discrimination in education; ...

d) to prevent, in cases where public authorities provide educational institutions with one or another type of assistance, any preferences or restrictions based solely on pupils belonging to any certain group...

c) encourage or develop, using appropriate methods, the education of persons who has not got primary education or have not completed it yet and the continuation of their education according to the capabilities of each individual ...

At the same time, no reservations may be made to this Convention.

This was followed by the adoption of several binding agreements and Conventions, including the **UN Convention on the Rights of the Child of 1989** which is most directly related to the present report. Article 23 of the Convention states that:

1. The member-states recognize that a mentally or physically disabled child should enjoy a full and decent life in the conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the society.

2. The member-states recognize the right of the disabled child to special care and encourage and ensure its provision on condition that resources are available to the child and the parents who are responsible for the care or other persons.

3 ... the assistance is provided, whenever possible, taking into account the financial resources of the parents or others caring for the child, and aims at ensuring that the disabled child has effective access to education, vocational training

A separate set of international documents, adopted by the United Nations, is dedicated to the rights of persons with disabilities, including the right to education. **Declaration on the Rights of Mentally Retarded Persons**, adopted in 1971, in paragraph 2, recommended the States to take into account that "mentally retarded person has ... the right to education, training ... that will allow him to develop his ability and maximum potential."

The Declaration on the Rights of Mentally Retarded Persons states that:

1. The mentally retarded person has the same rights as other people to the maximum feasibility level.

2. The mentally retarded person has a right to proper medical care and treatment, as well as the right to education, training, rehabilitation of working

capacity and guidance that will enable him to develop their abilities and maximize the disabilities.

3. The mentally retarded person has a right to material support and to a decent standard of living. They have the right to productively work or do any other good job to the best of their abilities.

4. In cases where this is possible, the mentally retarded person should live with his own family or with foster parents and participate in different fields of the society. The families of such persons should be provided assistance. In the case of need to put this person in a special institution it is necessary to do so that the new environment and living conditions differ from those of normal life as less as possible.

In 1974 there was created the Union of persons with disabilities (UPIAS), which proposed the social concept of understanding the disability. This concept assumes that the difficulties and limitations arise, especially in connection with existing barriers and conditions in the society. By creating these barriers, the society does not allow a person (especially a child) with disabilities to enjoy a productive life. Further, this concept has become known as a social concept of disability.

In 1975, in the **Declaration on the Rights of Persons with Disabilities**, the standards of providing educational and social rights were extended to all people who have not only mental, but also other health disorders (defects): "People with disabilities have the right to ... education, vocational training ... and other services that allow them to maximally develop their capabilities and skills and accelerate their social integration" (Paragraph 6 of the Declaration). The Declaration states that persons with disabilities should take full advantage of rights and these rights must be granted to all disabled persons without any exception, and without distinction or discrimination based on race, color, sex, language, religion, political or other opinion, national or social origin, financial status, birth or any other factor, regardless of whether it refers to his or her family.

This document affirms the non-degorable right of persons with disabilities to the respect for their human dignity. Disabled persons, whatever the origin, nature and severity of their injuries or defects are, they have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life that would be as normal as possible and fulfilling. The declaration affirms the civil and political rights of people with disabilities. It also affirms the right of persons with disabilities to medical, psychological and functional treatment, including prosthetic and orthopedic devices, to rehabilitation of their health and social status, education, craft training and vocational rehabilitation, assistance, counseling, employment services and other services that allow them to develop their capabilities and skills as highly as possible and accelerate their integration into the society.

Continuing to develop inherent in the 70s of the XX century the principle

of “education - for all”, the **World Programme of Action concerning Disabled Persons**, adopted by resolution 37/52 of the General Assembly dated 3 December 1982, clearly indicated the direction of the organization of such a policy of UN member-states, which recognizes the right of persons with disabilities have the same educational disabilities as of others. At the same time, education of disabled persons should, as far as possible, take place in the general school system. At the realization of the right of persons with disabilities to education states must not only provide a “special flexibility in the application of any provisions relating to the age of the enrollment and the transfer of children from class to class, as well as during examinations for students with disabilities” (A. 121), but also take into account the main criteria in the development of the education system for children and adults who are disabled. This system should be “individualized ... is available to the local population; comprehensive; offer a number of disabilities in accordance with the terms of the special need of this population ... “ (p. 122).

It should be noted that in paragraph 124 of the World Programme it was provided that: “If, for any reason, the possibility of the general school system are inadequate for some disabled children, those children should learn within an appropriate period of time in special institutions. The quality of this special schooling should be equal to the quality of education in the general school system, and the two education systems need to be closely linked”. This is a very important rule, which allowed to maintain the achievements of special education and to develop it in the direction of public education process. However, World Programme the undisputed gave priority to co-education of persons with disabilities and the “non-disabled” on the general curriculum as the basis of education for people with disabilities.

In 1989, it adopted the **Convention on the Rights of the Child**, according to which member-states committed themselves to respect and ensure the rights of every child, without any discrimination, regardless of their race, color, gender, language, religion, political or other opinions, national, ethnic or social origin, material status, state of health and birth of a child, thier parents or legal guardians or any other circumstances. Article 23 member-states recognize the right of the disabled child to special care and encourage and ensure the extension, available resources for the eligible child and those responsible for their care of which application is made and which corresponds to the child’s condition and the circumstances of the parents or others caring for the child. In Article 28 member states recognize the right of the child to education, and with the goal of gradual achievement of this right on the basis of equal disabilities, they, in particular, pledge to introduce free and compulsory primary education.

In 1990, the World Declaration on the Survival, Protection and Development of Children was adopted, whose objective was to pay more attention to

children with disabilities, care for and support them, as well as other children in very difficult circumstances. The countries that signed this declaration committed to implementing programmes that reduce illiteracy and provide all children access to education regardless of their background and gender; that will prepare children to work and provide disabilities for education throughout life, for example, through training; and that enable children to reach adulthood within a supportive, nurturing and cultural conditions.

A significant event in the development of an inclusive approach was the World Conference on Education for All, held in March 1990 in Jomtien (Thailand). Representatives of 155 countries and 160 governmental and non-governmental organizations who participated in the Conference adopted a Programme of Action, which set out clear lines of action and measures to achieve these goals, and endorsed **the World Declaration on Education for All**. Proclaiming that "... every person, whether it is a child, a young person or an adult, should be able to get an education and enjoy it ...", the World Declaration on Education for All has opened a new page in the development of education. It proclaimed the end of the regimented education system and the beginning of the era of the flexible system, called out all countries to make their education system relevant for the consumer demands, adapted to their needs and requirements, cultural and historical conditions of students.

The World Declaration on Education for All states that "the needs of the disabled people in education deserve special attention. Measures should be taken to ensure equal access to education for all categories of disabled persons as an integral part of the education system" and affirms that:

Every child has a fundamental right to education, and must be able to obtain and maintain an acceptable level of knowledge;

Each child has unique characteristics, interests, abilities and learning need;

It is necessary to develop the education system and to carry out educational programmes in such a way as to take into account the wide diversity of these characteristics and needs.

This declaration offers the following definition of inclusive education "*Inclusive education* is a system of educational services in the conditions of a general education organization which is based on the principle of ensuring the fundamental right of children to education and the right to study at the place of their residence."

Of great importance in the definition of equal disabilities in the field of primary, secondary and tertiary education for children, youth and adults with disabilities has played "**Standard Rules on the Equalization of Disabilities for Persons with Disabilities**" (1993), which provide an opportunity to adequately meet the educational needs of all persons with disabilities in *the general school system*. The document calls for the principle of equal disabilities

in the field of primary, secondary and tertiary education for children, youth and adults with disabilities in integrated settings. States should ensure that the education of persons with disabilities is an integral part of the overall education system.

At the same time, the responsibility for the education of persons with disabilities in integrated settings should be imposed on public education authorities. The document invites States to include issues related to the education of persons with disabilities in national planning programme in the field of education, and to take into account in the development of training programmes and the organization of educational process. Along with the joint “integrated” education the Standard Rules (as the World Programme of Action concerning Disabled Persons) provide special training, perhaps, “in cases when the general school system does not adequately meet the needs of all persons with disabilities. It should be aimed at preparing students for education in the general school system. The quality of such education should reflect the same standards and objectives that the education in general education system, and should be closely associated with it. For students with disabilities the same share of resources for education should be allocated minimally, as for students who are not disabled. States should aim at integrating special education gradually into general education.

The “Standard Rules on the Equalization of disabilities for the disabled” first defined the disability as a “social disease, due to health problems with the persistent disorder of the function of an organism that leads to the physical disability and makes necessary their social protection”, and in childhood - “the sharply limited possibility of including a child in educational and training programmes, an excessive need for additional care and assistance.” That’s why for the realization of equal rights to education, it is necessary to provide not only the physical access to secondary schools, but also active participation of disabled children and teenagers in society and their social adaptation.

It is important to note that this document calls to preserve the achievements of special education and develop them in the direction of public education process. The quality of this special schooling should be equal to the quality of education in the general school system, and the two education systems need to be closely linked.

The dramatic event for the international education community was The World Conference on Education for Persons with Special Needs, held under the auspices of UNESCO in 1994 in Spain (city of Salamanca). As a result, the term “inclusive education” was introduced in pedagogy and the basic principles of inclusive education were proclaimed. The adopted at this conference the Salamanca Declaration proclaimed “inclusive education” as the main directions of development of education.

The fundamental difference of this approach lies in the fact that the education system must adapt to the characteristics and needs of each child, but it shouldn't be excluded that, together with the joint training in secondary schools, some children can be trained in special institutions. It should be noted that the formation of such important spheres as education of children with disabilities depends largely on the traditions and the development level of each country. That is why these documents define only general guidelines and principles to improve the education systems in the United Nations. Thus, as a result of the aforementioned international instruments in the nineties of the last century there was the development of the direction in the field of education, which was associated with the ideology of the new disability and the concept of "inclusive education" and "inclusive approach" was generalized.

The inclusive approach requires an understanding of the various educational needs of children and the provision of services in accordance with these needs through a full participation in the educational process, involvement of the public and the elimination of segregation and discrimination in education. In fact, several other documents, establishing standards and developed by UNESCO, provide the regulatory framework of universal access to education, and inclusive approaches, including approaches of continuing education and lifelong learning in the promotion of the right to education. These instruments establish international legal obligations for access to education for all: religious and linguistic minorities, for indigenous people, the considered secondary social and economic groups, vulnerable groups, immigrants, the disabled, refugees and for the millions of people deprived of education due to poverty.

In April 2000, the World Education Forum was held which adopted the **Dakar Framework for Action**, which expressed the general commitment of the international community to pursue a broad-based strategy to meet the basic learning needs of every child, teenager and adult during the lifetime of one generation and further provision of the attained level. The Dakar framework of action ensures that by 2015 all children, particularly girls, and children living in difficult circumstances, and ethnic minorities, will have access to free primary education of **decent quality**.

In 2006, the UN adopted the Convention on the Rights of Persons with Disabilities, ratified by the Majilis of the Republic of Kazakhstan on 20 February 2015. Article 24 of the Convention highlights that "States-participants recognize the right of persons with disabilities to education". In order to realize this right without discrimination and on the basis of equal opportunity, the States-participants shall ensure an inclusive education system at all levels and training throughout life, aspiring for:

a) the full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;

b) the development of the personality, talents and creativity of persons

with disabilities, as well as their mental and physical abilities to their fullest potential;

c) to empower people with disabilities to participate effectively in a free society”.

According to this Convention, the States participants shall ensure that:

a) persons with disabilities are not excluded on the basis of disability from the general education system, and disabled children - from free and compulsory primary education or secondary education;

b) persons with disabilities should have, on an equal basis with others, an access to inclusive, quality and free primary education and secondary education in their places of residence;

c) provision of reasonable accommodation taking into account the individual requirements;

d) persons with disabilities receive the required support within the general education system to facilitate their effective education;

e) effective measures are taken to organize the individualized support with the goal of full inclusion in the environment that maximize academic and social development.

Today we can say with confidence that inclusive education provides not only the active involvement and participation of children and adolescents with disabilities in the educational process of general educational institutions, but to a greater extent, the restructuring of the educational system and the educational process in order to ensure the educational needs of all categories of children. As you can see it took a long time for the matured humanistic ideas within the philosophical knowledge to gradually penetrate into the legal, educational, psychological and social spheres.

2.2 The domestic legal and regulatory framework of integrative processes

The legislation of the Republic of Kazakhstan in accordance with fundamental international documents on human rights sets out the principle of equal rights to education for all children in the country. The guarantee of the right of children to education is enshrined in the Constitution of the Republic of Kazakhstan, the Law of the Republic of Kazakhstan “On the Rights of the Child in the Republic of Kazakhstan”, the Law “On Education”, “On social, medical and educational support for children with disabilities” and others. On the basis of these documents, the state guarantees the right to free general education for any child, regardless of their nationality, religion, and health condition.

The Constitution of the Republic of Kazakhstan adopted at the national referendum on 30 August, 1995, all citizens are guaranteed free secondary education in state educational institutions [17]. The Law **“On the Rights of the Child in the Republic of Kazakhstan”** dated 2002 [18], affirms the right of all children to education and they are guaranteed free primary, basic secondary and general secondary education, and on a competitive basis, free technical and vocational, post-secondary and higher education.

At the same time children with disabilities who need special pedagogical approaches are allocated additional funds from the state budget to ensure that they receive education at the level of established standards.

The basic principles of the state policy of the Republic of Kazakhstan in the field of education are:

1) equality of rights of all to quality education;

3) access to education at all levels for the population based on intellectual development, psychophysiological and individual characteristics of each entity (the Law of the Republic of Kazakhstan **“On Education”** of 2007 (as amended on 09.04.2016 №501-V)[4].

The Law of the Republic of Kazakhstan “On Education” (2007) points out the task of creating special conditions for the education of disabled persons among the general objectives of the education system. These conditions include special education curricula, taking into account the peculiarities of the development and the potential of students and pupils, which are determined accounting for the recommendations of the psychological, medical and educational guidance. On the basis of this law, students and graduates are eligible for training within the framework of the state obligatory standards of education on individual curricula, reduced educational curriculum by the Board of Education organization [4].

The Law “On Social, Medical and Educational Support for Children with Disabilities” [15] asserts the right of children with disabilities to receive free education in special educational institutions or public secondary educational institutions. According to the **Law “On social protection of disabled persons in the Republic of Kazakhstan”** [19], people with disabilities should be provided with conditions for education and pre-school education. Thus, people with disabilities are guaranteed free primary, basic secondary and general secondary education. For children with disabilities whose state of health excludes the possibility of their staying in pre-school institutions and organizations such as the general secondary education, kindergartens and other special correctional organizations are created in the order established by the legislation of the Republic of Kazakhstan.

Taking consistent steps in the movement from equal rights to equal disabilities in the access to quality education for all, the Government of

Kazakhstan in the “**State programme of education development in the Republic of Kazakhstan for 2016-2019 years**” [2] identifies the development of inclusive education as one of the important tasks. The Programme sets out the activities that contribute to the creation of the necessary legal framework to include all children, including children with developmental disabilities in the general education space. State programme directs the education system that by 2020:

the proportion of pre-school organizations that have created conditions for the upbringing and education of children with special educational needs is equal to 30% of the total number of pre-schools;

the percentage of schools that have created the conditions for inclusive education is equal to 70% of the total number of schools;

the proportion of VET institutions that have created equal conditions and barrier-free access for students with special educational needs is equal to 40% of the total number of VET organizations;

the proportion of high schools that have created equal conditions and barrier-free access to education for students with special educational needs is equal to 100% [2].

In 2009, the Ministry of Education and Science of the Republic of Kazakhstan prepared the “Guidelines for the organization of an integrated (inclusive) education of children with disabilities” and sent to the educational institutions for the use in their work [20]. According to the recommendations, the enrollment of children with disabilities in general education school is carried out on the basis of a written application of the parents and/or other legal representatives, the assessment of the psychological, medical and pedagogical consultations (PMPC) with the recommended form of training.

In accordance with the methodological recommendations a general school with disabled children can open classes of:

1) *the integrated training* that implements the full integration of children with disabilities in general education process. In one integrated training class no more than three learners with disabilities can be trained;

2) *special (remedial) classes* (hereinafter - special classes), which carry out a partial integration of children with disabilities in general education.

The document states that in order to correct and compensate for damaged or lost functions, training and education of children with disabilities, special educational and material-and-technical conditions should be created in secondary schools (provision with modern technical and supporting aids, providing all students in this category with required level of support for the full assimilation general and special education programmes, and others.).

The Methodological Recommendations noted that the correctional pedagogical support in the organization of education should be carried out by

a special educator (teacher-speech therapist), psychologist, and social worker). Accompanying the learning process of children with disabilities beyond the educational organization should be carried out by professionals of special correctional institutions of education, PMPC, the office of psychological and pedagogical correction, speech therapy points, as well as health care professionals on a contractual basis [20].

Thus, since the proclamation of the Republic of Kazakhstan's independence the significant activity is carried out in the direction of ensuring equal access to quality education for children with special educational needs. In place of a common form of training in the special (correctional), boarding educational institutions comes a new, recognized in many leading countries of the world, inclusive form of education that provides an unconditional right of every child to study in educational institution at the place of their residence to with the provision of all necessary conditions.

In Kazakhstan this form began to spread in the 90s, mainly, on the initiative of the professor R.A. Suleimenova with the support of various international organizations, which organized research activities on creation of the state system of including children with disabilities in general educational process. The result of this activity is to identify the actual problems of inclusion of children with disabilities in general educational process. Since 2000, the Republic of Kazakhstan has begun to form a new educational policy for children with disabilities, conducted an active search for the best ways of socialization, upbringing, education, social support and adaptation of children. The innovative processes for the integration of children into the educational environment of their healthy peers have been introduced in wider scope of special education. The study of the innovative trends in the creation of optimal conditions for the social adaptation and integration of children with disabilities has been improving more and more.

The principles of the state policy in the field of inclusive education of children with disabilities:

1. *The principle of guarantee and the stability of measures of state aid and support for children with developmental disabilities and their families, the creation of new and support of existing social services.*

2. *The principle of the implementation of human rights.* The state policy for the social integration of children with disabilities recognizes the value of each individual, the family of children with disabilities, the equality rights of persons with disabilities, their family members to help and support regardless of the psychophysical status, social status, religion, ethnicity, and place of residence.

3. *The principle of social responsibility of the family.* The state policy is based on the recognition of the sovereignty and responsibility of each family

for the education of physically and spiritually developed person, the principle of independence and autonomy of families in making up decisions concerning the development of persons with disabilities, the definition of his life.

4. *The principle scientificity.* Development of theoretical and methodological foundations of social integration of children with disabilities, programme and methodological tools of social and educational integration, analysis and monitoring of the results of integration, assessment of the effectiveness of implemented technologies and of decisions made on the basis of scientific analysis of the essence of integrated education problems and the conduction of independent examination by scientific representatives.

5. *The principle of availability of information.* The principle involves ensuring the availability of materials for all on the results of research of the problems of accessibility of general secondary, specialized secondary, higher and further education of persons with disabilities, on the specifics of the implementation of measures for inclusion of them into society for the purpose of critical analysis of the social practices of data, scientific teaching materials, engaging creatively active representatives of society to cooperate in this regard.

6. *The principle of the system approach to the process of organization and implementation* of technologies for inclusive education of children with disabilities, assumes implementation of practices of social work with the family (first level), with the pre-school educational institution (second level), with educational institutions such as schools and further education (third level), with secondary special and higher educational institutions of additional professional education institutions (fourth level), with the services of the complex medical and social, psychological, pedagogical and legal support (the fifth level).

7. *The principle of integrated implementation of all forms and kinds of inclusive education* of children with disabilities in order to identify appropriate options for their “inclusion” in the palette of usual interpersonal relations.

8. *The principle of diversity of educational organizations.* This principle implies, first of all, the creation of the centres to provide educational, social, psychological, legal and medical services on the basis of educational institutions.

9. *The principle of complementarity* of domestic and international experiences in the field of inclusive education of children with disabilities.

In the planning process of inclusive education it is necessary not only to determine its overall concept, but also make corresponding concrete plan of action, namely:

- inclusive education must be supported by a system of values, beliefs, principles and indicators of success. This system will be formed and developed

in the process of implementation of inclusive education, and it is not needed to bring it in advance “to perfection.”

- inclusive education will not be successful if it is a dead structure. This is a dynamic process and to make it “alive” it is required to monitor permanently with the involvement of all participants to the critical analysis and evaluation of actions. The basic principle of inclusive education is the flexibility of this type of education and its ability to respond to the constant changes that are impossible to predict. All this creates a strong, dynamic and living organism with the ability to adapt and develop the local cultural environment and the existing conditions.

Developing divergent forms of inclusive education and introducing them into practice, it is necessary to perform the following *tasks*:

- to extend the coverage of children in need with necessary special teaching aid;

- to provide “special” children with the opportunity to integrate into the environment of their normally developing peers;

- to provide parents with the opportunity to receive the necessary advice;

- to provide teachers, working with integrated children, with constant and qualified support and assistance.

Consequently, the education system must respond to the needs of students, so that everyone knows their rights, studies and develops. It is the duty of the state, the government to ensure a consistent educational policy addressed to the groups of children excluded from the general education. At the same time an essential element in the implementation of inclusive education is the quality of education, and the right to education is seen as not only access, but also to ensure the success of every person in the educational process from early childhood to adult life in case of a quality education and a solid foundation for further education.

2.3 Foreign experience of inclusion of children with limited disabilities into mainstream education

In the 60s of the twentieth century in some European countries and America the issue of rights disorder of people with disabilities in many spheres of public life began to be discussed actively – disabled people were almost isolated and segregated. Then in the sphere of education two main solutions of a problem were outlined: one solution went in the USA, another – Europe. In a number of countries of the world, since 1970s, there have been worked out the development and adoption of a packet of regulations concerning expansion of educational disabilities of disabled people.

In educational policy of the USA and Europe several approaches have gained the development: *a desegregation of schools, expansion of access to education (widening participation), integration, a mainstreaming (mainstreaming), inclusive education (from English inclusion - inclusion)*. Great Britain speaks about *social invention* (the social invention).

Mainstreaming refers to such a strategy, when pupils with disabilities communicate with peers on holidays, in various leisure programmes and if they even are included in classes of general school, then first of all to raise the disabilities of social contacts, but not for the achievement of educational purposes.

Integration means adjustment in compliance of needs of children with mental and physical disabilities with the education system which in general remains invariable: general schools aren't adapted for disabled children (and pupils with disability, attending general school it is not necessary to study in the same classes, as all other children). The term «*integration*» usually means the selective room for pupils with features of psychophysical development in usual general schools. Supporters of this approach consider that the pupil has to «deserve» an opportunity to study at usual general school, to show «abilities» to cope with its programme. The system of vocational education remains in general invariable. Thus, in parallel there are three models of education: general, special and integrated. Children with deviations in development are given also traditional forms of services: they attend general school, but study in special classes, without joining in process of coeducation with other children, i.e. partial integration takes place.

The term “*inclusive education*” characterizes deeper processes: the child is granted the right to attend regular school, but for this purpose it is necessary to create adapted educational environment and the supporting services.

Inclusive education is the most modern term which is explained as follows: it is reforming of schools and re-planning of educational rooms so that they met needs and necessities of all children without exception. Inclusive education means full inclusion of children with various disabilities in all aspects of school life in which all other children also participate with pleasure and joy. Complete inclusion means that all pupils, irrespective of a type, seriousness and nature of abnormal development, study in a general education class, receiving, if it is required, additional services, deriving benefit from coeducation with the healthy peers.

It demands real adaptation of school space to meet needs and necessities of all children without exception, to appreciate and respect distinctions. It doesn't mean that inclusive education doesn't demand rendering children with various disabilities of special help and support at lessons or training outside a class, but all this is various possible options, and often periodically happens to be

necessary literally for all pupils in a class. In all western countries there is an own experience of accompanying of pupils with special educational needs. As a rule, in each country there is the model of pedagogical maintenance and support of such children. In majority of countries there are the out-of-school resource centres or local support services which direct «the special teacher» to assist the educational organization or to the specific teacher who has a child with special educational needs in his class.

Researches of scientists (Korkunov V. V., Malofeyev N. N., Nazarova N. M., etc.) demonstrate that process of inclusion of children to special education needs in a general education system in different countries of the world happened gradually, taking into account specific sociocultural conditions and a political will of a management. In each of the countries own models of integration are implemented that demonstrates an impossibility of creation of universal integrative models of education. However, there is a number of prerequisites of successful implementation of the integrated education in any country. They are:

- a democratic social mechanism with the guaranteed observance of the rights of the personality;

- financial security of educational process;

- availability of the wide list of special educational services and special conditions of activity of children with limited disabilities in structure of general school, kindergarten;

- nonviolent nature of course of integration processes, a possibility of choice of the educational and correctional services provided by an education system of general purpose and vocational education;

- readiness of society for interaction with people having limited disabilities

Modern researchers note that today with the most perfect legislation in the sphere of ensuring practice of inclusive education it is possible to distinguish such countries as Canada, Cyprus, Denmark, Iceland, India, Malta, the Netherlands, Norway, the Republic of South Africa, Spain, Sweden, Uganda, the USA and Great Britain. In Italy the legislation supports the including education from 1970s. At the same time, the most radical and rapid changes are observed in some poorest countries of the world: Uganda, Lesotho, Vietnam, Laos, Jordan, Palestine, Morocco, Egypt and Yemen. These dynamics in many respects is explained by an effective programme implementation of UNESCO in the above-named countries.

In some countries the tendency of inclusive training when the child gets an education at general school (Great Britain, Italy, Canada, the USA, Norway, Australia) dominates, in others integration approach when the child gets an education either at special school, or in special correctional classes at usual school prevails, but spends out of class hours together with healthy children

(France, Germany, Holland, Finland, Belgium). Today among the countries with the most perfect legislation can be distinguished Canada, Cyprus, Denmark, Iceland, India, Malta, the Netherlands, Norway, the Republic of South Africa, Spain, Sweden, Uganda, the USA and Great Britain. Different countries came to integration in different ways from each other, frequently with great difficulties, after extensive discussions about its usefulness, effectiveness and a readiness of standard legal support. Integration in education as a social and pedagogical phenomenon was created in the USA and in Western Europe at a boundary of 1970s. However, prerequisites of emergence of a tendency to coeducation of the persons that sharply differ among themselves on social, sexual, racial, religious and other features which are rooted back to the social situation which developed in post-war years. The ruin, ruthless destruction of human resources promoted reconsideration by society and its certain representatives of the attitude towards the person differing in these or those characteristics from the fellow citizens. Having realized the importance of human life and the personality, society has begun to show care of children with limited disabilities of health as well. Carrying out anti-discrimination policy in Western Europe was resulted in real integration of a large number of children with various disorders in development in general schools. Development of integration in the USA and countries of Western Europe is being supported by the legislation regulating this process now. The relevant laws were adopted in Belgium (1970), Great Britain (1981), Germany (1973), Greece (1985), Denmark (1969), Italy (1971, 1975), Sweden (1994). It should be noted that there is no uniformity in similar legal acts yet. Let's consider experiment on implementation of inclusive formation of some foreign countries in detail to distinguish benefits of the chosen approach and possible problems in case of its implementation.

Italy

According to many experts, Italy became the labouratory of inclusive education for the rest of the world. Since the 70s of the last century, the most part of pupils of special schools and classes in this country has been integrated into the system of general education.

In 1971 in Italy the first Law on the right of children with limited disabilities on training at general schools appeared. In 1977 the Law which already established the determined norms of the organization of such training was adopted:

maximum number of children in the class – 20;

maximum number of children with specific features of development in the class – 2;

special activities on support of children with limited disabilities are «included» in the content lessons (classes) in the class;

classes training by special programmes are eliminated;

special teachers join together with common school teachers;
both categories of teachers interact with all the pupils of the class.

Today 99% of all children with limited disabilities study at general school. The so-called “teacher of support” gives all of them help (tutor). To receive the special help from the teacher of support in a usual class, the child has to be registered as the child with deviations in development. Registration is carried out only with the consent of parents and for one year, and at the end of this term the decision on extension or cancellation of the special help is made again. Officially the proportion of the number of special teachers and pupils with limited disabilities – 1:4 but in fact it came out around 1:2. For Italy it is a typical practice when there is a blind (blind person) or not hearing (deaf) child, all other children of this class also learn Braille’s alphabet or a sign language. The new law in Italy which appeared in 1992 paramounts the importance of not only socialization of children with limited disabilities, but also high-quality training in their academic disciplines. According to this Law, all children should be accepted in general schools and all conditions to get quality education should be created to them. According to this Law, about 16 thousand children were transferred from special (correctional) schools to general schools and about 10 thousand pupils were accepted in regular universities, but not in special colleges or professional schools. In 1997 in Italy the Law on discrimination was adopted after which 160 thousand children, about one thousand of whom had development disorders, with limited disabilities were transferred to general schools.

In 2003 the Ministry of Education of Italy obliged all directors of schools to participate in a training on the job to improve implementation into life of national policy of inclusive education. At the same time, all teachers of general schools were recommended to complete the advanced training course calculated for 40 hours a year. The feature of the Italian approach is the existence of close interaction of general schools with experts from medical and social institutions which carry out parallel work on diagnostics and therapy of children with limited disabilities (doctors, psychologists, social workers, nurses, logopedists, functional and physical therapists, etc.). Thus, integration in Italy can be considered as the achieved aim in a broad sense of this problem.

The main feeling at the Italian inclusive schools is the atmosphere of warmth and care. Experts of UNESCO urge all countries to adopt the Italian experiment on creation of motivation to coeducation at all stages.

Sweden

Sweden is considered one of the countries in which promotion of the idea of inclusive education takes place successfully. The beginning of a course to integration goes back to 1969 when in Sweden the relevant government

document appeared. In the 60-70s in Sweden, and then and in the majority of other developed countries large boarding schools and lunatic asylums for the people who are lagging behind in development were closed. In 1980 the country accepted the curriculum which fixed the change of approaches to the organization of training of children with disorders in development. In 1989 the new Law on secondary education was adopted, and since 1990 - the special training programme of correctional teachers has been reviewed.

In 1995 the new educational standard differently defining the role of teachers, tutors and principals was approved. The standard sets only the obligatory level of knowledge which should be reached by finishing the 5 and 9 grades. The Ministry of Education expects that teachers will be able to determine teaching methods which will allow to achieve effective objectives of training. The shared responsibility for the organization of educational process is born by the principal of the school. Respectively, the number of pupils at special schools was sharply reduced, they started to move to general education. So, since 1986 in Sweden there are no special schools for children with visual impairment, all of them are integrated into schools at the place of residence, receiving the special help in the national medical centre. Inclusive education is a strategic direction of policy of the state in relation to children with limited disabilities. Most of children with limited disabilities in this country are integrated into regular classes in which they get necessary support (the help in a class from the special teacher or the assistant and use of special supportive applications). Children with the expressed hearing disorder, sight, intellectual backwardness, with several combined disorders get an education at special schools which are differentiated depending on types of disorders. At such schools they can study before achieving 21-23 years old. Special schools are also the Centres of resources for support of the children integrated into classes of general schools now. Special schools for mentally retarded children are integrated into general school placing the classes in its building. The complex problem in Sweden is represented by special training of children with early children's autism. These children study in small groups at regular school. 2 teachers and the assistant share of every 3 children. At the same time, the integrated training at general schools of Sweden for the present doesn't satisfy all interested persons.

Denmark, Norway, Finland, Netherlands and so on.

In *Denmark* only children with gross emotional disorders and at special schools – deeply mentally retarded children study, and special classes at general schools were open for the others. The strategic direction of policy of Denmark in the field of vocational education was declared integration.

In *Norway* where the process of integration began in the eighties, special schools at the beginning of the 90s were almost abolished, they are visited by less than one percent of children with limited disabilities of development.

In *Finland* long time there was a parallel system of special schools and

special classes at general schools for the same categories of children. Since the end of the 80s the main direction of policy of the state in the field of vocational education is also integration.

The government of *the Netherlands*, since the 90s, tries to unite whenever possible the general and vocational education, to introduce integrative approaches through the state Project “We Go to School Together” which purpose to provide the necessary psychological and pedagogical help to children with deviations in development in the conditions of general school, to stabilize the number of pupils of special schools; to interfere with growth of schools for mentally retarded and children with a delay of mental development. In the Netherlands, just as, for example, in the Flemish region of Belgium, exists the system of special schools is very well developed, and some scientists consider this fact as a serious obstacle for development of inclusive education.

Greece

The idea of integration of children with limited disabilities were for the first time presented in usual kindergartens and schools in Greece in 1974. However, unlike many other countries, the decision to begin process of integration has been made not due to pressure from the interested groups - teachers and parents, but owing to emergence of the relevant legislation (1981). Process of integration in the country goes slowly as it is noted:

impossibility of physical access to regular schools for children with disorders of the musculoskeletal device;

lack of generally available tests and traditions of diagnostics;

teachers aren't trained to methods of work with children with limited disabilities;

local authorities aren't interested in such things as the early help and integration, considering them too expensive;

there is extreme lack of centres providing necessary services (in the field of physical therapy, logopedics, psychological assistance, legal support, etc.).

India

The national education law developed in 1986 and added in 1992 was worked out by common efforts of many professionals, representatives of a number of states and other interested persons. Within the frame of this programme which is applied in the country at present education should be provided to all its inhabitants. Basic provisions of the Law are directed to elimination of barriers in case of education and to provision of the equal rights and disabilities to everybody who has special needs and who traditionally had no such disabilities. It is necessary to take into account that the country is multilingual, its religious, sociocultural features, and also consequences of centuries-old staying in the status of colony.

Handicapped children, girls, children from ethnic minorities and the

children living in the remote areas were determined as persons in need in additional attention. Also the untouchables and some tribes are treated as special isolated groups.

Great Britain

Great Britain went on the way of preferential providing the legislation of distribution of practice of an inclusion. For the first time the concept of “special educational requirements” in relation to educational system of the country was formulated in 1978 in the report of special committee in which the accurate procedure for determination of special educational needs of pupils was provided, responsibility on ensuring these special needs is conferred on local authorities by education, it is determined that the general school can satisfy these special educational requirements with the additional help. The specified ideas became a sound basis for development and acceptance in 1981 of the British education law concerning the persons with special educational needs and with disability.

In Great Britain the adoption of the Act of education (1981) led to an initiative of local authorities of management of closing of special schools and integration of all children with deviations in development in general schools, and since 1981 state policy is directed to integration. [Special educational requirements began to be determined by group of specialists: teachers, psychologists, social workers. The similar scheme gives the chance to approach the child informally and much more to correlate system of rehabilitation measures to external living conditions of the child, his environment. Therefore it is possible to state that this law transferred an education system from medical model of understanding of disability to the fields of education (to establishment of measures of rehabilitation only as a disease) to social. Further development of the mechanism and the procedure of formal definition and assessment of special educational requirements has received the continuation in the special document Code of Practice on the Identification and Assessment of Special Educational Needs, or “The code of practice” (1994). The code isn’t the legislative requirement, but from schools, local managements of education, the educational services and the agencies which are responsible for carrying out the legislation in the field of ensuring special educational requirements its strict execution is required. For ensuring implementation of the legislation in the field of special educational requirements special independent courts (Special Educational Needs Tribunal) have been created. They considered conflictual questions between parents and local managements of education according to the procedure of definition and the maintenance of special educational requirements or at disagreement with the choice of the place of training of the child, etc.

Acceptance of the education law of persons with special educational needs and with disability – Special Educational Needs and Disability Act (SENDA 2001) in Britain became logical continuation of the ideas and practice of inclusive education. The law strengthened ensuring a right to education of children with the special educational needs for general school, introduced new obligations for local education authorities on interaction with parents, to their timely informing. The law regulated time of hearing of cases in special courts, introduced the new Code of practice in which provisions of the previous Code were supplemented with a management on work with individual curricula, and also the procedure of participation of parents and children in decision making for ensuring special educational requirements was determined. Introduction of the Code of practice on work with children older than 16 was also an important, special educational requirements the British legislation and the packet of documents accompanying it accurately regulate the acceptance of the worked out tools as the decision on the place of training of the child with special requirements how significant the choice of parents in taking this decision, how additional support will be provided and how assessment of results of training will be carried out. The model of integration existing in Great Britain can be considered exemplary using which experts start system lessons with all children from nine-months age, without seeking to establish the exact diagnosis, and trying to develop as much as possible the potential disabilities which are available for them. At preschool and younger school age integration is very extensional, but it is explained by a specific orientation of system of training. The age stage from 5 to 11 years old corresponds to preparatory school. Methods and content of training during this period are very similar to our preschool education. In secondary and high schools the approach to integration changes. Being engaged in a class together with other children, every «integrated child» at the same time has his teacher, own individual programme considering his disabilities and rate of training. The prospects of development of «the special child» are carefully planned, this process has included all teachers of school contacting with the child, the methodologist, the tutor and parents who are informed on disabilities of his further socialization.

It is important to note that the legislation of Great Britain on inclusive education doesn't cancel system of vocational education at all and has no total character in the demands. According to observations of scientists, both, the world and English policy in relation to children with limited disabilities endures the period the rapid changes now. England has passed and continues to pass a long and difficult way concerning the theory and practice of inclusive education. Many acts and other documents, defining policy and regulating practice in this area, work in the country. Now in the centre of this policy is the

document “Each Child Is Important” developed by the Ministry of Education in 2004 (Every Child Matters – ECM). This programme is aimed at preventive measures and the early help as the measures capable to do away with poverty by 2020 among children and to allow each child to completely realize his potential. In the centre of its attention – fight against “social exclusion”. The most important five results of this programme for all children have to become:

- health,
- safety,
- self-updating,
- realization of own personal potential,
- ability to be a useful member of society and economic wellbeing.

Sometimes, as authors specify, ESM is compare to the American act “Any Child Will Not Remain beyond the Law” (NCLB). However, between them there is an essential difference: NCLB is focused on observance of educational standards, and ESM – on more complete approach to children.

The changes which came from ESM in policy in relation to children with limited disabilities in England are widely welcomed by charitable institutions, parent associations and specialists. Nevertheless scientists criticize ESM, in particular for a combination of such criteria as self-updating and implementation of the personal potential, economic wellbeing and a positive contribution to life of community. Not each person with special features of development or restrictions on health is capable to meet all set of requirements that he will inevitably marginalize most of such people and carries them on a life roadside as not conforming to the established standards. At the same time, development standardization, orientation in its assessment to the universal sequence of stages offered by these theories anyway result in the idea of “normality” and “anomaly”. This dominance, in their opinion, ignores wider sociocultural and economic factors.

France

Vocational education in France directs the efforts to integrating as bigger number of children with shortcomings of development in general school as possible. Inclusion in general education process of children with deviations in development is carried out in 4 options:

1 option: The child studies according to regular school programmes, but during his stay in school and out of school he is provided with additional services: medical procedures, measures of educational matters, etc. For example, the child with musculoskeletal disorder studies in a regular class and visits the adaptation centre opened at this school or which is nearby.

2 option: The child studies according to usual school programmes, uses additional care and studies according to additional special programmes. For

example, the child with sight disorder studies in a usual class and receives the help in preparation of lessons, additional classes with the teacher, attends classes in spatial orientation, etc. the special correctional developing activities.

3 option: In the main school time the child is trained in a special class according to the special programme (usually children with a delay of mental development). Other part of time he is trained according to the usual programme together with pupils of his age.

4 option: The child visits only a special class and studies according to the special programme there (usually children with intellectual disability). But at the same time he is directly involved in life of school: joint breakfast, joint visits of educational actions and leisure, participation in sports competitions and other events.

The French National Centre of school adaptation and integration notes that in recent years the reorganization of special classes is carried out in the country, in 1991 so-called classes of school integration in which both normal children, and children with intellectual, sensor or motor disorders which go through the special pedagogical commission began to be created. France headed for integration that leads traditional special school to reorientation - a part of children goes to classes of integration or to individual training. A part of special personnel joins the Service of training and special home visiting service, other part performs the help to pupils and teachers in general schools.

The United States of America

In the USA from 1875 to 1914 compulsory school education was introduced, with respect to which classes for children who were considered intellectually underdeveloped, and also for those who were believed “unrecoverable for their behaviour”, deaf or physically disabled people were created. During the same period the National association of education created the Department of vocational education. Tests of intelligence measurements were developed, flows of immigrants arrived, the quantity of an organized labour power grew, psychological theories were developed. All these factors affected school system in which there were principles of measurement and determination of individual distinctions and potential. In the 60s -70s critical opinions against school were spreaded which were guilty in failures of pupils. After several legal claims in the USA won by parents of “exclusive” children in 1975 the State law No. 94-142 was adopted, which provided children with special educational needs with the following major guarantees:

- education «in the environment with minimal restrictions»;
- free and adequate educational services;
- the fair and not discriminating assessment and proper legal support;
- individual curriculum.

In the law from 1977 “Education for all disabled children” is given the list of the corresponding additional services necessary for the help to disabled children to get vocational education”: transport, logopedics, an audiology, psychological services, physical therapy, a recreation, occupational therapy, early identification, medical services, the school doctor or nurse, the school social worker, the psychologist, services of social work for children and a family, consultation and training of parents. In the 1990s in the USA educational law for all children with disabilities, with its principle of individualized training is adopted.

The modern policy of the USA pursued in the field of vocational education concluded in the merger of general education and vocational education. Three main approaches of this merger are offered:

- 1) «major direction»,
- 2) « initiative of general education»,
- 3) «inclusion».

These approaches cause a brisk discussion and a controversy in the field of vocational education.

«*Major direction*» assumes opening of special classes at general schools and holding joint actions with normally developing school students. Necessity of it is caused by the fact that as these children, eventually, end up in a society, then they should be sent to school to promote inclusion in social and educational activity. Now in the USA the main direction has captured 25,2% of all children with special needs.

«*Initiative of general education*» (*EGE*) – this approach was offered in 1986 by department of vocational education under the Department of Education of the USA. *EGE* follows further, than the concept of “the main direction”, offering fundamental changes of conditions of education of pupils with deviations in development, i.e. their training in a regular class of general school.

For this purpose creation of certain conditions of training are supposed:

- small fullness of classes,
- individual training programme,
- availability of the trained teachers and other experts,
- suitable equipment for learning process,

- additional classes in the conditions of the rehabilitation room and etc. The number of children captured by this direction comprises 35,5% of all children with the broken development of school age. Some speech pathologists and heads of the general education approve *EGE* while other speech pathologists and teachers of general schools consider that additional experience and researches are necessary to understand possibilities of influence of *EGE* on pupils with deviations.

The model of «inclusion» is that to include all children in general education process by the place of residence, irrespective of type of disorder and degree of its expressiveness. The purpose of full inclusion is in placing all children irrespective of seriousness of defect at schools by the place of residence and thus to finish abolition of system of vocational education. The implementation of «inclusion» model demands to follow a number of requirements:

- keeping of a certain ratio between normally developing and «included» pupils;

- a small amount of the last;

- appropriate training of teachers;

- availability of necessary experts (team) at school who make individual programmes for each pupil.

The contents of programmes of individual training cause an interest which recommends the following components:

- detailed certificate of the level of educational functioning of the child at the moment;

- the formulation of objectives for a year and short-term period;

- the list of specific educational and related services which should be provided to the school student, and specifying what degree he can participate in regular school programmes;

- the planned dates for provision of services and the expected duration of these services;

- the corresponding objective criteria for evaluation of the child, certification procedures and plans for determination of how successfully the short-term educational objectives are achieved.

Even the elementary analysis shows that the included education requires essential material resources and other vision of the purposes and tasks, so other approaches to training of specialists as well. The experience shows that in the course of implementation of models of integration there are problems connected with high requirements to the competence of the teacher who should be able to teach both regular children, and children with the most various deviations in development. Now in the USA the law *Act of education of persons with disorders in development* works which was adopted in 1990. It guarantees the free and corresponding to the need of the child training in the system of general education. Parents have the right to demand from schools the conclusion about educational disabilities of the child in whom reasons for availability or lack of disorders in development in the child are given. The obligation is assigned to school to reveal children with limited disabilities.

The law enables to get not only special education but also additional services (transport, logopedic lessons, psychological support, audiologic inspection and so on). In conformity with the law the written conclusion and the individual educational programme is constituted for each child,

compulsory education of children with limited disabilities is made as far as it is possible at general schools, and also their inclusion into the environment with the minimum restrictions is offered. Since 2001 the educational policy at the federal level in the USA is regulated by the document “Any Child Will Not Remain beyond the Law” (“No Child Left Behind Act” – NCLB). This law requires that by 2014 progress of 100% of school students conformed to educational standards. The schools which do not demonstrate “progress in a year” are punished – lose public financing.

Thus, considering successful experience which is available, particularly in Great Britain, Portugal and the USA, it is possible to distinguish the conditions necessary for achievement of success of inclusive education. They are:

- the initial motivation supported by external forces to creation of inclusive school community,
- perception of distinctions between personnel and pupils as resources, but not obstacles,
- cooperation and team spirit of pupils and staff of school,
- participation of everyone in actions for maintenance of progressive development,
- understanding of inclusive education as social and political action programme.

Implementation of the idea of inclusive education, and also development of the pedagogics capable to respond to needs of all pupils, – a difficult task. The reasons complicating successful implementation of inclusive education might be:

- absence of connection between the general and vocational education,
- failure of participants in creating process of inclusive community of general values and common language without which the cooperation is impossible.

As it is noted in the report of the European agency of development now at least four main forms of support are used:

- preventive measures;
- information and advisory support (the characteristic of the difficulties that child has, acquaintance with special training materials, technical means of training, techniques of special training, etc.);
- differentiation (individualization, adaptation) of the training programme and training process;
- improvement of conditions of stay and training of the child integrated into the environment of general school (consultation of teachers and administration by specialists, increase of their qualification, separation of responsibility, material equipment of the organization, etc.).

Inclusive education in People's Republic of China

The term “inclusive education” is translated into Chinese as «quannajiaoyu», where «quan» means complete, general, «na» means to attach (it is used both as an adjective and a verb), «jiaoyu» is training. «Hub», «baohan», are treated as the synonym of «na» and «rongna» means to include, comprise and contain respectively. Thus, at the terminological level the aspect of “inclusiveness” and “contain” is fixed which is the feature of this educational approach. Use of a hieroglyph «quan» is interesting in its translation, as the English «inclusive» doesn't mean «contain». It means that in the Chinese version the comprehensiveness of inclusion is emphasized in educational processes. In the 80s of the 20th century the practice of coeducation of ordinary children and children with limited disabilities – sui ban jiudu began to take root in China.

The essence of this process was to bring special children into usual schools and ordinary classrooms where training would happen together with other pupils. A number of the Chinese authors consider that expression sui ban jiudu, being a translation for English «learning in regular classroom», at the same time, in fact acts as equivalent in the international practice of the term “integration”. Thus, the Chinese experts are inclined to translate the concept accepted in the Chinese professional environment sui ban jiuduas as «integrated training».

Practice of the integrated training began to take root in the People's Republic of China as a result of foreign experience, taking into account conditions and features of China. After adoption of the provision “About Introduction of Methods of the Integrated Training in Work on Development of Juvenile Children with Limited Disabilities” in 1994 this approach began to extend across all China.

Introduction of the integrated training became a new stage of carrying out reforms in the Chinese education. Before this, children with limited disabilities could visit only special educational institutions, remaining in isolation from peers. The integrated training, changing the idea of disabled people, has shown that special children can study at usual schools. For the Chinese experts also important is the fact that the integrated training promotes education public awareness — the matter is that a large number of disabled children for various reasons can't attend special schools (among the main reasons, also the insufficient number of schools). Thus, the integrated training in the Chinese reading has to promote removal of deficiency of educational disabilities for special children by means of integration them in usual educational process. The share of the special children studying according to programmes of the integrated training in 2000 comprised 63% of total number of pupils with limited disabilities. The Chinese experts are inclined to consider

the consequences of using the methods of the integrated training growth of a share of the children with limited disabilities involved in educational process, growth in the society of a tolerance in relation to disabled people, integration of special children in social life.

Today the rights for training of persons with limited disabilities are regulated by “The law on protection of disabled people of the People’s Republic of China”, “The provision on education of disabled people”, the Constitution of the People’s Republic of China, “The law on education of the People’s Republic of China”, “The law on compulsory education of the People’s Republic of China”.

The highest act defining policy of coeducation is the Constitution of the People’s Republic of China where in article forty five of chapter 2 it is told: “The state and society help blind, deaf, mute and other disabled citizens with employment, receiving funds for life, education”. The State Council concerning education and other departments in “Opinion on some questions of realization of vocational education” (September, 1986) has established ways of education by children with limited disabilities:

“1. Terms of a beginning of school training of blind, mute, mentally retarded children can be expanded in accordance with individual requirements;

2. Ways and forms of education have to be flexible and various: except for specialized schools, it is possible to create special groups for children with limited disabilities at usual elementary or elementary high schools in which disabled children will study. However, it shouldn’t prevent ordinary pupils from attending elementary and high school”.

The state Committee on Education in “The notice on the publication “About Methods of Implementation of Development of Small Children with Limited Disabilities” (1994) specified rules of carrying out coeducation: “1. The children with limited disabilities participating in programmes of coeducation should attend school at the place of residence (nearby). 2. The age of entering the school with coeducation of children with limited disabilities and regular children should be identical. In particular cases expansion of age is possible. 3. The number of children with limited disabilities in regular schools in classes with coeducation should be 1-2 persons; it is no more than 3 people. 4. Regular schools should provide, according to the legislation, educational services to children with limited disabilities. Schools have no right to refuse educational services to disabled children”.

In the specified documents problems of education of persons with limited disabilities are considered in details. However, it is obvious that legislative work in education of persons with limited disabilities never was extremely successful. So, if to look at a system of law in general, then in the sphere of legal regulation of education of disabled people of the People’s Republic

of China still doesn't get the authoritative legal acts able to be compared to "The law on teachers" or "The law on compulsory education". Therefore the educational policy concerning these matters is regulated by general provisions about education or separate acts of various ministries, having rather small legislative force.

Except legal aspect, among the main questions connected with implementation of inclusive education in the People's Republic of China it should be noted a lack of a professional personnel. The matter is that today in China there are no educational institutions which would be engaged in preparation of teachers for such educational groups. Of course, now in the People's Republic of China special attention is paid to the researches in this field and joint plan development of implementation of development of inclusive school, however, considering problem scale, it, certainly, isn't enough.

In each state there are approaches, the experience of the organization of social and educational integration of children with deviations in development considering sociocultural features and national mentality of its inhabitants. However, it is necessary to understand clearly that the experience of others, as well as a regulatory framework mustn't be copied blindly. The international experience shows that development of system of inclusive education — the long-term strategy requiring an integrated approach for its implementation, the sequence, a continuity, a phasing and, above all — tolerance of society. In this sense philosophy and the principles of inclusive education should become the property of each teacher ready to creation of such community at school which is open to "other" in which advantage of the person is appreciated irrespective of his capabilities and achievements in which the right of each child to be heard, understood is satisfied and accepted.

Theoretical questions

1. Characterize the main international standard legal documents reflecting the rights of children with special educational needs.
2. Characterize the main domestic standard legal documents reflecting the rights of children with special educational needs
3. Uncover the prerequisites of successful implementation of the integrated education in foreign countries.
5. Describe the existing models of education of children with limited disabilities of development in Italy.
6. Describe the existing models of education of children with limited disabilities of development in Great Britain.
7. Describe the existing models of education of children with limited disabilities of development in the United States of America.
8. Describe the existing models of education of children with limited

disabilities of development in Denmark, Norway, Finland, the Netherlands, etc.

9. Describe the existing models of education of children with limited disabilities of development in France.

Practical exercises

To provide the list of the international regulating and legal documents for a professional portfolio.

To provide the list of regulating and legal documents of the Republic of Kazakhstan for a professional portfolio.

To determine conditions of effective implementation of inclusive education on the basis of the analysis of the international and domestic standard legal documents.

To perform the tasks provided on the website of the UNO in Materials of the World Bank for pupils:

A) Fill in the missing word:

One of the basic principles of the Convention on the rights of disabled people is a complete and effective involvement and _____ in society.

There are many rules, prejudices and even buildings which it is necessary _____ that the disabled child could go to school, play and do what all children want to do.

All people have _____ rights.

The legislation should't include laws which _____ disabled people. _____ includes speech and sign _____ and other forms of nonverbal _____.

B) What do these children have in common?



Answers:

a) inclusion, b) to change, c) equal, d) discriminate, e) language, (of) language, languages.

*(All of us are different; we have different abilities, but the identical rights.)
Everybody has equal rights.*

C) Think about it

How disability affects some countries?

In Uganda the probability that the disabled person will be poor is 40% higher in comparison with ordinary people. The children, living in families where there are disabled people, have much less disabilities to attend school.

In Serbia the percentage of poor among disabled people makes 70%.

In Honduras 51% of disabled people is illiterate against 19% of illiterate among all population. Only 31,5% of disabled people have a job while among ordinary people this indicator makes 50,8%.

MODULE 3. THE ORGANIZATION OF TEACHING AND EDUCATIONAL PROCESS WITH CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

3.1 Creation of the comfortable educational environment in inclusive classes

3.2 Educational barriers of inclusion of children with special educational needs in teaching and educational process.

3.3 Adaptation and modification of educational process at inclusive school

3.1 Creation of the comfortable educational environment in inclusive classes

In pedagogics and psychology the term “environment” appeared for the first time in the 20s when the concepts “environment pedagogics” (S.T. Shatsky), “the public circle of the child” (P.P. Blonsky), “environment” (A.S. Makarenko) were rather often used.

In the explanatory dictionary “environment” is defined as people around the person social and living conditions, a situation, and also group of people connected by a community of these conditions.

L.I. Bozovic defines environment as “a special combination of the internal developments and external conditions causing both dynamics of development, and new quality educations”. The author notes that it is very important to understand the nature of experience of the child included into environment, character of his attitude to the environment. The scientist carries out search of the organization of the environment in two directions: spiritually – spatial and in detail – spatial, providing not only the child’s relation with the environment, but also his activity in there.

The concept of “*the educational environment*” is developed for the last decades by a number of scientists of the FSU and others (V. I. Slobodchikov, V. A. Petrovsky, N. B. Krylova, M. M. Knyazeva, etc.) who focused attention on philosophical aspects of the concept “educational environment”, methods and technologies of its design. Questions of designing of the educational environment in application to practice of teaching and education are considered in O.S. Gazman, M.V. Klarin, I.D. Frumin’s works, etc., in works of founders of system of the developing training (V.V. Davydov), etc.

E.V. Korotayeva emphasized that any component of the environment has to be emotionally developing. She has highlighted conditions which can provide the emotionally developing character of components of the educational environment:

- relations between participants of joint activity, that is emotionally – the supporting environment component;

- the regime moments organizing process of stay of the child in TO or school, that is emotionally – the developing component;

- external situation (color scheme, convenience of furniture, etc.) – emotionally – the adjusting component;

- the organization of children’s activities – games, study, the surprising moments – emotionally – activating component;

- inclusion into lessons heuristic exercises with children – emotionally – the training component.

More often the educational environment is characterized by two indicators: saturation (resource potential);

structuring (ways of the organization).

Thus, according to scientists, the educational environment represents a set of material factors of educational process and the interpersonal relations which are established by subjects of education in the course of interaction. But in the light of today’s realities, the modern comprehensive school works in the innovative inclusive mode on the basis of the new pedagogical technologies adequate to the changing conditions requires the creation of such educational environment which corresponds to special educational needs of each pupil, includes each pupil in general educational space, irrespective of sexual, ethnic and religious affiliation, the state of health, the level of development, the social and economic status of parents and other distinctions and determines the main condition of an inklyuziya: the school is adapted to the pupil, and not vice versa, that is a positive dominant for the main school enrollment consisting of normally developing children who learn to respect and appreciate the schoolmates with special needs to see that it lies behind line of an invalidization, to empathize and help, perceiving the world in all its variety and by that, creating tolerant space of school – we all are different, but we are equal.

The inclusive educational environment is a type of the educational environment providing with all subjects of educational process of an opportunity for effective self-development.

Efficiency of the inclusive educational environment is provided with system of the external and internal factors, and also constituting components. As strengths and, at the same time, specific characteristics of the inclusive educational environment are:

- availability of the barrier-free physical and psychological environment;
- the polysubjectivity of educational space providing a maintenance of training processes, education, socialization, development of students by different aspects;
- ensuring resource availability for all students;
- availability of real conditions of socialization, social adaptation and integration of various categories of children;
- emergence of new vectors of professional development of teachers;
- unity of parent community in the solution of general tasks of training, education, socialization of children;
- forming of a cooperation and social partnership as forms of social interaction and behaviour;
- implementation of the family oriented approach with centration on the identity of the child;
- ensuring authentic individualization of educational process.

The problem of modeling new, adequate to modern requirements of the educational environment is particularly acute today.

The main objective of the organization of such educational environment, according to V.A. Yasvin, consists in aspiration” to construct and model training process in the way that each school student could be in conditions favourable for his development, feel comfortable impact of all educational environment. The educational environment in its turn would act as the main guarantor of personal success in implementation of the tasks set by the school student, success of his development in various aspects (physical, intellectual, moral, etc.)” [21].

The first who paid a special attention to modeling of the spatial and subject educational environment as on a key factor of personal development was Maria Montessori [22]. In the model of the developing educational process designed by her, the teacher was recommended as a mediated management of children, first of all by the relevant organization of the spatial and subject educational environment — “the preparatory environment” as Montessori called it. The designed by Montessori for preschool and younger school age the preparatory environment induced the child to realize possibilities of his own development through the amateur performance corresponding to his identity.

The preparatory educational environment, according to Montessori, creates a complex of disabilities for physical and spiritual development of the child, understanding and taking the life experience into the system: "... it is important to create a preparatory environment, considering motor needs of the child. The equipment for the size and convenience has to be chosen according to force and height of the child.

Thus, when modeling a spatial and subject component of the educational environment of an inclusive class can be included: architecture of the school building, degree of openness and closeness of intra school design, the size and spatial structure of rooms in the schoolhouse, ease of their spatial transformation, an opportunity and width of spatial movements of subjects in them, etc.

Availability of the classroom is a major preliminary condition of training in the inclusive educational environment [23]. When it is about availability of space of an inclusive class for disabled children –the first that comes to mind, is installation of ramps in those zones where there are ladder flights. Ramps are really very important for the children moving in carriages but not only for them. They are also useful to the children using various devices for movement (a framework support, crutches), and also for children with disorders of the movement. It is also necessary to expand doorways for movement of the child in a wheelchair. Doors also have to be oar on the design, and should be easily opened for the person sitting in a carriage and also not to be slammed at once so that the person had enough time to go through them.

For children with vision disorder doors must be of such a design as to remain either completely open, or completely closed. In these classes where there are children with visio disorder, it is necessary to avoid frequent shift of furniture as well.

The classroom, in which there is a child with movement disorder, should be spacious enough, so that the child could move freely in it therefore our traditional classes not always meet these requirements.

It is better to put children with disorder of behaviour in that part of a class where there are few objects distracting attention. It can't be:

- window seats because these children won't be able to concentrate attention on this or that educational task;
- seats in a class in which the stimulating and developing materials and textbooks are collected (posters, cages with animals, aquariums);
- seats near the door or near bookcases with the materials which are often used during a lesson that doesn't promote concentration of attention of such children [24].

It is necessary to pay attention also to the height of tables and chairs in a class which should be convenient for the child with limited disabilities of

development. For example, heightening the school desk will allow to put the child's carriage conveniently. Regiments and racks also should be located at the height suitable for all children.

For children with vision disorder it is necessary to consider a number of additional factors: if the child has very weak sight, objects should be always in the predictable sequence, and the child with the weakened sight needs to be oriented in this space. If classes are conducted in other place, or the location of materials and objects changes, the teacher should draw the attention of the child with weak sight to these changes. Questions of lighting and the overview in the classroom are very important. Children with this pathology should sit in the lightest part of a class so that they can see visual aids and training materials much better.

Children with a hearing disorder have to sit where they can hear best of all and where they can read in the best way from lips of the teacher and to see answers of other pupils of a class.

In general, at inclusive school, all rooms and zones (centres) available to ordinary pupils have to be available as well for children with limited disabilities of development. For example, dispensers with drinking water have to be established at such a height that all children could use them.

For the comparative analysis and a right choice of the model of inclusive educational environment is also necessary to consider different models of space of the physical environment of classes. So, for example, in traditional, such arrangement of educational places in a class at which ranks of school desks face opposite the board a teacher's table is considered, and the teacher conducts the occupations, addressing the pupils sitting before him (Figure 2). In a set of photos it is possible to see a similar arrangement of school desks in a class, and many teachers continue to place school desks in a class in this way, and, irrespective of a training step. In many classes of the main step of training of pupils begin to transplant thus, altering landing of pupils a little at lessons of those teachers which work with children short time.

Benefit of such an arrangement of educational places will be that the attention of pupils is drawn directly to the teacher facing them. The teacher can see all the pupils which helps him to be convinced that all children listen to him and are involved in a productive activity. Nevertheless, the similar arrangement of educational places in a class has the essential shortcomings influencing training process. First of all, training becomes concentrated on the teacher, and possibilities of training through a discussion and dialogue with peers are sharply reduced. Training in such conditions becomes passive perception (chalk and talk) of some training material for pupils, and activation and involvement of pupils in training process don't happen.

In case of such training it is very difficult to correspond to individual

requirements of training. Pupils become passive receivers of “knowledge”, than active participants of educational process.

Especially children with various disabilities strongly feel the disadvantages of such training. As it was mentioned above, in case of such arrangement of educational places, pupils with disabilities can feel isolated, sitting ahead, all the time being at a stare of the teacher, and without having an opportunity to communicate with the companions. Of course, in case of such arrangement of educational places there are some benefits to form academic skills [23] while social barriers don't decrease, but increase and become more and more expressed. Even more significant is the fact that for children with various disabilities it is necessary to be more involved in training process, than it can be provided by this method of training. In case of such a model of training the child can interact only with the children sitting next to them [25]. Meanwhile, children during training should have an opportunity to interact with each other in a different way so that this training could be effective for all pupils [26].

The following model of the physical environment we would like to highlight is *the organization of educational space through formation of the mixed groups of pupils* that means: the pupils having different abilities for work at a lesson unite in one mixed group (Figure 3).

Figure 3. The plan of arranging study seats of pupils when forming mixed groups.

This method of arranging study room starts to be considered as an excellent way of grouping children with a purpose of effective training recently, especially if it is possible to avoid those difficulties which can arise in work with mixed groups. In such dissimilar groups, children from different origin, interests and abilities can actively interact at the lesson and learn from each other. As long as such an arrangement can cause an active interaction then it is possible to use various methods and approaches focused on the child such as learning from peers, cooperative work in groups [25].

The benefit of this method of the organization of educational space for the teacher is that his role changes and he begins to promote training process to a large extent, than when using the methods aligned on the teacher. Also, the teacher can perform educational process in any part of a class and easily come up to children if it is necessary to give some of them individual help.

Important value when modeling the educational environment of an inclusive class has the approach based on *the organization of educational space for individual training* (Figure 4).

Some teachers will organize space in the class the way that the arrangement of educational places by this or that principle of grouping is absent in general. Instead of it small educational spaces are created which the child chooses on the preferences and according to the task which was given at the lesson. Most

often, such organization of space happens in classes where younger children study, but also some zones at the main school, or the centres of activity can be arranged by this principle.

Benefits of such method are that the child can choose that zone of a class, which suits them most of all. The space organized in this way is suitable both for work in small groups, and for individual work. The class zone, which includes a convenient sofa or other upholstered furniture, can be very useful for carrying out informal reading, conversations and discussions. The teacher can easily move in a class and satisfy the individual needs of children arising in various parts of the classroom.

Obstacles in use of a similar method of the organization of space can be purely practical. A benefit of this approach for children is that they create very high level of motivation to educational activities and the high level of self-discipline if they can perform all the time the internal choice of that place where they want to work at present.

The number of such centres is different and as a general principle of their selection acts as completeness of different types of children's activity. It is very important that the child has an opportunity to make his own choice in what centre of activity to be engaged. For example, work for academic year in various centres of activity creates conditions for development of informative, mental abilities of children, taking into account their disorders.

For some children insufficient space structuring of the class can cause definite difficulties. Also children in such space must be able to follow their own course of training and to cope with their work mostly by themselves. As an example of such inclusive class there is an illustration of innovative model of creating discipline-developing environment within the framework of international educational technology «Step by Step» (MOT «SBS»), aimed at humanization, democratization, and individualization of the child's personality as well as of the child with special educational needs. All the materials, which work on this technology, are located in so called "active centres" i.e in organized zones of the classroom.

Thus, the personal oriented environment creates necessary conditions for the organization of the individually differentiated work with children with different educational requirements. Teachers constantly maintain interest of children in the world around, pay attention to new objects, involve children in observations. Teachers of inclusive classes at the lessons, morning training sessions teach to apply special means to material storing, train children in the simple acceptances of storing and conscious self-checking raising efficiency of mnemicheskyy activities, by means of various exercises and games on development of large and thin motility help children with disorders of the musculoskeletal device that is promoted, first of all, by work in the

manipulative centre, in the centres of art, a manual work (drawing, a molding, application, cutting, sewing, knitting, an embroidery, weaving, etc.).

We see that the model of this educational environment serves interests and needs of the child, and her elements (the equipment, textbooks, didactic material, etc.) – to development of the child.

Therefore for the teacher working with children with special educational needs in an inclusive class it is important to be able to model different components of the educational environment, to create conditions for full education and development of different pupils.

When modeling the inclusive educational environment, *first*, it is important to pay attention to features of children with special problems:

- structure of primary defect;
- degree of its expressiveness;
- character and features of psychophysical development (sensor motor, visual, tactile, acoustical, motive and motor, visual and spatial); *secondly*, it is necessary to consider requirements which have been developed and presented in the concept of the developing environment.

Depending on the contingent of children included in inclusive space, the developing subject environment will have the specifics and will provide conditions for full development of all kinds of activity.

Consequently, considering therefore said, and modifying the educational environment in an inclusive class where work with children is carried out in small groups or the centres of activity it is *necessary*:

- To equip training centres and other possible zones of a class with signs which the child can distinguish to the touch.

- To acquaint the child with the classroom even prior to regular trainings.

- To involve other children in support of the child with special needs.

- To watch that an environment was predictable for the child.

- To develop the action plan on a case of extreme situations.

- To provide the help during educational evacuations.

- If necessary to expand doors for journey of a wheelchair.

- To equip all low ladders with inclined ramps.

- To arrange furniture so that to provide the maximum freedom of movement of a wheelchair.

- To provide enough place for group occupations and collective games.

- To develop the plan of use of a toilet, convenient for the child, if in the building there is no toilet where it is possible to come around on a wheelchair.

- To equip a corner for work of the child together with the teacher or other child. This corner has to be fenced off by screens or barriers that the teacher had an opportunity to look after the events inside, and children couldn't see other part of a class.

- Divide the centres of activity by shelves as physical barriers.
- Protect acute angles of furniture soft objects not to allow injuries.
- Provide the child with an opportunity to move if he needs a respite.
- Provide a predictable situation.
- Rearrange furniture so that the walker could pass in any place.
- Develop plans of carrying out educational evacuations for a case of force majeure.

- Provide space out of the room on which it is possible to move in a walker.
- Equip all low ladders with inclined ramps.

Mohr [66] in his work has offered that to organize the environment for children with special needs in an inclusive class necessary:

- To provide these children with the most convenient seats for them in a class.

- To put these children with diligent and advanced pupil.

- To put them near that pupil of a class who is the carrier of a positive role model.

- To avoid putting the child near the objects distracting attention.

- To use the places intended for individual work or silent quiet zones in a class.

- The working zone of a class has to correspond to that educational style which characterizes the teacher of this class.

- The blackboard shouldn't be encumbered with foreign materials.

- To create safe, free from obstacles and barriers environment

- To provide adequate space in a class for movement.

- To organize educational places so that pupils could work and interact at a lesson in flexible groups [26].

Except for the correctly structured class space, the good teacher, *firstly*, always establishes certain rules of the schedule, which are told all pupils in a class in a clear and available form. These rules can concern daily aspects of life of a class as well as those, which can arise only in special circumstances. Children feel better in such a class where frame rules and norms are clearly established. *Secondly*, as the inclusive class assumes presence of the most different pupils therefore the teacher has to have different approaches to their training, especially, when it concerns the culture of class community. As we know, there can be children with less serious and less noticeable at first sight differences, and also, on the contrary, with outstanding differences.

A question of the correct evacuation of children with special needs is one more important aspect. First of all, in respect of evacuation it is necessary to think over how children with disability will be able quickly and safely to leave the school:

- children with vision disorders have to be brought from the building in case of evacuation;

- children moving on carriages, or having serious restrictions of the movement have to be assisted to leave the room in case.

3.2 Educational barriers of inclusion of children with disabilities in general education process

Development of a problem of scientific-theoretical and methodological bases of inclusive education allows to find the universal principles and practical approaches to different categories of children who need to be provided equal access to education. For the solution of problems of inclusive education in general and inclusion of the specific child in educational process it is necessary to answer questions:

What categories of children have obstacles for full inclusion and participation in educational activity and in life of society?

What barriers exist at each level of system?

How can barriers be minimized?

What resources have to be connected for support of training and participation in life of society?

Barriers to inclusion can be physical, and are caused by distance, lack of transport, nature of infrastructure, obstacles for physical access to buildings and public places or obstacles to receive the information.

The state educational policy in the Republic of Kazakhstan in the area of development of inclusive education is directed to elimination of physical barriers and creation of special conditions for education. Actions for development of inclusive education are performed within the State programme of development of education and science in the Republic of Kazakhstan for 2016-2019. [2].

Active work on creation of barrier-free access at comprehensive schools is carried out in the republic. 26% of schools in the republic became inclusive where conditions on elimination of physical barriers (wide apertures, ramps, hand-rail) are created.

Harmonious socialization of the child with special educational needs, is possible in case of full inclusion in life of a family, community, in communication with peers, in training, education and in productive activities. At the same time inclusion of the child with special needs in training process and education is an integrative part of general process of inclusion in life of community. Owing to the functional disorders, these children, in case of inclusion, have some difficulties and problems, in the sphere of communication, perception of information, development of movement skills, productive activities.

These difficulties and problems on the one hand have personal character, are connected with nature of disorder of functions and structure of defect, features

of health, development, education and can be eliminated with assistance of psychologists, teachers - speech pathologists, logopedists, doctors, experts of therapeutic exercises, also through compensation of disorders with the use of technical and supportive applications.

At the same time development of domestic inclusive education still meets difficulties of providing “the barrier-free environment” or elimination of physical barriers, and also educational barriers or problems in the organization of educational and correctional developing processes. They include widespread stereotypes and prejudices concerning children with limited disabilities, also a lack of systematic, complex psychology and pedagogical knowledge and technologies, special researches on problems of inclusive education.

Determination of educational barriers in case of inclusion of children with limited disabilities in general education process is also connected with emergence of difficulties in training. For ensuring efficiency of inclusion of children with limited disabilities in pedagogical process it is necessary to prevent their emergence as in training process and the correctional developing work.

The problem of inability or difficulty of training is widely discussed by specialists of different profiles: doctors, teachers, psychologists. Many researches (A.R. Luriya, V.I. Lubovsky, Z. Trzhesoglava, O.V. Bazhenova, L.P. Grigorieva etc.) note communication of difficulties in training with brain pathology.

Difficulties of training became a subject of scientific and pedagogical researches (A.A. Budarny, A.I. Gelmont, L.E. Eremina, L.S. Slavina, V.I. Malinovich) in the 60s of last century. Difficulties in training are naturally connected with individual and personal features of children and their social environment.

In modern society there is the whole complex of various factors which can become the reason of difficulties in training among pupils. It is possible to distinguish downward tendencies of level of children’s health in the republic from these factors. Besides, exert on a condition of psychophysical health of younger generation a negative impact and social and economic difficulties in society, as a result deterioration in financial position of a considerable part of families, decline in quality of food and other reasons (R.A. Suleymenova, G.D. Hakimzhanova) [27].

Another objective factor reducing endurance of the child to an academic load is intensive growth and age changes in an organism.

One of the most important criteria of effectiveness of training process is achievement of progress by each pupil of such level who corresponds to its real disabilities in a zone of the next development. In this sense, the important part is assigned to the subject of educational activities – the pupil with all individual and psychological features of development inherent in it.

Most often “difficulties of training” are understood as training process disorders of reading, writing, counting. Specifying on inexplicable difficulties of mastering educational skills, i.e. discrepancy of school achievements of the child to that level which can be assumed proceeding from its mental abilities is the cornerstone of almost all determinations of “difficulties of training”. So, for example, in the USA in case of diagnostics of difficulties of training it is offered to be guided by the following determination: “the expressed discrepancy between mental abilities and success in one or several of the following areas: the oral expressional speech, understanding of the speech from hearing, the written expressional language, basic skill of reading, understanding when reading, calculating transactions, a mathematical reasoning” (H.T. Sheryazdanova, L.K. Ermekebaeva) [28].

Ignorance by teachers of inclusive schools of the reasons of difficulties in training features of psychophysical development of pupils, and, also methods of work with them, as a rule, lead to failures in educational activities both of the teacher and of the pupil.

The factors causing emergence of difficulties in pupils are: somatic and psychological trouble of the child, his psychophysical and emotional and personal unavailability to training at school, unformed skills of educational activities, disorder or delay in forming of separate mental functions (attention, memory, the speech, perception, thinking) and capabilities to assimilation of reading, writing and counting, and also a problem of communication and behaviour.

The difficulties of training of children with limited disabilities in inclusive education are one of examples of educational barriers. Such work will provide success of inclusion of children with limited disabilities in educational process of comprehensive school.

Based on laboratory of vocational school education of the National Scientific and Practical Centre of Correctional Pedagogics (NSPCCP) problems of training of children with limited disabilities at general comprehensive schools were studied, and also organizational and pedagogical conditions of inclusion of children with limited disabilities in educational process of comprehensive school are determined.

Development of pedagogical conditions of inclusion of children with special needs in educational process of comprehensive school has allowed to mark out difficulties during the work with such children:

- lack of special knowledge and skills according to needs and disabilities of pupils, by a technique and methods of their training, activization of attention, memory;
- increase in the load of the teacher connected with the decision of social, household, emotional and other questions;

- complexity of development of the schedule and structure of carrying out lessons;
- material neediness of schools – absence of the equipped sports hall, technical means of training, modern special methodical literature concerning training, education and social adaptation of children with special needs;
- lack of the help of experts (psychologist, logopedist, speech pathologist, expert of physiotherapy, constant nurse, social teacher, methodical office and methodologist);
- lack of time for individual work with the child;
- complexity of work with the pupils having abnormal development.

In general comprehensive schools we will distinguish the facts of leaving of children with limited disabilities from special and usual classes of comprehensive schools (Table 4). Children with limited abilities most often leave because of their transfer to special schools whereas a common cause of leaving of pupils with limited abilities special classes of comprehensive schools family circumstances. It should be noted that such reasons caused by features of psychophysical development, poor progresses of children with limited disabilities have been specified in insignificant cases.

Absence of the child with limited disabilities at lessons because of reasonable or disrespectful excuse is a quite typical situation for inclusive classes.

Table 4. The reasons of leaving of children with limited disabilities from comprehensive schools, according to teachers' opinion.

In %

| Reasons | Quantity | |
|---|--------------------|------------------|
| | In special classes | In usual classes |
| Family circumstances | 42,1 | 29,9 |
| The transfer of the pupils with disability to special (correctional) school | 37,2 | 42,9 |
| Frequent diseases of pupils with limited abilities, somatic weakening | 28,4 | 36,4 |
| Frequent admissions of studies by pupils with disabilities | 16,9 | 12,9 |
| Inadequate behaviour of pupils with disabilities at lessons | 14,8 | 9,1 |

Continued Table 4

| | | |
|--|------|------|
| Poor academic progress of pupils with disabilities | 12,0 | 19,5 |
| Conflicts of teachers with parents | 7,7 | - |

Absence at lessons for the called category of children has a number of features, namely: difficulties and failure in educational activity which lead to a decrease in motivation; negative, emotional experiences because of problems in the relations with teachers or schoolmates; complaints about real or imaginary deterioration in health, it is difficult to distinguish as most of children with limited disabilities somatically are weakened.

Other important aspect in a situation of missing lessons of children with limited disabilities is the attitude of teachers to that. In practice the teacher can't stop teaching the training programme because of the absence of the child with limited disabilities, and when that child appears after several lessons anyway the teacher has to come back to the material passed before especially as there are features in cognitive activity of the pupil. It is necessary to say that similar practice is inadmissible in the conditions of true inclusive education as special conditions for have to be created for each child included in educational process with limited disabilities taking into account disorder type in development and specific psychophysical features (*modification and adaptation of educational process*)

The difficulties in training that children with disabilities have directly in the course of a lesson, according to parents of those children, are connected, first of all, with the complex content of a training material (44,1%), further with the fact that the child isn't able to keep up with the course of a lesson and rate of assimilation by a class of a training material (20,6%), the teacher gives a training material in an inaccessible form (17,6%), with lack of due consideration of the teacher to their child (14,7%).

The difficulties of training arising at a lesson according to children with special needs are the following:

the child doesn't manage to perform a task at a lesson – 58,3%;

the teacher seldom asks the child at a lesson – 25%;

the teacher explains a theme quickly and unclearly – 27,8%;

the child is afraid to ask somebody to help – 16,7%;

the teacher gives too many tasks and at a lesson there is nobody to help at a lesson to perform difficult tasks as all are busy (on 13,9% respectively);

the lesson is too long – 11,1%.

The answers of children given above, correspond to the following indicators of difficulties in training: not formation of skills of educational activities when

training in special classes (58,3%) and regular classes (11,1%); psychophysical and emotional and personal unavailability (16,7%); features in development of mental functions when training in special classes (13,9%) and regular classes (27,8%) [80].

According to parents of children with special needs, the reasons of the difficulties children have in training process, are the following: features of cognitive activity of pupils, specifically slow perception, features of memory, attention and thinking. The problem of competence of the teachers working with the children having limited disabilities was stated. In this case we consider it is important to emphasize once again that efficiency of inclusion of children with special needs in many respects depends on availability of psychology and pedagogical maintenance of inclusive education which organization is especially urgent now.

In practice the problem of low progress in the presence of the conclusion of PMPK can be solved through adaptation and modification of educational process at inclusive school. Such work is directed to respect for interests of the teacher who tries to resolve issues of increase in general level of educational progress, preserving own reputation, achievement of model indicators of teaching and educational work, and also interests of the child which by means of parents can realize the potential disabilities at new school.

Thus, it was established that both children with special needs and the teachers of special and regular classes might have difficulties in training.

It is necessary to consider separately the solutions of problems in case of inclusion of children with special needs in general education process offered by teachers. So for improvement of a situation in training of children in the conditions of comprehensive school the teachers consider to take the following measures:

- * opening of psychology and pedagogical correction service which would be engaged in qualified diagnostics of informative development and educational abilities, would conduct correctional classes, and also give advisory and methodical help to teachers and parents (96,1%);

- * additional payment to the teachers working with children with limited abilities (57,1%);

- * introduction in staff of the comprehensive school training children with disabilities of a rate of the special teacher (speech pathologist) (50%);

- * opening of day-care centre (46,8%);

- * providing special educational equipment and demonstration materials (35,1%).

At the same time preference is given to acquisition of a computer special complex for children with vision and musculoskeletal disorders, to the computer developing programmes, distributing materials.

Works of domestic and foreign scientists demonstrate that pupils with limited disabilities have various chances in assimilation of knowledge of skills. The inclusive school, certainly, has to consider these distinctions. In particular, it is necessary to provide different forms of inclusion of children on general education environment:

a) *training in a usual class* – for pupils with safe cognitive abilities (for example, with musculoskeletal disorders). For them special educational programmes aren't required. In such a class 1-2 pupil with d disabilities can study. If necessary the teacher can obtain necessary information and advisory support in the resource centres and in the organizations of vocational education.

b) *training in an inclusive class* – for pupils with the level of informative disabilities is close to normal or below normal. Training of school students is carried out as on the general, and special educational programmes on the basis of which the individual educational programme is formed. No more than three pupils with disorders in development can study in one class. The total number of pupils of a class decreases according to such ratio when 1 pupil with disabilities replaces three pupils with normal development. Maximum number

per class shouldn't exceed 20 pupils. In relation to each pupil having limited abilities, teachers have to carry out individual approach in the course of training. The teachers working in an inclusive class have to study the corresponding professional retraining in special pedagogics and bases of inclusive education. They should be provided with advisory support of specialists of the resource centres and school psychological - medical-pedagogical consultation;

c) *training in a special class* – for the pupils requiring special conditions (the special programme, special methods and technics of training, the specific equipment and didactic benefits, the sparing psychology and pedagogical mode). Training is conducted by the special curriculum with observance of all requirements to the organization of educational process, which are shown in Standard rules of the organization of activities of the special general education organizations.

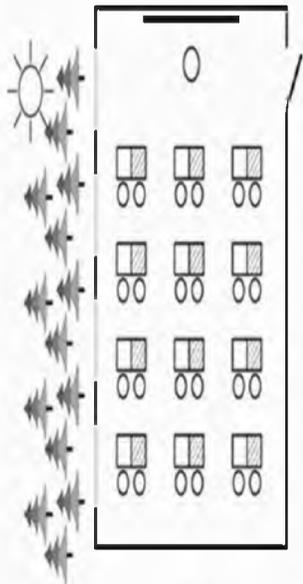


Figure 2. Traditional plan of arranging study place in a class

Regulations in the State obligatory standard of secondary education (primary, main secondary, general secondary education (Further - the Standard) state that in the presence of children with disabilities

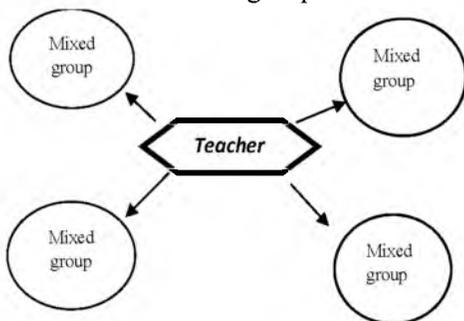
the division of a class is performed at the rate of reduction of a total quantity of pupils by three for each such a child, also for students with disabilities the conditions to get education, correction of developmental disorders and social adaptation are created. [29]

Training conditions at comprehensive school for children with hearing disorders

The children with hearing disorders who don't have disorders of intelligence get an education in volume of the main secondary or general secondary education in the conditions of a special class of comprehensive school, or in a class with coeducation with normally developing children, with special psychological and pedagogical assistance.

According to the the state of hearing children are distinguished as hearing-impaired and deaf.

Relative deafness is the permanent lowering of hearing causing difficulties in perception of the speech. Relative deafness can be expressed in different level from small disorder of perception of the whispering speech to sharp restriction of perception of the speech volume. In case a child has a relative deafness there are difficulties in perception and independent mastering the speech. However, there is a possibility of mastering by means of hearing at least the limited and distorted composition of words. Children with relative deafness called hearing-impaired.



Deafness is deep defeat of hearing in case of which perception of the speech without hearing aid becomes impossible. In case of deafness independent mastering of speech (spontaneous formation of the speech) doesn't occur.

In each of these groups different hearing impairment is marked.

Pupils with a hearing disorder perceive information at a lesson

on an aural-visual basis that obliges the teacher to show constant attention to monitoring over definition of own speech, over understanding perceived by the pupil, to correction, specification of sound syllabic composition of the speech. The pupil should sit in a class in that place where he could hear and see the notes of the teacher on a board.

Among children with a hearing disorder, it is necessary to consider separately conditions of inclusion of children after cochlear implantation. Children after cochlear implantation go to PMPC for definition of a kind and type of the educational programme, adequate conditions of correction, training and education. Standard rules of the organization of activity of special

comprehensive schools it is provided that children with the cochlear implant (established aged from 1 year up to 4 years and with experience of constant carrying hearing aids not less than 6 months before cochlear implantation) are accepted in the special general education organizations for children with defect of the speech.

The children with a cochlear implant having the low level of perception and development of the active speech who have had cochlear implantation (after 5-6 years) are admitted to special comprehensive schools for hearing-impaired children.

At the same time, parents of children after cochlear implantation have an option of the organization of education according to the place of living, but it is necessary to take into account the necessity to provide with long hearing and speaking rehabilitation of the child after cochlear implantation.

Training children with a hearing disorder, including after cochlear implantation, is carried out in the conditions of constant use of the electro-acoustic sound-amplifying equipment of various types (stationary collective and individual use and individual hearing aids, FM system, a magnetic loop in an acoustical office and the school hall, the installed radio school hall, recreations, a corridor, a lobby). The inclusive school, which trains children with a hearing disorder, has to have a record library, musical instruments and sounding toys.

Training conditions for children with vision disorders at comprehensive school

The blind and visually impaired children who don't have intellectual disorders get an education in volume of the main secondary or general secondary education in special classes of comprehensive schools, or in a usual class with coeducation with normally developing children, with ensuring special psychology and pedagogical maintenance.

The blind people are the subcategory of persons with vision disorders who completely have no visual feelings, whether there is a feeling of light or residual sight (to 0,04 on better seeing eye to correct with glasses, and also persons with progredient diseases and narrowing of a field of vision (do10-15 *) with visual acuity to 0,08.

On the extent of disorder of sight, persons with an absolute (total) blindness on both eyes are distinguished at which visual perceptions are completely lost, which have a feeling of light or residual sight allowing to perceive light, colour, contours of objects.

Visually impaired are a subcategory of the persons with disorders of sight having visual acuity from 0,05 to 0,2 on better seeing eye with correction by usual glasses. Except decrease in visual acuity visually impaired can have disorders in a condition of other visual functions (colour-and a feeling of light, etc.).

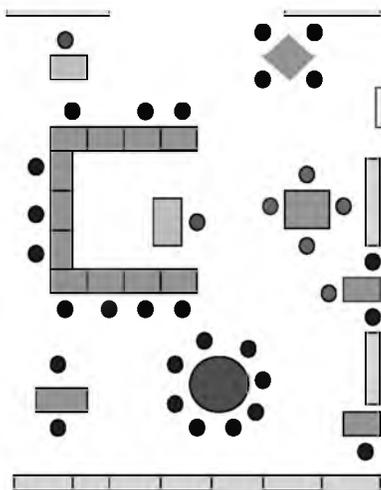


Figure 4. The plan of arranging study seats

Training of visually impaired pupils is conducted according to textbooks of general comprehensive school which are published in larger print and specially transformed images available to visual perception. Training of blind children is carried out with use of the Braille system of the letter.

For impaired pupils should be created favourable conditions for visual work in class, the notebooks corresponding to weak sight with an accurate lines, optical and technical means of the help are applied:

- the means of correction of sight (points, contact lenses, magnifying glasses, telescopic points) appointed by the ophthalmologist;
- devices (appliances) allowing to regulate natural lighting;
- the special single seat school desks providing the correct sitting during reading, writing, drawing, examining of illustrations;
- the supplementary instrument for pupils (the devices for writing on Braille's system, reading machines, typewriters with the Braille font, the device "School student" for relief drawing, optical devices – magnifying glasses, lenses, telescopic means – according to the recommendation of the ophthalmologist, etc.);
- typhlo-technical aids (typhloflodevice for writing, the electronic devices having the tactile and Braille display, speech synthesis).

Educational and training process is carried out with obligatory application of the typhlo-technical aids and the special equipment taking into account the structure of defect, degree and the nature of disorder of sight. The equipment for blind persons, the children with late onset blindness is based on use of tactile and visual and tactile perception. In correctional work the special didactic material and special means of presentation allowing to expand a framework of availability of educational and other information to children with sight disorders is used.

Correction of deviations in development of children is carried out by the teacher-speech pathologist (visual impairment specialist) in the form of group and individual correctional classes in development of visual perception (with blind persons) children – on development of touch and small motility), social and spatial orientation.

The last steps of a ladder at the entrance to school for orientation of the child with the weakened sight should be painted in contrast colors and banister is surely necessary. The banister has to be on both sides of the ladder of 70 and 90 cm, for the children of elementary grades they should be 50 cm. It is better to paint the door in bright contrast colour. If doors are made of glass, there should be a bright mark painted on the opening parts.

It would be better to make hand-rail along the entire perimeter so that the children with vision disorder could orientate themselves holding them when moving inside the school.

The relief covering of the floors (when changing the direction the floor relief also changes) or floor tile or just carpet strips can be a method of simplification of orientation for children with vision disorder. In changing rooms it is necessary to allocate for children with vision disorder a zone away from lanes and equip it with hand-rails, benches, regiments and hooks for bags and clothes. It is necessary to bring the child to this place several times so that he could remember it.

For creation of an available and comfortable situation in a class it is recommended to equip the single seats for students marked out with the relief texture or carpet.

Training conditions at comprehensive school of pupils with musculoskeleton disorder.

The concept “musculoskeleton disorder” (MSD) has collective character and includes movement disorder that has an organic central or peripheral origin [30].

Children with disturbances of a musculoskeletal system are presented by the following categories:

- children with a cerebral palsy (ICP);
- poliomyelitis consequences in a recovery or residual stage;
- myopathy;
- the congenital and acquired underdevelopments and deformations of a musculoskeletal system.

The training of children with musculoskeleton disorder can be carried out in the conditions of a special class of comprehensive school or in the general class in a combination with the special psychological and pedagogical help of experts (the instructor of therapeutic exercises, the logopedist, the psychologist) and also at home.

Types of musculoskeleton disorder:

1. Diseases of a nervous system: Cerebral palsy, poliomyelitis
2. Congenital pathology of MSD: congenital dislocation of a femur, wryneck, talipes, deformations of feet, anomalies of a backbone development;

underdevelopment and defects of extremities, arthrogryposis (congenital teratism);

3. Acquired diseases and damages of a musculoskeletal system: traumatic injuries of a spinal cord, brain and extremities, polyarthritis, skeleton diseases (tuberculosis, bone tumors, osteomyelitis).

Cerebral palsy is a serious illness of a brain which arose under the influence of various harmful effects of internal and external character on an organism of an embryo, fetus or the newborn. The cerebral palsy is expressed in the form of various motive, mental and speech disturbances.

The comprehensive school training children with musculoskeleton disorders should have specially adapted building (availability of ramps, wide doorways, the elevator of a wheelchair, the elevator along a ladder, automatic openers of doors, etc.) and special furniture (single school desks, desks for work standing, etc.), orthopedic devices, special devices for training (the handle, etc.). Whenever possible, the maximum number of classes, where there is a child with a cerebral palsy, should be as small as possible.

It is necessary to review additional space near the board for storage of a wheelchair (if the pupil changes from it to a chair), crutches, sticks etc. It is desirable to leave free pass near a board that the pupil on a carriage or on crutches could move easily near the board. Lower arrangement of a blackboard is also necessary.

Before the child with a cerebral palsy enters the class at general school, preparatory work among all participants of educational process (special attention needs to be paid to work with parents) should be carried out on forming tolerant attitude towards children with a cerebral palsy. It is reasonable to conduct introducing conversations at methodical meetings of school, parents meetings and faculty meetings about general and specific features of children with movement disorder that will undoubtedly increase the competence of teachers and pedagogical education of parents. It is necessary to invite for this work specialists from medical institutions and rehabilitation centres, offices of psychological and pedagogical correction.

Social adaptation and correctional work with the children with MSD provides creation of the barrier-free environment and special conditions for education and training of children taking into account their individual requirements.

There is a strong necessity of further improvement of system of the help including early diagnostics and the early beginning of systematic medical and pedagogical work with the children having a cerebral palsys. Children with a cerebral palsy can get medical support in system of the organizations of the Ministry of Health, namely in: organizations of primary health care, hospitals, children's homes, clinics, specialized sanatoria and rehabilitation centres

(Republican children's hospital Aksay, Rehabilitation centre "Balbulak", Republican children's rehabilitation centre, etc.). In these institutions recovery treatment and the qualified help of experts among which there are logopedists, speech pathologists, psychologists, tutors, doctors, etc. are performed for a long time.

Training conditions at comprehensive school for pupils with speech disorders.

Children with disturbances of the speech can study in special classes of general schools, or in regular classes of general schools, provided with special psychological and pedagogical maintenance.

The smaller volume of data and representations about surrounding, a failure of sensory, temporary and spatial inference, decline in the ability to remembering visual and acoustical material, insufficient focus and concentration of attention, insufficient mental ability, etc. are characteristic for children with disturbances of the speech. These children have poorly developed articulatory motor skills and fine motor skills.

Types of speech disorders

Disorders of sound articulation are called a *dyslalia*. A *mechanical dyslalia* is differentiated when disturbances of sound articulation are bound to disturbance of a structure of speech apparatus: abnormal occlusion, a short sublingual ligament (lingual frenum), excessively big (macroglossia) or very small, narrow tongue (microglossia).

Disturbances of sound articulation at the correct structure of the speech apparatus are called a *functional dyslalia*.

Often other type of disturbance of the sound articulation part of the speech a *dysarthri* occurs as a result of an organic disturbance of central nervous system. In such cases defect isn't expressed by a bad sound pronunciation but also the child has disturbances of the prosodic side of the speech - speed (slowed down or accelerated), a rhythm and smoothness (the speech is chanted (syllabled), fragmentary, saltatory) and an intoning. From the neurologic point of view, in the place of localization (disturbance of a nervous system) *cortical, subcortical, cerebellar, boulevard and pseudobulbardisarthrias* are distinguished.

One of the severe forms of disorders is *the rinolalia*, a disturbance of sound articulation and the prosodic part of speech, first of all, the disturbance of voice, caused by the disturbance of a structure of the speech apparatus in the form of cheiloschisis, cleft of alveolar bone, gingival crevice, and uranostaphyloschisis. The speech of the child remains muffled because of a nasalization and disturbance of a pronunciation of different (often many) sounds.

Sometimes the child suffers from the *rhinophonia*, a disturbance of phonation and prosody becomes perceptible the sound pronunciation is preserved. The child's voice is quiet, rhonchial, and nasalized. The speech is intoned and obscure.

At a *motor alalia* (the number of children with such disturbance accounts for the vast majority in summary group of children with the general underdevelopment of the speech) the underdevelopment of all speech system is bound to the brain underdevelopment.

In case of *sensorial alalia* the main symptom is the disorder of understanding of the addressed speech: in one case the child doesn't understand the speech at all, in other case listens to sounding of the speech, understands separate words, and in less serious cases understands the simple speech, but his phonemic perception is insufficient, there are not acoustic differentiations, there is no high acoustic analysis and synthesis. It is connected with immaturity of a cerebral cortex. The sensorial alalia is less common than motor alalia.

The General Underdevelopment of the Speech (GUS) is an aggregate term for cumulative group of children, common for which is *the disorder of formation of all components of speech system relating to its sound and semantic aspect (sound articulation, the vocabulary, the coherent speech) in case of normal hearing and initially safe intelligence* [30].

A phonetical-phonemic underdevelopment (PPU) of the speech is *the disorder in the process of formation of articulatory system of the native language among the children with various speech disorders due to defects of perception and pronunciation of phonemes* [30].

In educational process, it is reasonable to use specially worked out educational and methodical complexes promoting successful assimilation of the programme material by children with *speech disorders* meeting the requirements of the educational standard to knowledge and abilities of pupils, and also overcoming the developmental disorders of children.

Besides, special pedagogical support is performed by the speech therapist, if necessary the psychologist. Logopedic classes are given individually and in subgroups of 2-4 persons. Duration of lessons: at primary school makes 15 minutes individually, 20-25 minutes in subgroups; at general school it makes 15 minutes individually, 30-40 minutes in subgroups. Frequency of visit of individual lessons by children is 2-3 times a week. Pupils can attend logopedic classes either at school (if there is an office of speech therapist), or in an office of psychological and pedagogical correction.

Training conditions at comprehensive school for pupils with mental retardation.

The concept of “mental retardation” (MR) is used in relation to children with the minimum organic or functional injuries of the central nervous system, and also to those who are in the conditions of a social deprivation (in difficult social environment) for a long time [30].

Children with MR make heterogeneous group because of heterogeneity of the reasons and degree of expression of their development retardation. Clinical and psychological researches (T.A. Vlasova, M.S. Pevzner, K.S. Lebedinskaya, etc.) allowed us to point out four types of mental retardation among children: constitutional, psychogenic, somatogenic, cerebral and organic. The common factor for children of this category are a lack of attention, a hyperactivity, memory depression, slow thinking activity, difficulty of a regulation of behaviour, low operability, a dismaturity of the emotional-volitional sphere. Insufficient expression of cognitive interests of children with MR is combined with a dismaturity of the highest mental functions, with memory disturbances, with a functional defect of visual and acoustical perception, with bad coordination of movements. Small differentiation of movements of hands has an adverse effect on productive activity: modeling, drawing, designing, writing.

Decrease of cognitive activity is expressed in limitation of knowledge about the surrounding environment and the practical skills corresponding to their age and necessary for the child at primary stages of learning.

Mild underdevelopment of the speech can be seen in the disorders of sound articulation, poverty and insufficiency of differentiation of the vocabulary, difficulties of assimilation of logical-grammatical constructions. A considerable part of children is noted to suffer from insufficiency of phonetic-phonemic perception, decrease in hearing and speech memory.

Disorders of the emotional-volitional sphere and behaviour are seen in the weakness of volitional attitude, emotional lability, impulsiveness, affective excitability, a motional rastormozhennost, or, on the contrary, in sluggishness, apathy.

Students with MR of constitutional, psychogenic, somatogenic character can study in the conditions of a regular class, provided special psychological and pedagogical assistance.

For children, with mental retardation of a cerebral and organic character it is more reasonable to organize special classes at general school. Training of children in these classes is conducted by special curricula, programmes with the organization of the protective pedagogical mode. The teacher has the right to independently choose didactic materials and textbooks for achievement of the purposes determined by the State obligatory standard of education in teaching and educational process [29]. Children get correctional support in a type of special individual or group lessons. In the process of correction

of psychophysical development and successful mastering of the training programme material students can be transferred to a regular class in case of an agreement of parents (legal representatives).

Tining conditions for children with mental development disorders (intellectual disability) at general school.

The category of children having permanent disorder of all cognitive activity and the emotional-volitional sphere in consequence of diffuse organic lesion of a cerebral cortex includes the children with mental development disorders (intellectual disability). Degree of expressiveness of defect depends on seriousness of the damage, on its primary localization, and also on acquisition time.

The feature of the defect in the case of intellectual disability is the disorder of the highest mental performance: reflection and regulation of behaviour and activity. First of all informative processes suffer: feeling, perception, memory, thinking, imagination, speech, and attention. In general disorders of the emotional-volitional sphere, motor skills and the personality are observed.

According to the classification accepted by World Health Organization in 1994 (ICD-10 of WHO), intellectual disability includes four (main) levels of mental deficiency: mild (F70), moderate (F71), severe (F72) and profound (F73) [31].

For the differentiated training of children with mental development disorders having various degrees of expression of intellectual disturbances 2 types of the curriculum are entered into standards of formation of a special needs school.

The I type of the training programme represents the standard programme of special comprehensive school and is intended for children with ***mild disturbances*** of intellectual development. This category includes oligophrenic children with mild and moderate degrees of debility at which the underdevelopment of complex forms of cognitive activity and thinking isn't followed by serious disorder of separate analyzers and is characterized by relative primary safety of the emotional-volitional sphere. Distinctive feature of these children is the ability for purposeful activity within available tasks for them keeping relative safety of behaviour. Having normal hearing and absence of the significant anomalies in the structure of speech organs, development of the expressional and impressive speech is retarded, and the most complex shapes of motor skills are underdeveloped. Slowness of mental processes and inactivity is common among the children of this group.

The II type of the training programme represents an easier version of the programme of the special needs school and is intended for children with moderate disturbances of intellectual development. This category of children represents clinically and psychologically diverse group.

In case of *moderate degree* of intellectual disability the biological factors caused by the underdevelopment of the brain or its more severe organic disorder have the greatest value. Such persons have slower rate of mental, speech and motor development. They obtain skills of self-service later. Not everyone is capable to master elementary school knowledge, but even those who obtain it, after hard work, partial skills of reading, counting and writing are defective, and they help a little with social adaptation. Nevertheless, as a result of specially organized training most of the children with moderate intellectual disability are capable to acquire necessary standards of behaviour, to work independently in special conditions, stop being a burden for people around. Such persons can usually carry out simple, simple tasks under the constant supervision and management considering their individual and personal qualities, in the conditions of stability of the environment and an invariance of requirements imposed to them. They need constant social protection and help.

For children with mild degree of intellectual disability it is reasonable to create special classes at comprehensive schools so that children could work with a specialist-teacher in the first half of the day, and in the second half of the day participate in different types of additional education, educational actions together with their peers.

In case of difficulties with opening of special classes, in case of a lack of the learners' number, or at the request of parents (legal representatives), inclusion of 1-3 children with mild mental development disorders in a regular class of comprehensive school is possible. These children need to get correctional support from the specialists of the school psychological, medical and pedagogical consultation (oligofrenopedagogy, the psychologist, the speech therapist).

Training of children with mild intellectual disability at general school is performed by the curricula, programmes, textbooks, educational and methodical complexes intended for special general schools for children with mental disorders.

Training conditions for children with disturbances of the emotional-volitional sphere including children with early infantile autism at general school.

Children with disturbances of the emotional-volitional sphere can be taught in special classes of general schools, or in regular classes of general schools provided with special psychological and pedagogical assistance.

Carrying out complex correctional psychological and pedagogical work is necessary for perhaps full adaptation and integration for school training among children with preserved abilities of communication and social development.

The divorcement from reality, retiring into oneself, absence or a paradoxical feature of reactions to external influences, passiveness or supervalnerability in

the communication with surrounding shows that the child has an autism. The syndrome of the early infantile autism (EIA) is a clinical model of the distorted option of mental development disturbance. In case of EIA separate mental functions develop slowly, others develop too quickly.

The clinical-psychological-pedagogical characteristic of autistic disorders of the person is difficult and diverse. The main signs of EIA (according to L. Kanner) are the triad of symptoms: an autism with autistic experiences; stereotypic, monotonous behaviour with obsession elements; peculiar disturbances of speech development. Most brightly autism appears at the age of 3-5 years old.

The characteristic phenomenon is the phenomenon of identity, i.e. aspiration to keep habitual constancy (the monotonous movements or actions, repetition of sounds, meal rituals, clothes, etc.). The stereotype is shown in a game, monotonous, senseless repetition of the same actions. Children with autism have fears, autistic imaginations at an early age (which are divorced from reality).

The features of speech development: mutism, echolalias, large number of cliches, phrases, (“changlessness”); lack of the address in speech, an incompetence in dialogue; late emergence of personal pronouns (“I”) in the speech; disturbances of semantics, grammar, and sound articulation.

Most of the children and teenagers with this diagnosis are in special comprehensive schools for children with speech disturbances, in special classes of mass schools, in healthcare institutions and social protection of the population. In Kazakhstan OO “AshykAlem” deals with the problems of training and socialization of children with early infantile autism.

3.3. Adaptation and modification of educational process at inclusive school

One of the most important tasks of inclusive education is the creation of educational conditions, the effective organization of educational process taking into account the needs of children for training. The special attention should be paid to the curricula and training programmes according to which training in inclusive classes is performed.

Giving a priority to training of children with special needs at special schools, teachers of regular classes consider it necessary to claim mild requirements to the assimilation of the training programme by them. They, understanding the need of assistance to these children with a support on cognitive capabilities, don't have special knowledge of the organization of educational process in the conditions of an inclusion.

It means that there is a contradiction between the orientation of teachers to the segregated training of children with disabilities and understanding of necessity to provide availability of knowledge. In practice there are problems of educational poor progress behind which there is a discrepancy of training methods to specific assimilation of educational material by the children with development disorders.

For assistance of children, teachers, having no special knowledge, are forced to transfer means, methods and approaches from practice of pedagogics and methods of primary, main secondary education. Teachers prefer to simplify the content of educational tasks and use the help of parents. Lack of progress causes misunderstanding in case of which the teacher supposes that the child with disabilities isn't capable to study, and the child feels inferiority complex, isolated, alienated which prevents from developing.

Domination of the difficulties of training burdened by inadequate manifestation of mental reactions, for example, in the form of excitement or disinhibition, strengthens the features of psychophysical development of children with disabilities.

Educational process at inclusive schools is performed in accordance with the Standard which specifies that it is necessary to create conditions for pupils with disabilities to get education, to correction of disorder of development and social adaptation.

It is necessary to remember that in case of inclusive education the comprehensive school has no right to show any requirements to the level of training or development of this or that child. The pedagogical staff of comprehensive school is obliged to create such conditions that anyone who wants to study at this school, will be able to do it and at the same time will be satisfied with the quality of educational services. Inclusive educational process is realised when pupils with disabilities can study and be brought up equally in a general education class, additionally receiving the necessary correctional help. Therefore the question of implementation of requirements of the Standard (as it is about training of "special children" at general school) and development of all children without exception is especially urgent.

In relation to a problem of adaptation and modification of educational process in an inclusive class we will specify the determinations which are used in the Standard [29]:

The curriculum is the document developed by the general education organization on the basis of the standard curriculum taking into account educational needs of students.

The obligatory training programme is the document which determines the content and amount of knowledge and skills for each discipline included into variative component of the standard curriculum.

The variative training programme is the document which determines the content and amount of knowledge and skills for the training course included into a variative component of the standard curriculum.

The level of training of the student is the degree of the content of secondary education obtained by the student and which is expressed in personal, systemic and activity and discipline (subject) results.

Basic level of obtaining the content of education is the level of an obligatory minimum of amount of knowledge and skills obtained by students.

Forming and development of the graduate meeting the requirements of the Kazakhstani society finds the reflection in content of education and is concretized in the requirements to the level of training of students. Level of training of students is assessed with a scope of three aspects: personal results; system and activity results; subject results. Personal results are tracked in the form of psychological and pedagogical monitoring of level of good manner, socialization and spiritual and moral, creative and physical development of the student and are fixed in his portfolio.

System and activity results are determined by achievements of the student on the subject Olympiads, elective courses, implementation of creative educational projects, and also other types of research activity and are fixed in his portfolio.

Subject results are reflected in knowledge and activity training of students on obtaining basic content of secondary education.

In the context of adaptation and modification of educational process at inclusive school, it is possible to make use of experience of vocational education, namely development of new correctional pedagogical technologies (V.V. Voronkova, A.M. Zmushko, L.R. Muminova, L.I. Solntseva, etc.) of creating a unique educational complex for persons with disabilities for the purpose of their integration (N.N. Malofeyev, L.M. Shipitsina, T.V. Egorova, E.V. Reznikova, N.V. Shevtsova, M.L. Baranova, etc.).

Vocational education is designed to solve also *the specific problems* that result from the features of development of pupils with intellectual and physical disorders:

Considering the degree of expressiveness of disorders of psychophysical development and level of cognitive abilities of pupils three options of training are distinguished.

1 option is the propertied education conforming to the state general education standard. It is recommended for children with sensor, speech, motive disorders the level of cognitive abilities of which meet the age standards;

2 option is the propertied education conforming to the reduced state general education standard (the volume of reduction of SCES is determined by specific features of the pupil with disabilities). It is recommended for children with sensor, speech, motive disorders, mental retardation, the level of cognitive abilities is lower than age norm;

3 *option* is the education which doesn't correspond to the properties and is implemented according to special educational programmes of special comprehensive school for mentally retarded children and to individual programmes (for children with heavy intellectual and multiple disorders).

Educational standards of content of education of children with disabilities are also reflected in Standard curricula of the special comprehensive schools developed on the basis of the Standard [32].

Curricula are the key link connecting training processes and assimilation of knowledge at schools. Standard curricula of special comprehensive schools solve the following problems:

- providing the disabled children with education at the level of requirements of the Standard, and providing the mentally retarded children with the education corresponding to their disabilities and needs;
- correction or compensation of the developmental disorders of children;
- creation of conditions for development of students, pupils according to their needs and disabilities;
- preserving and strengthening of physical, mental and social health of students, pupils.

Duration of primary and main secondary education according to the state educational programmes can't be less than ten years (Paragraph 1 of Art. 11 of the Law of the Republic of Kazakhstan "On social and medical-pedagogical correctional support of children with limited disabilities") [15].

For overcoming the developmental disorders of children with disabilities the structure of standard curricula of special comprehensive schools includes "a correctional component". "A correctional component" is a specific part of the curriculum of special comprehensive schools. The standard curriculum of special comprehensive school of each type includes the subjects of "a correctional component" corresponding to the features of development disorders of students.

Development features of mental activities of childrens with developmental disorders require modifications of curricula, use of original programmes, and redistribution of training material and change of rate of learning.

Work on adaptation of educational programmes represents innovative activities of teachers and administration of comprehensive school. At the same time, despite novelty and complexity, this work will allow to provide equal access for all pupils. For teachers of comprehensive school it is important to know the content of education of children with development disabilities, therefore, we will consider subjects of "correctional components" of special comprehensive schools.

When defining the content of the training of children with hearing disorder is considered general tasks of education and training of pupils as well as

special ones. Children should be provided with correctional support of a surdopedagog the main directions of which are overcoming the insufficiencies of the pronunciation part of the speech and its grammatical side, development of acoustical perception, the dialogical and monological speech, control of progress of the child in general education disciplines, assistance in case of difficulties of assimilation of the standard.

In individual approach to the pupil the teacher should use the training methods having polysensor nature, or relying on safe functions of the child (for example, replacement of dictations with other forms of tasks).

Development of content of correctional classes, choosing lexical and grammatical material should be carried out with an accent on thematic planning in general education disciplines.

“The correctional component” of the standard curriculum includes the following technologies: “Subject skills training”, “Correctional rhythmic”, “Development of acoustical perception and pronunciation”, “The sign speech”, “The colloquial and everyday speech”. As a part of content of vocational education for hearing-impaired pupils is distinguished: “Correctional rhythmic”, “Development of acoustical perception and pronunciation”.

Studying of subjects by blind children is performed according to the training programmes and textbooks of comprehensive school published by a relief and dot font of Braille. Training of visually impaired pupils is conducted according to textbooks of mass comprehensive school which are published with the integrated font, with accurate, without excessive disaggregation of drawings available to visual perception, using notebooks with an accurate lines and special visual means.

“The correctional component” of the standard curriculum includes the following technologies: “Correctional rhythmic”, “Protection and development of residual sight and visual perception”, “Social household orientation”, “Spatial orientation”, “Development of a mimicry and pantomimicry”, “Physiotherapy”.

Specific features of training the children with disorders at comprehensive school assume: redistribution of a training material, change of rate of its learning, dispensing of visual loadings, application of special forms and training methods, visual and technical means and devices.

Increase in terms of training of students with musculoskeleton disorder is connected with slow rate of mental development of children and the difficulties while mastering writing and reading due to speech and motive disorders.

“The correctional component” of the standard curriculum of special comprehensive school for children with mental development disorders includes the following technologies: “Acquaintance with the world around”, “Development of the speech”, “Correctional rhythmic”, and “Social orientation”.

“The correctional component” of the standard curriculum of special comprehensive school for children with mental disorders includes the following technologies: “Acquaintance with the world around”, “Correction of cognitive activity”, “Physiotherapy”, “Correctional rhythemics”, “Social orientation”.

Development of the content of correctional lessons, choosing lexical and grammatical material should be carried out with an accent on thematic planning in general education disciplines.

For the purpose of mastering special comprehensive school knowledge, skills by pupils according to requirements of the Standard curricula provided the prolonged training terms, and for successful vital orientation and socialization the number of hours is increased by labour preparation (“Technology”).

In this regard the main objective of teachers and schools in general, is adaptation of educational programmes for the solution of tasks of different level training for all children and creation of conditions for their implementation.

In this context it should be noted that in the conditions of inclusive school the content of education of children with disabilities in case of inclusion in general education process requires obligatory adaptation and modification of curricula, general education programmes in relation to educational needs and features of psychophysical development of children.

Adaptation of the standard curriculum demands from the teacher carrying out preparatory work. Answers to the following questions will help to determine the need of adaptation:

1. Can the pupil with disabilities take part in educational process on an equal basis with all others? If not, then...

(a) Can this pupil take part in educational process on an equal basis with all if conditions of their environment are changed?

(b) Can this pupil take part in educational process on an equal basis with all if teaching techniques are changed?

(c) Can this pupil take part in educational process on an equal basis with all, but with the requirements for assimilation of a training material changed in relation to him?

2. What adaptations are necessary for the maximum assimilation of material by this pupil, and for increase in level of participation of this pupil in training process?

Questions are based on the position that the child with disabilities should participate in educational process on an equal basis with other pupils. Teachers sometimes make mistakes, automatically making amendments to curricula for children with disabilities though it is not always necessary. If participation of the child in educational process without amendments and changes are not possible, then it is better if they were minimal. For example, changes and

modification of education guidance have a much bigger advantage to success of inclusion, than the “direct” help of the second teacher (the assistant, the tutor) in educational process.

The main objective of activities of the teacher in case of inclusion in general education process of children with disabilities is concluded in creation of necessary conditions for development of potential disabilities and “zones of the next development” of each child studying in an inclusive class.

Goal achievement demands from the teacher of inclusive school the solution of the following **tasks**:

1. Creation of conditions for assimilation of the educational programme by all pupils of an inclusive class;

- application of technologies, methods, acceptances, forms of the organization of study adequate to disabilities and needs of students modern;
- adaptation of content of a training material, and allocation of necessary and sufficient for the assimilation by the child with disabilities;
- adaptation of available or development of required training and didactic materials for different categories of children with disabilities;

Creation of conditions for adaptation of children with disabilities in group of peers, or at school:

-the organization of lessons, out-of-class activities with the use of interactive forms;

- the organization of the out-of-class work directed to reveal creative potential of each child, implementation of their needs for self-expression, participation in the life of a class, school;

- use of methods of assessment of their educational achievements and products of educational and extracurricular activities suitable for the abilities of the children [33].

In the conditions of training of pupils with special needs in an inclusive class the curriculum is in the centre of attention of all participants of educational process as it is the document determining tactics of training and the organization of psychological and pedagogical assistance [Margolis and Truesdell, 1987; Clough, 1988; Gormley and McDermott, 1994; Carpenter, 1997; Cole and McLeskey, 1997; Loreman, 1997].

Practice of training of children by individualized training programmes is legislatively and politically fixed in the majority of the western countries [OECD 1994a], and individual training programmes are the main instrument of training of children in inclusive classes [34].

Now the paradigm of adaptation and modification of standard curricula and educational programmes are based on several assumptions concerning children with disorders. It is, for example, a hypothesis that children with disorders have lower level of learning ability [Ryndak and Alper 1996; Department of Education Victoria, 1998] and they are incapable of performing necessary

testing tasks [Ryndak and Alper 1996], and often require more revision and practice for consolidating knowledge [Department of Education Victoria, 1998]. At the same time, there are certain demands to professional training and qualification of the teachers performing training of children with various disabilities at inclusive school [34].

Traditionally *adaptation* is understood as process of occurrence of the person in the environment new to him, and adaptation to its conditions. This is a universal phenomenon of all alive which can be observed in wildlife. *Adaptation* is the active process that brings either to positive (adaptedness, i.e. combination of all useful changes of an organism and mentality) or negative (stress) results. At the same time two main criteria of successful adaptation are distinguished: internal comfort-emotional satisfaction and external adequacy of behaviour – a capability to fulfill new requirements easily and precisely.

In the context of adaptation of educational process, progress and educational achievements of pupils will be criterion of successful adaptation.

Using individual training programmes encourages the child to achieve the accomplishment of the specific educational objectives set for him. The main objective of an individual curriculum for the pupil with disabilities is “correction of disorders” as far as it is possible.

Systematic work on structuring the educational purposes through adaptation and modification of standard curricula, educational programme is considered by many researchers as an optimum method of ensuring equal access to quality education for children with disabilities in the conditions of an inclusive class.

The main objectives of adaptation of the educational programme:

- compensations of the deficits which arose due to specifics of development of the child;
- minimizations of risks connected with the organization and content of training;
- implementations of needs of the child for development and adaptation in society;
- accomplishment of the state order on rendering educational service.

Adaptation of the educational programme includes the following *activities of the teacher:*

- Analysis and matching of content of education;
- Change of structure and time frames;
- Choice of forms of the organization of educational activities;
- Use of these or those technological methods;
- Determination of these or those didactic materials.

Thus, changes in the organization of teaching and educational process are necessary for modern inclusive school to meet various needs of all children; it is supported also in other works. So, the development of standard curricula

with bigger flexibility and variability, for satisfaction of educational needs of children with the most various disabilities becomes actual.

Teachers of inclusive classes need to know that pupils with disabilities due to features of psychophysical development need to change the ways of submission of information, i.e. modification of educational process.

“*Modification*” is understood as providing pupils with disabilities with special conditions in comparison with their schoolmates, particularly concerning the changes of terms of submitting tasks, a form of performance of a task, its organization, ways of representation of results [35].

Necessary changes of ways of submission of information (modification) have to be included in the individual educational plan of the pupil.

These changes should be applied so that they reflected individual educational needs of pupils, and it is also very important to find out opinions of pupils what they need, what difficulties in the course of training they experience. Partial performance of the general education programme by the pupil can be an example of modification.

Benefits of using the individual training programme.

Use of individual training programmes and individual planning creates the following benefits:

- helps to provide responsibility, the employee, responsible for carrying out training, has clear, focused and accurately defined reference points in the curriculum;
- compensates insufficiency of individualization of the standard curriculum, often standard curriculum corresponds insufficiently to the child’s life with various disabilities;
- gives parents the chance to know what their child is taught to;
- the structure of the plan allows all employees to work with the child to be focused on the most important areas of his training;
- provides exact information on what sections of the curriculum is necessary to train the child;
- allows to plan what additional resources and the supporting services can be required for training of this child;
- establishes a framework for carrying out assessment procedure of knowledge of the pupil [36].

In educational process it is necessary to use the specially formulated educational and methodical complex promoting successful assimilation of the programme material meeting the requirements of the educational standard to knowledge and abilities of pupils by children with mental development disorder.

They can be:

Notebooks-textbooks, notebooks with a printing basis for pupils of

primary classes on native language, on the second language, on mathematics, acquaintance with the world around, technology, graphic activities;

First-aid didactic kits for pupils with different level tasks and examinations;

Didactic materials for assessment of level of knowledge, skills of pupils of the first and second step of all disciplines.

The teacher has the right to choose independently didactic materials and textbooks for achievement in teaching and educational process of the purposes determined by the Standard.

Providing special conditions for education of students with disabilities at inclusive school is implemented through designing of individual educational programmes for the included child with disabilities and designing of educational process in an inclusive class.

The main **objective** of the individual educational programme is the creation of educational process for the child with disabilities according to his real abilities, proceeding from features of his development and educational requirements.

The individual programme of training is the plan made and written down in a special way focused and accented on the main problems of training of the child during a certain period of time.

The individual educational programme realizes an *individual educational route* of the child at comprehensive school.

The Individual Educational Programme (IEP) is developed by experts of school psychological, medical and pedagogical consultation (PMPC).

Obligatory component of the Individual educational programme is the short psychological and pedagogical characteristic of the child, the purpose and tasks of the correctional developing work, contents of the programme, and also the requirement to the level of readiness of the child which allow to estimate completeness of implementation of the contents of IOP at the level of dynamics of these or those components of psychophysical development of the child.

The structure of the individual educational programme consists of the following interconnected sections:

the title page of the programme with indication of the name of organization, purpose of the programme, implementation term, targeting of the programme (a surname, a name of the student, year of training), stamp of approval by the director, agreement with parents and the chairman of PMPC of school, identifying the specialist who is responsible for implementation of the individual educational programme;

the explanatory note in which the short psychological and pedagogical characteristic of the child is given with the list of the developed skills and abilities and those which aren't developed to the right degree, structure of the

individual educational programme, its purpose and task;
individual curriculum.

Content of IEP includes three main units:

an educational component;

a correctional component within which the directions of correctional work of supporting specialists (the teacher-logopedist, the teacher-speech pathologist, the educational psychologist, the social teacher, the health worker) are stated, its approaches, methods and forms, recommendations of the above mentioned specialists to the teacher and parents.

an educational component containing the section of the class tutor with recommendations for the student's parents;

monitoring of achievements of the student in which the results are specifically formulated on the programme implementation at the level of dynamics of indicators of mental and psychological development of the student and level of formation of core competencies;

conclusion and recommendations in which reasons for introduction of amendments by results of intermediate diagnostics and the conclusion about implementation of the individual programme are formulated in general in case of discussion of the matter within a final psychological, medical and pedagogical consultation at the end of the academic year.

Activities of the teacher on adaptation of the educational programme within development of Individual educational programme (plan) include the following work types:

Pedagogical diagnostics

Determination of the purpose and tasks of the help to the child with limited disabilities in assimilation of this or that discipline (it shouldn't be all disciplines).

The analysis of the educational programme on a discipline (educational area) to highlight the most important, essential didactic units, universal educational actions obligatory for development of the child with limited disabilities.

Calendar and thematic planning on a discipline, allocation of didactic units, the universal educational actions corresponding to this or that category ("must, obliged, be able to"), comparison of content of this or that discipline to programmes of special comprehensive schools.

Setting objectives and tasks of a lesson on this or that theme in compliance with the expected level of development by the child with limited disabilities of this theme (examples are stated above).

Before working with IEP, to constitute the plan, teachers urgently need to get acquainted with results of diagnostics of children by various specialists to determine:

nature of special needs;

current level of development of the pupil;

individual potential abilities of the child, “zone of proximal development”.

Primary diagnostics of pupils in case of being admitted to school helps the teacher to determine not the degree of their preparedness or unpreparedness, but possibilities of training and development of each child, helps to set correctly the objects and to determine the educational route corresponding for it which will in turn be coordinated with parents.

The approval of parents to examination of children and rendering a further assistance is obligatory as parents together with teachers and specialists of service of psychological and pedagogical support are responsible for the success of performance of the tasks set in the beginning of the year. Parents of “special” pupils should become active participants and implement all recommendations of specialists and teachers of school.

In case of creation of educational programmes it is necessary to proceed from capabilities of the child, but not from what he “can’t assimilate” as it usually happens in practice. Specialists need to reveal “a zone of proximal development” of the child and to determine accurately the purposes and tasks of training. In the course of inclusive education the teacher creates conditions of permanent transition from what the child is able to do independently to what he will manage to make in a cooperation, with the help of the teacher, and better with classmates, i.e. there must be a constant overcoming the border between “the current level of development” and “a zone of proximal development of the child”.

In the course of developing the individual programme of training it is always very useful to understand the hierarchical nature of its structure. This programme begins with a formulation of the wide purposes and tasks which then are focused on more specific, “technological” objectives of training.

The structure of the plan is presented in the form of a certain flowchart:

Definition of expectations on the future and vital plans of the pupil.

Summary result of the carried-out complex assessment.

Definition of the long-term purposes.

Tasks of formation of behaviour.

Indicators of achievements.

Inclusive strategy and approaches to training.

Definition of time and strategy of carrying out monitoring and revision of the programme.

Well formulated “plans for the future” can significantly help with the correct definition and statement of the long-term purposes.

For more exactly formulation of these expectations on the future, it is worth asking the following questions:

What activity brings the pleasure to this child? Does this activity bring any long-term results?

What does this child dream of? What are his plans for the future?

What are plans for the future of this child's parents? What do they dream of for him?

Whom would you like to see this pupil after leaving school?

Whom would you like to see him when he becomes an adult?

How do you see the happy and inspired life for this child in the future? What can promote to have such a life?

Is there anything preventing implement these plans for the future concerning this pupil? How is it possible to eliminate these obstacles?

Definition of the long-term purposes

Definition of the long-term purposes is the most important part of any programme. These purposes, as a rule, formulate what the child has to reach for a certain period of time. Duration of this period can vary, but, as a rule, it is limited one academic year. Now most schools adhere to this term in definition of the long-term purposes. In certain cases, this period is limited six months, or even three months if training is provided intensively.

Indicator of achievements

Indicators of achievements need to be formulated and designated in the individual programme of training, first of all to define the direction of process of achievement assessment. Indicators show what tools and methods of carrying out assessment of results on formation of positive behaviour will be used, what time parametres will be put in this process

When working out the indicators of achievements it is necessary to take into account:

Availability of the standardized assessment tools (for example, available standard tests) which can be applied in the individual training programme, or support group of planning will be required to develop original indicators of achievements. Whether it is possible to use these observations in carrying out data collection for the individual programme.

How often will the procedure of progress assessment be carried out

Who will be responsible for carrying out assessment

What period of school hours will be used for carrying out assesment.

Inclusive strategy and approaches to training

This section of the plan serves for development of pedagogical technologies of goal achievement of the individual training programme which need to be applied in the inclusive environment of a general education class. This section includes development of the organization of class space, forming the working groups at a lesson, models of training, connections with the general curriculum of a class.

Determination of time and strategy of carrying out monitoring and review of the individual training programme

The final section of the individual training programme is determination of how this programme will be reviewed and how monitoring of its accomplishment will be carried out. It is a very important aspect of the programme as it is the working document which, if it is necessary, can be reviewed and changed by support group of planning; therefore, in case of creation of this document it is especially convenient to use the computer which will allow making necessary changes to the programme easily. As the individual training programme is the working document which is actively used in training, its review is carried out when it is necessary.

When planning the changes of the educational environment it is necessary to find out if it is really necessary to modify anything. Certainly, in the majority of situations changes are necessary for creating favourable conditions for training the children with features of development. Necessary changes can concern the following five groups:

- physical environment;
- education guidances;
- resources;
- strategy of teaching;
- procedure of defining the extent of knowledge assimilation.

Features of change and modification of the physical environment in a class is discussed in detail in module 4. Let's consider other groups of modifications:

Modification of education guidances

To achieve a successful process of inclusion, the printed materials (education guidances) are needed to be changed and modified. Learning a language in a modern class is one of the most important tasks consolidated by doing a number of exercises on reading and writing. Choosing them, it is important to avoid "the education guidances which are difficult to read". For one group of pupils it is necessary to increase font size, for others to double line spacing or use of a certain type of a font. Such changes make the perception process easier and more effective, guidance obtains more "friendly" form, and the child with disabilities do not have to spend double energy during reading.

Methods of modification of education guidances

- readability improvement
 - marking out the key elements by font size or by colour
 - reducing unnecessary details and simplification of a format
 - visual perception: drawings, charts, schemes, illustrations
 - hand-written notes and ticks on fields
 - reducing total amount of material
 - use of simple language constructions and simple vocabulary
 - inclusion of a selective context (applicability, practicality, links to information from the Internet)

use of alternative materials (video, chart, model)

creation of new materials

preparation of daily homeworks for school students

Marking out of the key moments of the studied material in font or in color is one of the strategies which helps in the assimilation of knowledge. It helps to concentrate pupils' attention on the main ideas in the text, helps the individual to get the idea, its essence from the moment of the first reading. One of methods of displaying essential fragments, except for underlining or marking of a fragment of the text in color, is to leave out unnecessary details, leaving only the most necessary fragments. Sometimes it is useful to remove the words, sentences, even the whole paragraphs and pages. Certainly, similar actions can destroy an integrity of the material given in the article, but they will help to inform the children quickly of the main, key ideas. In addition to all, simplification of a method of an arrangement of the text on the page plays an important role, too. Simplification of an arrangement of the text is meant as reducing charts, footnotes and drawings, destructive in relation to attention.

Certainly, it is necessary to understand that elimination of "the distracting moments" in printed materials helps not all children with special needs to acquire material quicker. Alternative approaches for the pupils capable of perceiving visual methods of a material explaining, supported by a lot of pictures supplementing the narration, are quite useful to children at a stage of development of reading skills. Text fragments which are difficult for assimilation, with the handwritten short comments selecting the main concepts or the ideas of the text can be useful even for more advanced readers.

Modifying education guidance, teachers always should take their meaningful part into account. In some cases, for pupils with special educational needs it is desirable to be concentrated only on the most important moments of the material in the basic curriculum. In general, all textbooks and training programmes used at inclusive school require modification and adaptation.

Usually training materials are intended for pupils without special problems in training. Therefore some of them cannot suit a number of pupils with limited disabilities, and it will serve as some kind of barrier hindering their full participation in a classwork. Therefore for such pupils materials need to be selected according to the level of their conceptual and informative development, and also with skills of communication

Modifying education guidance, teachers always should take their meaningful part into account. In some cases, for pupils with special educational needs it is desirable to be concentrated only on the most important moments of the material in the basic curriculum. In general, all textbooks and training programmes used at inclusive school require modification and adaptation.

Usually training materials are intended for pupils without special problems in training. Therefore some of them can not suit a number of pupils with

limited disabilities, and it will serve as some kind of barrier hindering their full participation in a classwork. Therefore for such pupils materials need to be selected according to the level of their conceptual and informative development, and also with skills of communication

Inclusive training strategies:

use of modeling situations and direct practical tasks

object-lesson with step-by-step instructions

learning of the expressions and concepts checked in practice

use of role plays

increase in interactivity – distribution of visual aids to pupils and work with them in constant contact

application of various methods of encouragement (points, certificates, stars and other schemes of encouragement, and also evident schemes of achievement of results)

frequent use of praises for certain achievements

use of various training approaches – not only passive reading or hearing – use of everything that is available or accessible, and also models, videos, computer programmes

change of rate of teams – increase in pauses between sentences, reducing length of teams, repeating the key elements

provision of extra time for completion of tasks

ask more questions and use different levels of complexity

use of hints and suggestive questions for promotion of activity and involvement of bigger number of pupils in discussions

use of various methods of task performance (without being limited to written answers, – creation of charts, sound records, designing of models, record of video, etc.)

encouragement of the use of personal qualities and interests of children

inclusion of the tasks in the curriculum requiring the embodiment of personal qualities, abilities and knowledge

use of metacognitive approach on an equal basis with the approaches characteristic of problem training in case of any convenient opportunity (i.e. “How to help myself in this case?” “How else can I try to resolve this issue?”)

inclusion of self-checking (take care of oneself, to correct own errors, motivation of oneself)

use of creative approaches and tasks which are assessed (demonstrations, exhibitions, the presentations)

integration of direct observation and assessment into the strategy of teaching.

Modifications of standards of material assimilation

In case of modification of standards of assimilation of knowledge it is necessary not to forget that pupils with limited disabilities can participate in all regular processes on an equal basis with other pupils of a class on condition

that they carry out the long-term goals and their first-hand tasks determined by their individual plans.

Methods of modification of assessment of training results:

use of the same task within the general curriculum, but in the facilitated form (being verified with the purposes of the individual plan of the pupil)

the choice of the task concerning the practical purposes and tasks (social skills, participation in life of society, preparation for employment on production) taken from the alternative curriculum

It is possible to train children in material all together, but it is necessary to differentiate results, and the result of training of the pupil with special educational needs, first of all, shall correspond to the purposes and tasks of his individual curriculum. For example, at a lesson of knowledge of the world to a primary group of pupils of a class the task is set – to call all parts of a flower (plant), being verified with the chart in the textbook while to the pupil with disorder of development and will correctly identify color of petals of a plant enough. Both categories of pupils are engaged in the same process, but final tasks for them differ.

The most essential of modifications of standards of assimilation of a training material is the capability to perform the task similar to the basic from the curriculum, but in the facilitated type. For example, the class shall write the story on the page based on discussion of a picture, and pupils with features of development need to make the same work, but in volume of several offers. At the same time all without exception the class works on the subject “story about a picture”, and results are estimated at the different levels, taking into account various capabilities and determination of successful task performance for different categories of pupils.

The choice of the task significantly differing on a subject and contents with the main task for all class on the basis of individual disabilities of pupils with special educational needs, has to be made in an inclusive class only as a last resort as it, anyway, isolates the child from the others. It is necessary to try to leave such tasks for independent work or time of implementation of individual projects that distinction between pupils with limited disabilities and other pupils of a class wasn't so obvious.

On the basis of laboratory of special school education of special schooling of the National Scientific and Practical Center of Correctional Pedagogy (NSPCSCP) researches of requirements to educational achievements of pupils with disabilities are being conducted, development of monitoring researches of content of education at special comprehensive schools is being carried out.

Domestic scientists note the importance of development of the standardized estimative means and the tools determining the level of educational achievements of children with disabilities. It is represented as urgent the need

of development and standard consolidation of conditions of training of pupils with disabilities at inclusive schools, and also monitoring researches. The teacher in an inclusive class opens for pupils an opportunity for assimilation of knowledge and when it is required, directs them in case of an explanation of a new training material (implicit approach). The special teacher in case of psychological and pedagogical support in many respects undertakes the load of the child and works with him in a correctional key (explicit approach).

According to Mercer Lane, Jourdan and Eyzil (1996) both approaches, implicit and explicit, are implemented when there are children with disabilities in a regular class.

It is important for the teacher to know what the educational purposes of the child with disabilities are in a regular class, what pupil he is and what the quality of his daily participation is in a classwork. The purposes will depend on educational priorities and can be modified on content, requirements, and the expected actions of the child, speed and criteria of assessment.

It is known that pupils with disabilities get on worse in class where the emphasis is placed for independent work, than in small groups which are focused on help of the teacher and close cooperation of pupils. All pupils should take active part in work by means of interactive methods of training.

The teacher should adapt to the style of assimilation of new material by the child and to his requirements, but not to require from him to work according to the style of training of the teacher. The teacher, who is sure that both the training process and the programme need to be coordinated with the pupil's capabilities, understands how to work in an inclusive class. The teacher of an inclusive class in training process is oriented towards to the pupils. *He knows that:*

- each pupil is more important than the programme;
- that all pupils are different, it is necessary to appreciate;
- each child in a class is the pupil;
- children study together better than separately;
- the teacher can make changes to the programme for benefit of pupils;
- efforts are rewarded by the fact that the child acquires a training material.

When working with children with disabilities it is necessary to use technology of ensuring social and psychological wellbeing of the child, ensuring emotional comfort and good psychological health in the course of communication with peers and adults in kindergarten and at home.

Textbooks in inclusive education are the major methodical tools in the teacher's hands at the organization of educational process. *Adaptation of textbooks covers the following:*

providing with textbooks of alternative format, but with identical contents or simpler for reading;

providing with audio-textbooks so that pupils could listen and read the same text at the same time;

providing with the summary of chapters of textbooks;

providing with interesting materials for reading at higher level;

use of markers for marking out important information;

use of sentences with the missing words;

providing with two sets of textbooks, for class and home work;

use of registration forms to record the main topics;

providing with the list of questions for discussion before reading the text;

the indication of numbers of pages for finding the right answers;

providing with the alternative textbooks and training materials based on Braille's alphabet for the blind (blind people) or printed with a big font for visually impaired children [36];

Training methods in inclusive education also assume adaptation to educational needs of children. So, teachers have to consider features of psychophysical and speech development of children and use the following methods in work:

use of indications of task performance in oral and in written form;

a stage-by-stage explanation of educational tasks, taking into account complexity and dispensing of an academic load;

consecutive performance of tasks;

repetition of the instruction to perform a task by the pupil;

providing with audiovisual technical and supportive means of teaching;

demonstration of already performed task (for example, the solved mathematical task);

closeness to pupils during an explanation and performance of a task.

use of sheets with exercises which demand the minimum filling;

use of exercises with the missing words/sentences;

addition of flat-printed materials with video and filmstrips;

providing pupils with printing copies of the tasks written on the board;

permission to use a dictophone to record the answers.

use of system of assessment of pupils' achievements [39].

As methodical techniques of adapting educational process it is possible to recommend the teachers the following ways:

- marking the tasks in textbooks;

- providing feedback on each task;

- use of a ruler during reading for its simplification;

- ensuring general idea about long-term tasks so that pupils know what is required while performing this task;

- orientation of long tasks for stage-by-stage performance, with daily check and control;
- an opportunity to present the performed task in small groups in front of all class;
- simultaneous distribution of sheets with exercises;
- consecutive performance of a task, beginning from the easiest part;
- use of auxiliary questions for performing of the test;
- practice of record of tasks in a notebook;
- use of arrows (in sheets with exercises, on a board) for designation of connections between the phenomena.

Development of inclusive school which is open for a wide rank of children equally in the village and the city includes the following activities on reforming of school:

development of a flexible curriculum which provides additional services and support to children with special needs, but not development of other special programme,

theoretical knowledge isn't the unique purpose, the high content of training should be based on experience of the child, motivation and his inclusion into his own development;

due to the need of following specific features of progress of the child the assessment procedure should be reviewed for each case so that the teacher could identify the arising difficulties in regular educational process and support the child for overcoming them;

adequate and necessary technologies should be used by the teacher in educational process;

technical and compensatory supportive means should be provided for overcoming physical barriers and ensuring mobility of the child, his communication and the studies.

The key role and responsibility in this direction is conferred on educational bodies and heads of schools. They should develop more flexible procedures of management, review programmes, instructive methodical materials for providing various training forms and evaluation methods of knowledge and skills, mobilization of children to help each other, elimination of barriers, development of close interaction between parents, community and school. Local executive bodies should show activity and take part with more responsibility in development of processes of inclusion at comprehensive schools and give support to the schools working in the inclusive mode.

The problem of availability of assimilation of educational programmes by children with disabilities can find the solution through implementation

of models of the education oriented to result. Being the reflection of a new paradigm of education, the model of education oriented to result builds the purposes and content of training at the expected results presented in the form of competences. Replacement of traditional planning from the content of training to planning, from the expected results, entering of training with different levels, implementation of new approaches to assessment of knowledge shall provide children with disorders with high level of educational achievements.

Positive experience of countries of Western Europe, the USA and others proves that similar reorganization of educational process (adaptation and modification) helps to trace really the personal, social and intellectual growth of each child, to reveal timely the difficulties in assimilation of the training programme, to establish the level of achievements.

Theoretical questions

1. Determine the essence of the concept “educational environment”, “inclusive educational environment”

2. Describe specific characteristics of the inclusive educational environment.

3. What are the features of modeling of the subject and educational environment in an inclusive class?

4. Describe the requirements and the principles shown to modeling of the subject and educational environment in an inclusive class for children with different types of disorder.

5. Describe traditional model spatially: the educational environment, its merits and demerits.

6. Describe innovative model of spatially-educational environment, its merits and demerits.

7. What do you understand as difficulty of training in inclusive education? Give the reasons of difficulties of children with special educational needs in the course of training (according to teachers and parents). Prove the answer.

8. Name the forms of inclusion of children with special educational needs in comprehensive school.

9. Give the training conditions at comprehensive school for children with hearing, vision, musculoskeleton, speech disorders, intellectual disorders, and autists. What social adaptation is necessary for this category of children with disabilities?

10. Give definition of “adaptation of educational process” and “modification”, distinguish their tasks.

11. Describe the strategies of adaptation of educational materials for different category of children with special educational needs.

12. Describe the role of the teacher in inclusion of children with special educational needs in regular classes.

13. What is provided by adaptation of textbooks, training programmes, and educational programme?

14. Characterize the individual curriculum and the individual educational programme, highlight their features and differences.

15. Describe structure of the individual educational programme.

Practical tasks

1. Attentively study the stories of children with special needs and answer questions. Work in small groups:

A) Seven-year-old Arman grew almost blind from the birth. He can distinguish light and darkness, but can't define the position in space by means of sight. The boy moves, touching walls or furniture with his hand. He will be accepted in an inclusive class soon.

Working in a group, define what changes are needed to be made in a class to meet his special needs:

-How will Arman move in your class?

-What security measures must to be taken?

-How will the boy find his locker? Toilet? Water tap?

-How will he be able to define in what part of a class he is?

B) Eight-year-old Sofya has a cerebral palsy. She moves in a wheelchair. She has an excellent intellectual and social development. The girl can sit on a floor, but needs the help when it is necessary to change the position.

Working in a group, define what changes should be made in a class to satisfy special needs of Sofya:

- How Sofya will move in a class?

-What security measures are necessary to be taken?

-What is necessary to do to facilitate her eating process and using of a toilet?

-How the girl will participate in organized group actions of a class?

C) Eight-year-old Anwar has a syndrome of disorder of attention which is followed by a hyperactivity. The boy is very impulsive, active (can not even quietly eat) and isn't capable to concentrate on anything more than for one-two minutes.

Working in a group, define what changes are needed to be made in a class to meet Anwar's special needs:

-Is there a place in the class where a physical environment promotes the attention of the boy?

- Is there a place in the class where Anwar could move without threat to do much harm to himself or other children?
- What security measures must be taken?

2. Fill in the table 5:

| Questions for discussion | Possible answers | |
|---|--|----|
| What do you think whether children with and without disabilities can study in one class? | Yes | No |
| | Why? | |
| | | |
| What difficulties can children face at school who move on a wheelchair, have problems with hearing and sight? | Obstacles for children in a wheelchair: | |
| | Solutions: | |
| | Obstacles for children with hearing defects: Solutions: | |
| | Obstacles for children with sight problems | |
| | Solutions: | |

3. Work in small groups: create the model of an inclusive class with the subsequent presentation in a group.
4. Prepare “Instruction sheets” for teachers in classes in which children with development disorders study (hearing, vision, the musculoskeleton, intellectual disorders, and disorder of the emotional-volitional sphere).
5. Work in small groups: Analyse statements 1 and 2 of the conclusion of psychological, medical and pedagogical consultation and formulate recommendations about the training for each child.

Extract from Conclusion 1

Psychological, medical and pedagogical consultation (consilium)

Child «A»

At first examination at the moment of admission the girl is sociable, capable to joint activities with the aduilst. The attention is unstable, is quickly tired when performing tasks, answers the questions inattentively, without listening to them up to the end. Can stand up without permission and leave

the room. The low level of development of cognitive activity is noted: slow rate of perception, difficulty of perception of space and time; underdevelopment of the processes of generalization, comparison, analysis; weakness of remembering and keeping information. Insufficient formation of quantitative representations; imagination about surrounding, about herself her family. Disorder of the speech has systemic character. Productive types of activity (molding, drawing, designing) aren't developed. Game activities are at the subjective level. Underdevelopment of fine motor skills is noted (technology of movements and motive qualities suffers).

At the first music lessons, both individual, and group lesson, student "A" tried to do exercises with pleasure. However, being notable for hyperactive behaviour, constantly got distracted, doing a lot of unnecessary movements. It was necessary to control her sudden burst of laughter, a chaotic clap of hands, sharp loud sounds preventing to conduct classes and distracting other children. The "A" participated in all forms of work, did exercises, repeating after children, but not everything worked well, especially playing the children's musical instruments as her attention is focused just for one-two minutes.

At the first physical culture lessons the "A" carried out motive exercises on balance and coordination of movements very badly, she was hyperactive. At the lesson with the group the "A" tried very much, but was unable to repeat the tasks.

Correctional work was carried out in the form of individual lessons with the speech pathologist and other experts. Inclusion of the child in lessons with all children of group on graphic activity, designing, molding, physical culture and music under the control and by means of the certain teacher has gradually become possible. But on joint classes the hyperactivity, (disturbs other children, distracts them, provokes to the wrong behaviour), impulsiveness is often noted (could hardly wait for her turn, interrupts other children, doesn't listen to questions of the adult to the end, can stand up without permission).

By the end of the academic year it is possible to note the following positive changes concerning level of the child at the beginning of the lessons. The behaviour of the "A" at music lessons was stabilized; she began to get concentrated for longer time, remember words of songs, simple movements and tried to get distracted less. The "A" expresses herself well in active musical games. In the course of directed training in physical culture, the "A" began to do many movements according to the speech instruction of the tutor of physical culture, she oriented in a familiar situation, carried out movements. In the pool the child isn't afraid of water though doesn't do any movements independently.

Organization of education has exhausted its opportunities for development and training of the "A".

Recommendations:

Nevertheless general coordination considerably has improved, though certain inaccuracy of movements remains. There were simple skills of productive activities, elements of situational role play with the assistance of the adult. The condition of fine motor skills improved. Disorders of behaviour remain. The girl was 7 years old. The educational organization has run its course for the development and training of the “A” r.

Recommendations: _____

Extract from Conclusion 2

Psychological, medical and pedagogical consultation (consilium)

Child «B»

At the first examination the girl is sociable, is capable to joint activities with an adult. At the same time she gets quickly exhausted performing the task. The attention is insufficient, it is difficult to turn her attention when activities change. Perception process is complicated (the amount of perception is lowered, inaccuracy of perception). She has difficulties in correlation and when naming a colour, form, and size of objects. The amount of memory is limited and remembering durability is reduced. Underdevelopment of menal activity is noted. The knowledge of the world around is limited. Spatial and time perception is not developed. Disorders of the speech have systemic character The low level of development of motor skills (isn't able to hold a pencil correctly, doesn't regulate the pressing force; disorders of accuracy, coordination of movements). It negatively affects productive activities.

At the first music lessons the “B” did all exercises not on the teacher's example, but attentively observing and repeating the actions of the children.

The “B” is a quiet and diligent child, listened to music carefully, and showed interest in playing musical instruments.

She sang with pleasure, but inattentively, it is too loud also on one sound not noticing a difference between how it is necessary to do and how it is done by her.

At sports lessons the “B” had difficulties when doing movements on verbal instruction. She performs the movements only by imitating the children. Long performance of physical exercises within the usual duration of lessons causes a condition of discomfort for her. Correctional work was carried out as follows: the girl learned individually with the speech pathologist, the psychologist, the musical director and the teacher of physical culture, and also participated

in classes with all children of the group (according to the time-table of the lessons) under the control and by means of the certain teacher. She gets exhausted, unable to keep attention, decrease in keeping the material is noted.

In the result of the carried-out work insignificant dynamics (frequent missings of classes because of illnesses) is noted. Perception of colour, form, size of objects and quantitative perception are partially formulated. Perception of surrounding is expanded, the vocabulary is enriched. Improvements in development of fine motor skills, productive types of activity are noted.

At music lessons the “B” began to sing along separate words, more quietly, more accurately and more precisely intone a melody. Dancing movements which at first she could hardly manage became more confident and more freely. The “B” started to pay more attention to the words and examples of the teacher, than to the actions of other children. At individual lessons with “B” the simplest song rhymes and finger-type games were taught which gave an opportunity of an emotional discharge, increases in the level of confidence in her abilities. The teacher of physical culture included exercises and game tasks with recitals, elements of a muscular and mental relaxation into individual operation, subject role plays.

It is possible to note minor improvements made by the “B”: she does exercises according to the verbal instruction in combination with display, the child has become more open, coordination of movements has improved, coherence has appeared, has become more active in outdoor games.

Recommendations:

1. Get acquainted with a fragment of IEP of the “A” (sample) and fill in The individual sheet “Long-term Purposes of Training of “A”, prove the choice of the purposes.

Individual educational programme of the pupil «A» (extract)

| | | |
|--|-------|-------------------|
| Name of the child «A» | Age: | Year of training: |
| Coordinator-teacher _____ | Date: | |
| <p>Definition of expectations on the future and vital plans of the pupil: We hope that «A» in the future will be able to lead independent life, using the help of other people and social workers in minimum in implementation of daily affairs, in shopping, etc. We want that in the future she would have the work according to her possibilities which would bring her satisfaction, and the employer would appreciate her contribution and efforts. We would like the «A» to participate in social life with pleasure, have close friends, strong friendly relations with those people whom she loves and appreciates and whose society she values.</p> | | |

Collective result of the carried-out complex assessment:

Individual sheet

| | |
|-----------------------|-------|
| Name of the child «A» | Date: |
|-----------------------|-------|

Specify educational priorities (as it should be from the most important to less important)

| | |
|----|--|
| 1) | |
| 2) | |
| 3) | |
| 4) | |
| 5) | |

1. Draw the mind map “Modification of the Training Programme of the Hearing-impaired Child at Inclusive School”.

2. Do you agree with the statement that when pupils with developmental disorders are in a class with all, the level of the knowledge decreases to adapt to their abilities. Prove the answer.

MODULE 4: MULTIDICIPLINARY INTERACTION OF TEACHERS AND SPECIALISTS

4.1 The professional competence of a teacher in the conditions of inclusive education

4.2 Interaction of teachers and specialists

4.3 Functional responsibilities of teachers and various specialists in inclusive education.

4.1 The professional competence of a teacher in the conditions of inclusive education

Distribution of the idea of inclusive education in the Republic of Kazakhstan, which ensures respect for each child and the adoption of their identity regardless of the fact whether they fit the school system criteria or not, naturally has led to the emergence of new requirements for the professional competence of teachers. Modern educators, primarily school teachers, are required to implement new functions: the ability to independently and creatively, and appropriately select, and use technologies that are suitable for working with different educational groups, whether they are children with physical and intellectual disabilities, children from different social groups, children who live in the city or the village, and etc.

In the context of the reform of education there is a need in the preparation of teachers with a new conceptual thinking, understanding the essence of the social and educational processes. There is a desperate need for highly trained school teachers who are focused not only on the work with healthy children, but also with children with various developmental disorders, taking into account numerous social factors, the specificity of the nearest environment and features of socialization. The importance of this provision is suggested in the international and domestic legal documents. Thus, for example, the fundamental importance of special educational teacher training in the development of inclusive education is approved in the “World Report on Disability” [40]. In this document, it is bindingly confirmed that the “Proper training of teachers of mass public schools can strengthen their self-confidence and improve the learning skills of children with disabilities. The principles of inclusion must be integrated into teacher training programmes, and combined with other initiatives, giving teachers the opportunity to exchange experience in the field of inclusive education “[40].

At the same time, the traditional approach to the preparation of school teachers, carried out for a long time, involves a preferred orientation on educational activities with the “normal” children who do not have any features of the development. It is quite natural that in this case the teachers that implement inclusive education in practice begin to experience significant difficulties in the process of adapting the requirements of state educational standards (SES) and the programme content on subjects for teaching children with developmental disabilities, do not understand peculiarity of their development, and their abilities and capacities, can not apply certain methods of organizing individualized learning, do not know how to build interpersonal interaction of children with special needs with normally developing children, and etc. This happens due to the fact that the training of teaching staff to the work in conditions of inclusive education is often carried out through the development of separate elements of readiness to work in the conditions of inclusive education, without coverage of the entire system of formation of students’ necessary professional competences.

A distinctive feature of the training of teachers in the conditions of inclusive education should be the focus on *the competence approach*, according to which the expected result of the educational process is not a system of knowledge and skills, but a set of core competencies. As the main ones in this case are: the academic competence (the defining ability to learn new knowledge); social and personal competence (ensure the ability to follow the ideological and moral ideals of society and the state); professional competence (allowing to formulate problems, set goals, define their solutions, develop plans and ensure their implementation in various areas of educational activities).

Professional competence is considered by researchers as a characteristic of the quality of training and efficiency employment potential [41]. The professional competence of the teacher, in turn, is a qualitative characteristic of professional identity, which includes a system of scientific and theoretical knowledge in the subject area, as well as in the field of pedagogy and psychology. The professional competence of a teacher is a multifactorial phenomenon, including a system of theoretical knowledge of teachers and methods of their application in specific teaching situations, valuable teacher orientation and integrative indicators of their culture (language, communication style, attitude towards themselves and their activities to the adjacent areas of knowledge, etc.) [42].

According to the Russian researcher Samartseva E.G. [43], *the professional preparedness of the teacher for the inclusive education* is a fundamental condition for the success of inclusive education, integrative professional and personal education, which is characterized by the focus on the active predisposition and the need of the teacher for the implementation of inclusive education, manifested in the availability and mobilization of special knowledge, skills and abilities of implementing inclusive education. Job readiness is manifested in the orientation of the teacher's consciousness and their ability to perform professional activities for implementing full-fledged training and education of the child in terms of inclusive education. The structure of professional preparedness of teachers for inclusive education of children, developed by Samartseva E.G., includes the following key components:

- personal-semantic: the orientation of the teacher on adopting the ideology of inclusive education, motivational orientation of consciousness, will, and feelings of the teacher in inclusive education of children;
- cognitive: a set of professional and pedagogical knowledge necessary for inclusive education of children,
- technological: a set of professional and practical skills of implementing inclusive education of preschool children) [43].

As noted by the famous German educator and therapist P. Schumann, the lower the level of mental development of the child is, the higher should be the teacher's level of education. This statement testifies the need for special knowledge to work in the conditions of inclusive education as the teacher's position in terms of inclusive education is changing. It is losing its independence and is working in close collaboration with a special educator, a psychologist, a speech therapist, a social worker, and parents. In their activities in the conditions of inclusive education teachers need to perform additional duties and functions, such as: the adaptation of educational content, the development of interpersonal skills, and etc. This is evidenced by the requirements for teachers, presented in the Methodological requirements for the organization of the integrated (inclusive) education for children with the developmental disabilities:

it is necessary for primary school teachers and subject teachers, who work with the classes where children with developmental disabilities are taught, to adapt individually the educational curriculum for the student's educational needs in each case;

a class teacher provides special support for students with disabilities in the following areas: assistance to students in the organization of work within the educational process; the formation and development of the children's collective (formation of a positive attitude); cooperation with parents. [44]

One of the main tasks of the teachers of educational institutions in terms of inclusive education is the effective management of the process of incorporating a child with disabilities and their families in the general education environment. The first step in this direction should be the training of all participants in the educational process, and above all, themselves, for the changing social conditions. Teachers need to learn to listen, be consistent, patient, and treat the individual learning style of each child with respect [45]. They also need to:

admit that children learn in different ways, at different speeds, and plan the lessons taking into account those differences;

plan their actions as the situation may demand, rather than according to the established curriculum;

cooperate with parents so that all children attend school, and to enhance the educational process;

respond flexibly and creatively to the needs of all children in the classroom individually;

know that some of the children in each class have some difficulties in learning.

At the same time domestic researchers [45] recommend the use of active learning methods focused on the child. These methods can:

- help all children to play and learn together and share the responsibility;
- to reduce the extent and severity of the difficulties in learning and not allow these difficulties to develop;

- solve the behavioural problems;

- engage in the curriculum the skills used in everyday life;

- make learning amusing;

- connect the material covered with the situations in school and at home;

- vary the methods and speed of learning in order to keep up the children's motivation and enable them to learn according to their own pace;

- improve classroom interaction;

- help teachers improve their skills.

Good and clear communication, in the opinion of another Russian author Panasenkov M.M. [46], is also very important for learning and teaching. Teachers, in her opinion, should try to:

speak in clear and plain language, present the material logically and consistently;

know and correctly interpret non-verbal communication techniques; understand the body language, distinguish the tone of voice, facial expressions, etc.;

mostly use more complimentary and encouraging methods of communication, rather than controlling;

be flexible in the use of means of communication in order to help children with disabilities who cannot use spoken language, cannot hear, or whose mother tongue differs from the language of instruction;

arrange regular breaks in communication in order to prevent children's fatigue;

monitor the maximum availability of audio-visual educational material.

[49]

Among specialists it is generally accepted to follow the requirements to comply with the certain rules in the use of specific terms:

| Should be used! | Should be avoided! |
|--|---------------------------|
| A person with visual disorders | Blind» |
| A person with hearing disorders | «Deaf» |
| A student with disabilities | «Disabled» |
| A child with physical disabilities | «Cripple» |
| A child with intellectual disabilities | “Defective” |
| A child with learning difficulties | «Ineducable» |

In the context of inclusive education a school teacher:

- is directly responsible for the life and health of the children entrusted to them;

- plans and conducts school lessons, guided tours, extracurricular activities and activities in accordance with the age of children, the state educational standards and the programme material;

- creates conditions in the classroom for the successful implementation of a standard educational programme;

- prepares festivals, leisure and sporting activities in cooperation with other teachers and specialists;

- carries out planning (together with other specialists) and organization of joint activities of all students;

- provides an individual approach to each student with the advice of specialists;

- works with parents on the education of children in the family, involving them to actively cooperate with the school;

- know the individual characteristics of the children, takes part in the

preparation and implementation of individual child development programmes;

- determines the development level of different types of a child's activity, peculiarities of communicative activity, the level of formation of purposeful activity, self-service skills, cultural and hygienic habits;

- comply with the specialists' recommendations [47].

Another important requirement for pre-school and school teachers in the conditions of inclusive education is the willingness and ability to collaborate with medical, psychological and defectological specialists. It is important to understand that the main objective of this cooperation is the development, training and socialization of children with disabilities. At the same time, we have to admit that today, not all teachers are ready to admit their «lack of knowledge» in a certain area, and accept their colleagues' help. «The golden rule of» inclusive education is working in a team, which should be given particular attention in the preparation of teachers. The ability to recognize their draw backs in the area of special education, the ability to accept the help of their colleagues and professionals, readiness to be in continuous contact with the specialists are the basis of teamwork.

In order to improve the quality of the educational process in the conditions of inclusion of children with special educational needs, all the members including administration, teachers, specialists, parents and children, it is recommended to follow the following rules:

- work continuously in collaboration with each other;
- recognize themselves as a member of the team of specialists;
- to treat each other with respect;
- be prepared to provide and receive help, to give advice, to make critical comments and to listen to them;
- recognize the common goals of the team and try to work for the benefit of achieving this goal.

It is important for the teacher to change from the dominant role to a new conception: awareness of the lack of knowledge in the field of special education, the characteristics of the physical and psychological characteristics of children with developmental disabilities, the ability to ask for and receive specialist's help. The ability of the teacher "to submit" his/her "professional self" to the knowledge of other specialists is related to the "golden rule of inclusive education", where all the actions of a teacher are aimed at effective inclusion of children with special educational needs in the general educational system.

4.2 Interaction of teachers and specialists

One of the key principles of inclusive education is the principle of interdepartmental integration and social partnership. It becomes clear that the

strategic objectives of the educational integration of persons with disabilities can only be achieved in the process of social partnership and permanent interaction of secondary teachers and medical, psychological, and defectological specialists. By *the interaction of teachers and specialists* we understand the joint activities of various specialists and teachers in support of the person of the educational process (a child, a group, a class) aimed at solving the problems of development, training and socialization of children and adolescents, which provides a comprehensive approach in dealing with the child's problems [44].

Thus, the interaction of pedagogical support of specialists in the educational process of children with disabilities is considered in psychological and pedagogical literature as a systemic exposure, worked out jointly by specialists of different spheres (teachers, speech therapists, psychologists, speech-pathologists), capable to develop a strategy, tactics, content and dynamics of psycho-pedagogical support in the interdisciplinary approach, comprehensively and effectively solve the problem of the child with developmental disabilities and his family.

This interaction includes:

- the complexity in identifying and solving the problems of the child, and providing them with qualified help from specialists in different fields;
- multidimensional analysis of personal and cognitive development of the child;
- preparation of integrated individual programmes of common development and correction of certain aspects of learning and cognitive, verbal, emotional and volitional and personal spheres of the child [48].

This interaction determines the coordination and effective solution of a wide range of tasks:

- children with disabilities get psychological, medical and pedagogical consultations and determination of the conditions of their inclusion in the educational process, including the choice of educational programmes and teaching materials for inclusive classes (groups);
- the adaptation of textbooks and teaching materials for students;
- planning and organization of activities related to the increase of professional competence of specialists of educational organization;
- planning and organization of joint activities (interdisciplinary concilium, trainings and workshops, teaching unions and others.);
- organization of monitoring and evaluation of inclusive practices in educational institutions;
- other issues that require coordinated solutions.

In order to improve the overall quality of the educational process, all the

participants: the administration, teachers, professionals, children and parents should:

regularly work in cooperation with each other;

give assistance to each other and get it, give feedback, give advice, make critical comments and listen to them;

treat each other with respect for the individual contribution made by them to the joint goal;

effectively work as a professional team to achieve a common goal, such as, for example, drawing up a coherent understanding of the current level of children's development and the group in general, planning concerted actions to promote the development of children and groups through the development of thematic projects or the development of an individual educational plan of the child's development (IEP).

teachers and specialists work as mentors with new teachers in order to improve both their own professional competence as well as of a new teacher.

For the realization of the objectives of inclusion the specialists of different fields work in the organizations of education, i.e. psychologists, speech-pathologists, speech therapists, educators, teachers of additional education, and health care workers. To work effectively in an inclusive group it is necessary to build up different schemes of interaction of specialists. To manage the activities of an inclusive group interdisciplinary teams are created in the educational organization

Interdisciplinary teams are organized on the basis of a specific group of a school (a class) or a kindergarten and includes: a teacher-educator, a teacher, a speech therapist, a psychologist, a social educator, teachers of additional education, and parents.

The aim of the interdisciplinary team: planning and organization of functioning of an inclusive group / class.

The main activities of an interdisciplinary team:

- conducting interdisciplinary diagnosis of children;
- development of individual educational plans based on an interdisciplinary diagnostic data;
- planning and organizing functioning of the group (class) based on the types of educational programmes;
- planning daily activities and group lessons (class);
- planning the inclusion of children in the group (class) at the beginning of the school year;
- discussing and planning the actions for cooperation and collaboration with parents;
- analysis of emergency situations and the organization of actions to resolve them. [49]

There are *five basic principles* of the teamwork of teachers and specialists that can be highlighted:

recognition of inclusive education as an integrated psychological and educational ideology and strategy;

the interest of a specialist in the related disciplines, their willingness to universalization and innovation, mastery of new knowledge;

respect for all members of the team, mutual understanding, sincerity, readiness for mutual assistance;

equal participation of all team members in the educational process,

responsibility for the results of the common goal;

a clear distribution of roles of the team members, prioritizing respect for their involvement in the solution of specific educational objectives.

Only such an approach allows comprehensive and effective solution of the problem of the children with special educational needs and their families, using resources of the professionals, involved in teamwork, in the optimal way at all stages of psycho-pedagogical support.

The indicators of the efficiency of interdisciplinary interaction can be:

taking into account the features and level of a child's development, their potential of resource;

priority of the tasks of adaptation and socialization;

taking into account interpersonal relationships between the parts of inclusive environment;

an adequate sequence of "involvement" of "the right specialist at the right time" to the work with the child;

participation of parents in the socialization and educational adaptation of the child and their cooperation with specialists.

Let us discuss the main directions of team work of specialists:

The first direction: creation of a single inclusive educational path, from a kindergarten to a school. The conditions for successful implementation of this task are:

- the knowledge of laws and normative stages of development at each stage;
- understanding of the psychological and pedagogical problems of every age, but not imposed standards of training;

- taking into consideration the specifics of mental development of "special" children, relying on the understanding of the mechanisms and causes of these features;

- the knowledge of the clinical manifestations of one kind or another of the development and disabilities of medical assistance;

- taking into consideration the educational objectives within each level of education;

- the knowledge of steps and regularities of interaction in the children's community at different age stages.

The second direction: a consistent “immersion” of an educational organization in the formation of an inclusive space. The success of an interdisciplinary support of organizational “steps” in this direction will be determined by:

- carrying out various kinds of training, including training of team building; group discussions; focus groups; individual counseling;
- working in professional “workshops”; mutual support groups;
- analysis of specific problem cases.

The third direction: the content of the process of inclusive education. The success of interdisciplinary support in this aspect will be determined by:

- creating an effective team of specialists that determines the “content field” of inclusive education;
- an adequate, in relation to the features of a child’s development, complete set of children’s groups or classes that exists in educational organization;
- developing the optimum consistency and the range of aid for children with disabilities;
- a reasonable modification of educational programmes, the construction of adequate sequence and depth of the programme delivery for the capabilities of the children;
- methodological support and further training of teachers and other specialists to work in the conditions of a single interdisciplinary team;
- psychotherapeutic work with parents and their expectations.

The support of inclusive process in educational institutions, kindergartens and schools, is a multi-level superordinate system of interdisciplinary interaction of organizations engaged in inclusive practice. The strategic element of this system is a resource centre for the development of inclusive education, which is reasonable to build on existing special (remedial) preschools and schools, rehabilitation centres, offices of psychological and pedagogical correction, and others. The key instruments of interdisciplinary collaboration within the resource centre can be the psychological, medical and pedagogical consultation and the support service of educational organizations focused on providing multidisciplinary assistance to the child and his parents (legal representatives), as well as educational organizations in solving the problems relating to the adaptation, training, development, and socialization of children with developmental disabilities.

Let us consider in detail the possible stages of activity for psychological, medical and pedagogical consultation of an educational organization (PMPC):

The preliminary stage. Assessment of initial information about the child and his family, which is considered by the specialist who first conducts the examination.

The first step. Initial examination of the child by different specialists of the

consultation team: the stage ends with compilation of individual opinions by the specialists of the consultation.

The second step. Collective discussion of the obtained results by the specialists, to develop a single view of the child's problems, the developmental features of a child, the determination of the total prediction of their further development and complex of didactic-correctional measures. When discussing the adaptation problems of the child with special educational needs we determine not only the strategy of psychological and pedagogical support and what specialists and where (at the pre-school or school, or resource centre) can help the child, but also what forces will be implemented to realize the individual educational plan. The final part of this stage of the consultation should be the development of solutions to determine the educational directions within the school or kindergarten in accordance with the features and capabilities of the child, as well as determining the necessary correction and enrichment programmes for their development. It is also necessary to discuss the coordination and coherence of further cooperation of the specialists with each other.

The third step. The implementation of the decisions, made by the consultation of an educational organization in terms of developing corrective measures, can be carried out by specialists of the interdisciplinary team of a school or kindergarten. The final part of the stage should be the dynamic (final) examination (evaluation of the child's condition after the cycle of developmental corrective work and integrated support) and a decision on further educational directions of the child.

Thus, the activities of psychological, medical and pedagogical consultation is to develop a strategy and tactics of supporting a child with special educational needs and the organization of an inclusive educational environment in the context of individualization of the child's educational directions in this organization, as well as the transition from the principles of "the more the experts are, the better it is" and "all at once", to the principle of "an on-time necessary specialist (when there is a need)".

As a result of the interdisciplinary discussion of the diagnostic results by all specialists there will be drawn up a complete picture of the development of a child with special needs that will facilitate the understanding of their educational needs and enable them to plan a programme of their individual development. The individual educational plan must be discussed by the all specialists working with the child, taking into account the recommendations of PMPC specialists and be based on the diagnostic data. The plan should be built relying on the child's strengths and compensate for weaknesses that exist in their development. Implementation of the directions, highlighted in the Individual plan, must be carried out using the approved and recommended

educational programmes, authorial technology and practical experience of the specialists. A diary of a child's individual development can play a special role in the organization of children's data support. The diary should record the characteristics of the child's development and, depending on the problems identified, make a plan of individual work, which should be focused on personal abilities and on the achievement age.

Thus, a preschool teacher or a school teacher, working in conditions of inclusive education, may need additional advice and support for the successful inclusion of the child in educational activities. The advice can be obtained from various sources:

- *advisory and resource centres, support centres for teachers or resource centres* where it is possible to get advice on the development of effective, child-centred teaching methods, materials and activities in the classroom.

- *social educators and pediatric psychologists* can help in cases of possible psychological trauma, or when there are difficulties in learning, social or behavioural problems of the child may lead to the breaking up of relations with the child's family and/or peers.

- *teachers of special (correctional) educational organizations and speech therapists* will help form a practical understanding of the developmental features of each individual child, the key skills (daily life, games, communication, training) and will assist in the preparation and evaluation of a plan of work with the child.

- *the medical professionals, doctors of different specializations, nutritionists* will render an effective aid in growth retardation, poor eyesight or hearing, problems in behaviour and learning, caused by a variety of organic or functional reasons.

Successful educational support in the educational process of children with special educational needs, their socialization in the society is possible only in close cooperation of all participants in the educational process under the leadership of teachers, speech pathologists, and when jointly solving the educational, pedagogic, and correctional tasks.

4.3 Functional responsibilities of teachers and various specialists in inclusive education.

Inclusive practice requires specialists to have new competencies and knowledge. The specificity of interaction between different specialists and teachers in the process of training and education of a child with special educational needs in the educational process is that the whole team is involved in the creation of favourable conditions for their development. Working as a

team, each member fulfills well-defined goals and objectives in the area of their substantive work. Thus, **the speech-pathologist** must carry out:

- purposeful integration of children with developmental disabilities in a group (class), in the pre-school or school organization;

- consulting educators, a music director, an instructor of physical culture, a social teacher and a teacher of additional education on the organization of correctional and pedagogical process and the interaction of all of children in the group;

- an assistance in the selection of the content and methods of frontal, group and sub-group sessions;

- coordination of correctional psycho-pedagogical and medical care for children with developmental disabilities;

- conducting joint sessions with other specialists (a music director, an instructor of physical education, a physical therapist, etc.);

- conducting frontal and individual lessons with the children who have developmental disorders or those who lag behind age norms, as well as conducting the subgroup and group lessons, bringing together normally developing children and children with developmental disabilities;

- conducting pedagogical diagnostics;

- providing the development and refinement of individual educational directions;

- responsibilities of the member of interdisciplinary team and participate in the development and implementation of individual programmes and group programmes;

- development and design recommendations to other specialists on the organization of work with the child taking into account the diagnostic data.

The speech therapist deals with the correction of deviations in the development of children's speech. the speech therapist:

- examines children, defines the structure and extent of their existing speech defects;

- conducts group and individual lessons on the correction and development of speech;

- works out recommendations on the use of speech therapy techniques when working with children with developmental disorders;

- is a member of interdisciplinary teams and participates in the development and implementation of individual programmes and group programmes.

The directions of the activities of **an educational psychologist** are:

- preservation of mental, physical and social health of children;

- assisting children, parents and pedagogical staff in solving specific problems;

- conducting psychological diagnostics;

- defining the features (mental, physical, emotional) in the development of children;

consulting parents and teachers;

identification of social development disorders and conducting psycho-pedagogical correction;

formation of psychological culture of teachers as well as of children and their parents;

fulfillment of duties of a member of interdisciplinary teams and participation in the development and implementation of individual development programmes;

participation in the diagnosis, planning, design and implementation of programmes designed to work with a group;

use of art therapy techniques, play therapy, and others in their work.

The work of the social teacher is aimed at ensuring the social well-being of children and their families.

The social teacher:

provides continuity between the educational institution and the family of the children;

takes part in the examination of children and preparation of individual development programmes;

offers consultations to parents on the formation of adequate social behaviour and education of the child in the family;

studies social conditions for the development and education of the child in the family;

is responsible for the interaction with teachers, specialists of social protection services, and charitable organizations on the issues of social assistance to children;

provides a set of measures on social protection of the group of children;

identifies the interests, needs, difficulties, behavioural problems of children and provide them with timely social assistance.

The teacher (teacher-educator):

is directly responsible for the life and health of the children entrusted to him;

plans and conducts classes, games, walks and activities in accordance with the children's age;

creates the conditions in the group (class) for the successful implementation of a standard educational programme;

in cooperation with a music director and the instructor of physical training prepares celebrations, entertainment and sports activities;

conducts planning (together with other specialists) and organization of the joint activities of all groups of children (class);

provides an individual approach to every child in accordance with the recommendations of the specialists;

works with parents on the education of children in the family, involves them in active cooperation with the kindergarten, school;

knows the individual characteristics of the children, takes part in the preparation and implementation of the individual development programmes and the programmes of working in a group (class);

defines the level of development of different types of the child's activity, the features of communicative activity, the level of formation of purposeful activity, self-service skills, cultural and hygienic habits;

fulfills the recommendations of the specialists.

The instructor of physical training:

conducts the lessons of physical training and is completely responsible for the safety of the children during the lessons;

conducts classes on the development of gross and fine motor skills, movement coordination, the promotion of children's health: the formation of correct posture, physical development, improvement of psychomotor abilities;

controls the physical activity of children during the day;

controls together with the nurse hygienic conditions for conducting physical training;

organizes awareness raising activity with parents on the physical education of their children;

is a member of the interdisciplinary teams, follows the approved programmes that take into account age peculiarities of children, and takes into account the individual capabilities of each child in the classroom.

Swimming Instructor

conducts lessons in the pool in accordance with the requirements of the educational programme of the organization and individual development programmes;

teaches not to be afraid of a large amount of water (using the special training games);

starts training different styles of swimming (front crawl, breaststroke, "dolphin") from the average pre-school age;

is completely responsible for the safety of children on the water;

together with the nurse monitors the hygienic condition of the pool;

helps children with undressing and showering, teaches them to keep to the strict hygiene requirements;

conducts classes for the development of gross motor skills, movement coordination, promotion of children's health: the formation of correct posture, physical development, improvement of psychomotor abilities.

The musical Director:

organizes and conducts music classes, holidays;

participates in the work of interdisciplinary teams, gets acquainted with the peculiarities of children, works out special techniques and methods in accordance with the special educational needs of children and works on the activation of the children's interaction and interpersonal communication using musical means;

participates in the morning gymnastics, physical education classes and sports;

provides musical accompaniment of the games organized by the children in the afternoon;

conducts musical-didactical, theatrical and rhythmic games.

The teachers of additional education:

implements the programmes of additional education with the elements of the museum, music, dance, creative, theatrical therapy taking into account the recommendations of teachers, speech pathologists, and the teacher-psychologist;

provides mandatorily children's art products as the projective material for psychological analysis.

Nursing sister:

monitors sanitary-epidemic regime in kindergarten (school);

ensures the compliance with the day regimen, children's nutrition, proper conduct of morning exercises, physical education classes and walks;

organizes the activities for cold training of children and takes part in the organization of health-promoting measures;

conducts daily records of children who are absent due to illness, and isolates the sick children;

prepares children for the medical examinations and participates in them, carries out weighing, anthropometric measurements of children, provides immunizations and performs medical prescription;

carries out physical examination of children before each swimming lessons, frees them from the lesson in case of ailment and complaints of feeling unwell, watches children's condition during the classes;

controls of the sanitary condition of the pool facilities and equipment;

gives a massage in accordance with the decision of the interdisciplinary consultation and with the advice of a doctor;

diagnoses the level of the child's development;

works out the the programme of development;

prepares and sets out the daily menu and looks after the quality of cooking, examines the meals by tasting every day and puts in the storage in accordance with the requirements of sanitary-epidemiological service, monitors the compliance with the schedule of receiving the food and conducts daily walkings, checking the catering in groups.

A range of **specialists of different sections (neurologist, psychiatrist, kinesitherapist, etc.)** can cooperate in order to assist the children with special educational needs in working in an inclusive organization.

Let us consider in more detail the *main activities* of teachers and psychologists, which can be grouped into the following areas of work:

1. Diagnostic direction;
2. Correctional and developmental;
3. Consulting and educational.

Diagnostic direction

The purpose of the diagnostic directivity is to provide medical, psychological and educational data to provide psychological and pedagogical support of the process. Diagnostic data form the basis for identifying ways to provide special assistance to children: they provide a determination of strengths and weaknesses in the development of the child, as well as the choice of psychological and educational work with the child, depending on the structure of activity, behaviour and psyche disorders of a child's or class / children's group (consultation, developmental classes, corrective classes, the classes on adaptation, training or recommendations for the child, parents, teachers). Diagnostic results should be presented in an accessible form to the addressee (the teacher, the parents (legal representatives)). The diagnostic data must take into account the individual situation of the social development, as well as age-related factors of development. In the diagnostic work we can distinguish:

- *Screening diagnostics* of characteristics of mental processes and the developmental characteristics of emotional-personal sphere of children. With the help of a small set of diagnostic techniques, professionals can detect and analyze the factors that violate the preferable educational process, can identify the children who are at the risk of having difficulties in learning and maladjustment in the educational environment, or for determining the areas of children's difficulties in the future for prophylactic purposes. For example, in order to identify the children who have cognitive and learning difficulties during the first year of training, it is possible to use the "Methods of instant diagnosis of mental abilities." To identify the children with difficulties in social interaction with other children we can use the methods of sociometry, carried out in group form. To determine the level of intellectual development of children we can use "Global intellectual test", "Short orientational test" or "School mental development test."

- *Dynamic diagnostics* in the process of learning and correctional-developmental classes with specialists. The conduction of this diagnostics depends on the age and level of education. In the course of the individual or group training, the specialists (psychologists, speech pathologists, teachers, speech therapists, etc.) carry out the examination of the levels of the children's skills that are under formation in accordance with the contents of correctional programmes to assess the effectiveness of training. Analysis of the dynamic diagnostics results allows to make the necessary changes in the work with children.

- *The final diagnostics*, the purpose of which is to identify qualitative changes in the development of the children who received psychological assistance. It is held at the end of the year or at the time of the completion of the comprehensive programme of complex assistance to a particular child or group and to determine the effectiveness of the work, describe the current profile of the child's age development functions after receiving comprehensive care, and to determine the need for further psychological support for children with disabilities. Depending on the purposes of the diagnostic study, a psychologist uses the diagnostics of different degrees of depth:

1. *Instant diagnosis*. It provides the identification of common problems of the child, the possible problem areas, and identifies the need in accompaniment of the child by the specialists of psychological, medical and pedagogical consultation. Most often it is conducted in the form of a group.

2. *Profound diagnosis*. It provides identification of the causes of the child's difficulties and a more detailed revelation of the problem, which is realized through the use of specially selected range of techniques for each case using observing the child in different social and interpersonal situations. Profound diagnosis is most often carried out in the individual form at the request of parents and teachers.

The main problems to be solved in the framework of profound diagnosis are:

- assessment of the development level of cognitive processes and the level of mental development as a whole;
- evaluation of emotionally-personal sphere, and emotional status of the self-conception;
- analysis of the interpersonal conflicts of children;
- determination of the child's level of anxiety;
- evaluation of the child-parent relationships.

According to the results of diagnostics, the psychologist consults the teachers, parents and children. Also various types of diagnostics of parents and educators (testing, questionnaire, survey, interview) are implemented as a part of the diagnostic direction. Diagnostics of parents is aimed at:

- identification of the type of parent-child relationships and family education;
- evaluation of the family attitude towards health and a healthy lifestyle;
- evaluation of the individual characteristics of the parent;
- assessment of the type of conflict resolution and others.

The diagnostics of the teachers focus on:

- assessment of the level of emotional burnout;
- type of conflict resolution in communication and others.

Correctional-developmental direction

This direction includes correctional and developmental work with children and group and individual work with parents and teachers. The objective of the correctional-developmental work is to create conditions for the formation of the necessary training skills and mental processes (new mental formations, skills, etc.) through the transition from the child's working together with the teacher and psychologist to independent mastery of academic skills and psychological processes when they become psychological acquisitions of the child. As a result of the diagnosis and analysis of the information obtained in the course of interaction with teachers and parents, a contingent of students with disabilities in the development of inclusive education system is divided into groups according to the level necessary psycho-pedagogical correction and development support.

As a result of the diagnosis and analysis of the information obtained in the course of interaction with teachers and parents, the group of children with disabilities in the inclusive education system is divided into groups according to the level of necessary psycho-pedagogical and correctional-developmental support.

Forms of conducting the correctional-developmental work can be different: **individual lessons** on the correction and development of mental processes, emotional response to the difficult situations, the development of the child's personality, adaptation of their individual ways of interacting with the world to the situation of learning and interaction. Also, individually, neuropsychological correction can be carried out aimed at the development and correction of higher mental functions of the children with learning difficulties, who have vibrant problems of assimilation of knowledge;

group activities, aimed, primarily, at the development of cognitive or emotional and personal spheres of children. Groups can be integrative and consistent in terms of participants, etc. When the group form of work takes is going on in the classroom, there takes place the development of the weak links of mental processes in order to increase the efficiency of children's learning. The group work is carried out based on the modern approaches.

The group correctional activities are aimed at correcting complex disorders of emotional and cognitive development of children. Long-term and well-regulated in composition and time groups allow to form alternative stable environment for working with severe disabilities and behaviour. These classes provide a change of personality and mental status, especially of the troubled children, due to the safe form of working with the aggression, the traumatic experiences, failure, as well as through the formation of stable relations of the child with other children. Correctional-developmental activities help to develop processes of attention, stimulate mental condition of children, and

form randomness of mental activity. Group educational activities and trainings can focus on the development, communication skills, conflict resolution, and the development of health-behaviour. They can also be focused on learning strategies of self-cognition and reflection, an increase of creative resources, development of coping strategies, analysis of problem situations, formation of problem-solving behaviour, prevention, and vocational guidance.

Adaptive (supporting) classes are aimed at adapting the child to the new conditions of development in the transitional stages: the first, fifth and ninth grades; transfer to another grade. Typically, these are special classes with the elements of training, such as “The path to yourself” (Khukhlaeva, 2001); using special games (Fopel, 2000) and others.

The group activities can be *integrative*; it is a group work, in which, along with the children of ordinary groups (classes) the children with disabilities are involved. For example, for the purpose of adaptation of pupils of special (correctional) classes to the conditions of a general school, the groups are formed (4-5 people) together with the children from ordinary classes, the formation of which is based on the psychological problems. The groups vary in the duration of lessons. The work in them is carried out using the specific training techniques. The individual and group lessons are realized by specialists (teacher pathologist, psychologist, etc.) on the basis of correctional and developmental programmes, approved and recommended for use in the educational organization. Also the trainings with the parents are carried out within the correctional and developmental work. They are implemented as a discussion-training work and cover the following topics:

- 1) the establishment of positive parent-child relationship, the establishment of contact with the child;
- 2) training of understanding the child, their actions and reactions;
- 3) coping with stress;
- 4) training children the methods of overcoming difficulties.

Consulting and educational direction

This direction includes the counseling and education of parents, teachers and the children themselves. It can be carried out either at the request of parents, teachers and learners, and at the suggestion of specialists (teachers, speech therapists and psychologists). Advising parents should be implemented in the first place for assistance and support of the child in solving their difficulties in learning and education. Parents may seek advice of a teacher, speech pathologists and psychologists on various issues: the problem of education, training, behaviour, emotional and personality features of the child.

Consultation of the parents should focus on the following tasks:

- Identify parents requests to specialists. Explaining parents the importance of timely assistance to the child with difficulties in learning and behaviour.

- Formation of parents' right attitude towards the correctional and developmental work with children. The establishment of cooperative relations between them in this work.

- Identify the changes in the external life of a child with disabilities, their relationship with their parents; answers to parents' questions. Parents of the children involved in correctional and pedagogical work, get consultation about the course of the correction process. Parents can see the changes in the behaviour of their child and support them in the course of such classes, allowing them to actively participate in correctional and developmental work.

- Get more information about the child's development and cooperation at home and in the extracurricular environment.

- Provide parents the data about the effectiveness of the work with the child (explanation of the dynamics of development of the child, or the results of the effect of psychological and pedagogical support, training, formulation of detailed recommendations).

Consultation of teachers (individual and in group) can be carried out on the issues of changing educational assistance strategies and training; difficulties in working with children to develop a joint programme of solving the problem; creation and implementation of the plan solving the problems of the class, consultation on the result of the work of specialists with a child and others. Problems, with which the teachers and administration may go to the specialists are the difficulties in learning the mother tongue, mathematics, academic failure in general, behavioural problems, difficulty of the child in relationships with the family, difficulties in the interaction of teacher - student, lack of motivation of children to study, breaking school rules and regulations, the tendency to antisocial behaviour.

Consultation of teachers should focus on the following tasks:

- Assessment of difficulties in learning, in the child's behaviour and their interaction with other children, teachers, parents; an explanation of the causes of such difficulties of the child to the teacher; formulation of recommendations.

- Determining the children who need timely psychological and pedagogical support in connection with the difficulties in learning and interaction in the educational organization or accompaniment of medical professionals. Students, causing difficulties for teachers, are identified, analysis of the difficulties of training «difficult» children is made, psychological and educational portrait of children with «problems» is made.

- Improvement of psychological and pedagogical support of children and adolescents receiving psychological assistance (a detailed discussion of «problem children» is held, the optimal strategy of psychological-pedagogical influence is worked out together with the teacher, the proposed form of the work both with a child and with parents is discussed).

- Informing teachers about the effectiveness of the work (an explanation of the positive dynamics of the development of children, the formulation of detailed recommendations that can be considered when planning the learning process with these children or a group of children and to identify the wishes and requests, etc.).

The main objectives of educational activities of the teacher-defectologist and psychologist should be:

- Preventing maladjustment of children; preventing disorders of school behaviour, antisocial reaction, etc.

- Educating children, parents, and teachers (educators) on the characteristics of the age development, etc.

- Informing children, parents, and teachers about the basics of a healthy lifestyle, health-oriented and health-saving behaviour, etc.

Education can be carried out individually or in a group in the form of speeches at meetings and lectures for parents on specific topics.

Educational and preventive activity with the teaching staff can be arranged in the form of training and seminars, lectures for teachers, thematic presentations at the teachers' meetings and speeches on the results of psychological and pedagogical work in educational institutions.

Thus, the work of all the specialists in inclusive education involves the work of all the team members, that is, the activities of the specialists should be implemented not in isolation from the specialists of psychological, medical and pedagogical consultations (PMPC), but be integrated into a comprehensive programme of assistance to children who need special support. The programmes of comprehensive care for children with disabilities with different intensity of involvement in educational activities should be built on the results of diagnostic examination and discussion of the problems of the child at the PMPC. Different forms of supporting the child in the team work can be distinguished in the traditional areas of activity of the teacher-speech-pathologist and psychologist:

- Support-observation;

- Realization of the programme of correctional and developmental lessons with support-observation;

- Supervisory responsibility.

When *supporting by the observation*, the teacher-speech-pathologist and psychologist record the dynamics of the child's development and learning, take into account the risk of maladjustment, if necessary, consult teachers, parents and other specialists on the development of a particular child. In *implementing the programme of correctional and developmental lessons* with support-observation, the teacher-speech-pathologist and psychologist plan, develop and implement correctional and developmental programmes with account of

their goals and objectives, conduct classes with the child individually and/or in a group. In the third form of participation, *advisory responsibility*, the teacher-speech-pathologist and psychologist are appointed as a supervising specialist for a particular child.

The supervising specialist should solve the problem of consolidation of specialists' efforts on solving the problems of the child, and the fulfillment of the prolonged observation of the learning and development dynamics.

Depending on the problems identified and the necessary level of development of the child it is advisable to choose a particular form of psychological and pedagogical support in the framework of a comprehensive programme of assistance, which may include:

- correctional and developmental work of the psychologist (conducting classes) when the child is under the care of a speech therapist and/or speech-pathologist throughout the whole period of implementation of the comprehensive programme of assistance;
- correctional classes of the speech-pathologist and/or speech-therapist when the child is under the care of a psychologist for the whole period of implementation of the comprehensive programme of assistance;
- correctional and developmental work of the psychologist (conducting lessons) combined with the correctional work of the educator (a speech-pathologists or a speech-therapist); if necessary, a third specialist can join the observation of the child (a speech-pathologist or a speech-therapist) for the whole period of implementation of the comprehensive programme of assistance;
- joint correctional and developmental work of the psychologist, speech-pathologist, and speech therapist.

For successful implementation of inclusive education in general pre-school and school institutions it is important to keep a certain balance of responsibilities of teachers and other specialists aimed at a child with special educational needs and other children. In this regard, there is a new function, coordination of inclusive practice, in the educational institutions. In general, it focuses on the qualitative control of the process of including a "special" child and their family in the educational environment. To coordinate the activities of the teaching staff on including the children with disabilities in the educational process it is advisable to introduce a new staffing position, **a coordinator on inclusive education** (recommendations are designed by Leontyeva E.E. [50]). Any specialist with a higher defectologic education (teacher of the deaf and hard of hearing, visual impairment specialist, specialist in oligophrenopedagogics, teacher-speech therapist, etc.) who has been trained in the field of inclusive education and has experience of working with children with various disorders of the auditory, visual, motor or intellectual development can be a coordinator on inclusive education. The latter includes mental retardation, intellectual

disabilities, including Down syndrome, cerebral palsy, autism spectrum disorders, and others.

The functions of the coordinator may include:

1. Administrative:

- developing inclusive culture and values, philosophy and ideology, the formation of a special regime of organization;
- definition of the strategy and tactics of the teaching staff activities in the field of inclusive education (planning, implementation and analysis of specific steps - organizational component), ensuring equal attention to *all* children, and efficient use of available resources for this purpose;
- supporting inclusive practice (professional support and motivation of colleagues, especially in disseminating examples of effective work with children with developmental disabilities, providing the interdisciplinary “team” approach in dealing with the issues of content, forms, methods and techniques of education and training, correctional -developmental work;
- analysis of the needs of children with disabilities, long-term objectives in the development of the child, the strategy of child support and their family.

2. Functions of the specialist (manager) of the psychological, medical and pedagogical consultation of the educational organization. In this activity should be highlighted:

- interaction with the specialists of psychological, medical and educational consultation;
- coordination of the activities of the members of psychological, medical and pedagogical consultation within the educational organization;
- planning and conducting meetings of the psychological, medical and pedagogical consultation;
- participation in preparing an individual educational plan (individual programme of the child’s development) and its implementation;
- bring to the attention of parents and administration the decisions of the psychological, medical and pedagogical consultation.

Among the tasks of the coordinator as a member of the consultation, it is necessary to highlight the specific measures of regulating and optimizing the process of inclusion of children with disabilities in the educational process: the schedule of individual and group correctional lessons for children with developmental disorders, issues of providing children (pupils) with additional equipment; arrangement of the stay of the child in school or kindergarten with the parents and the organization of psycho-pedagogical support.

3. Interaction with the “external” partners, primarily with psychological, medical and pedagogical consultations, the offices of psycho-pedagogical correction, the offices of rehabilitation and inclusive education, rehabilitation centres, counseling centres for parents and other public, non-commercial

and commercial organizations, interested in the development of inclusive education.

Thus, the psychological-pedagogical work in educational institutions is the systematic monitoring of psycho-pedagogical status of children with disabilities in terms of the current state and prospects of proximal development, creating the social and psychological conditions for successful training and development of children and solving the problems of education, communication and the mental state of the individual child. Psycho-pedagogical work in educational institutions should be considered in the broader sense, as not only children and adolescents become its target, but also teachers, parents and other adults interacting with them. The overall objective of the work of teachers and specialists is to develop a system of psychological and pedagogical support of children and other participants in the educational process in order to meet their needs related to their age, education and others based on the specific needs of the educational organization.

The work with every participant of the educational process should include the following activities:

- *With children:* medical, psychological and pedagogical diagnostics, correctional and developmental work, trainings;
- *With parents/legal representatives:* consultation, recommendations, joint consultation with a child and/ or a teacher, diagnostics, and group work;
- *With teachers:* consultation, joint conduction of lessons, diagnostics, joint training activities and others.

It is clear that all the specialists and educators need to work together for the benefit of children. To work effectively in inclusive education, teachers must learn to identify and implement the necessary conditions for children with disabilities. General education teachers must take into account the situation, place of classes and the best location for a child's effective learning (closer to the teacher, apart from some other children, from irritation sources or proximity of the teacher, suitable lighting and temperature, etc.). The systematic meetings, seminars, methodical association with the presentation of experience of specialists of different categories (teachers-speech therapists, teachers-speech pathologists, educators-psychologists, nurses, music teachers, instructors of physical culture, educators), as well as the publication of copyright manuals on inclusive education for children with disabilities, contribute to the establishment of rational relations, the exchange of information of all participants in the educational process.

Theoretical questions

1. Expand the essence of the concept of *“interaction of teachers and specialists.”*

2. Expand the task of interdisciplinary interaction of teachers and specialists in inclusive education.
3. Describe the performance indicators of interdisciplinary interaction.
4. Describe the functional responsibilities of an educator (teacher) in an inclusive pre-school (school) organization.
5. Describe the functional responsibilities of a music director in an inclusive organization.
6. Describe the functional responsibilities of the instructor of physical training in an inclusive organization.
7. Describe the responsibilities of the teacher-speech-pathologist in an inclusive organization.
8. Describe the responsibilities of the psychologist in an inclusive organization.
9. Describe the functional responsibilities of the coordinator in an inclusive organization.

Practical exercises

Match the suitable answers in the table “Functional responsibilities of teachers in an inclusive organization”, put plus next to them.

| Functional responsibilities | Educator (teacher) | Musical director | Instructor of physical training | The educator of additional education |
|--|--------------------|------------------|---------------------------------|--------------------------------------|
| Consulting teachers, music director, instructor of physical culture, social teacher and teacher of additional education on the organization of correctional and pedagogical process and the interaction of all the children of the group (class) | - | - | - | - |
| Conducting musical-didactic, theatrical and rhythmic games | | | | |
| Examining pupils, defining the structure and extent of their vibrant speech defects | | | | |
| planning and conducting classes, games, walks and activities in accordance with the children's age | | | | |
| monitoring motor activity of children during the day | | | | |

| Continued Table | | | | |
|--|--|--|--|--|
| conducting psychological diagnostics | | | | |
| Providing musical accompaniment of games organized by the children in the 2nd half of the day | | | | |
| Creating the conditions in the group (class) for the successful implementation of standard educational programme | | | | |
| Monitoring the compliance with the regime of the day, children's nutrition, proper conduction of morning exercises, physical education classes and walks | | | | |

Determine which specialist's functional responsibilities include the following:

1. Knowledge and understanding of the unique needs, strengths and potentials of each child in the group
2. Possession of a variety of methods of training and education
3. Support of individual skills and achievements of each child
4. Caring for the safety of the child
5. Taking care of the child's comfort
6. Offering help
7. Showing respect for the child
8. Creating a positive atmosphere in the group

MODULE 5. WORK WITH THE FAMILY IN THE CONDITIONS OF INCLUSIVE EDUCATION

5.1 Features of family education of children with special educational needs.

5.2 The difficulties that parents have at inclusive school.

5.3 The strategy of work with parents in the conditions of inclusive education.

5.1 Features of family education of children with special educational needs.

In implementation of programmes of education and training of children with special educational needs the increasing part is assigned to a family in

which such a child is brought up. Though the ways of adaptation of each family in society are profoundly individual that excludes a possibility of creation of universal recipes for all occasions, some general consistent patterns of this process are already determined. Knowledge of these regularities is necessary for the experts in the field of special pedagogics and psychology working with children with special educational needs. In the conditions of development in the Republic of Kazakhstan of complete model of social upgrade which initiator of creation was a President of the Republic of Kazakhstan N.A. Nazarbayev, one of key factors of success of all modernization process is success of updating of a national education system which is aimed at adaptation of young Kazakhstan citizens to independent life and initiative work. Ensuring socialization of the children who are in especially difficult circumstances, their full rehabilitation including medical, psychological and social, for their successful integration into society becomes the purpose of state policy. The main directions in this area are:

- priority of family education of children with special educational needs, protection of their rights and interests;

- development of effective methods of the help to the families raising children with special educational needs, creation of the new organizations oriented to problems of the family having the child with this or that form of environmental disadaptation.

For the performance of these tasks the followings are necessary:

- training and consultation of a family;

- realization of the right of a family and children with deviations in development on protection and the help from the state;

- assistance to development and strengthening of a family of the non-standard child of both humanitarian, and social institute;

- humanization of communications of a family with society and state;

- establishment of the harmonic intra family relations; formation of public recognition as social norm of the safe family creating all necessary conditions for development of the child with deviations and development features;

- professional development of the experts working in the general education organizations in the field of special pedagogics and psychology, for work with a modern family;

- educational work with the parents having children as with deviations in development, and healthy children;

- providing of preparation and the edition of books on family up-bringing of children with features of development and behaviour;

- research and assessment of a condition of a family and child;

- creation of a favourable family climate providing condition for optimum development of all members of a family of the non-standard child;

the organization of support in mass media of a positive image of the family guaranteeing high-quality education and development of the non-standard child including with special educational needs.

Education of the non-standard child on the basis of education model, adapted to him, with the prevention and overcoming at different stages of its insolventy constitutes a conceptual basis of family education. For planning of actions for development of inclusive education an important role is played by comprehensive social examination of the child and his family, assessment of the difficulties, obstacles and barriers interfering effective inclusion of the child in educational process of comprehensive school.

To reveal features of relationship in the families having children with development disorder it is necessary to consider modern ideas of styles and types of family education in general, and in families of disabled children, in particular.

The birth of a child with disorders in development is always a stress for a family. Emotional impact of a stress on the woman, who has given a birth to a child with disabilities, is immeasurably considerable. Mothers often are observed to have hysterics and depressions. Women have fears concerning the future of the child and it arises the feeling of loneliness, lostness and feeling of "the end of life". Many mothers owing to the circumstances after the child's birth with disabilities are forced to change a profile of work or to leave it at all. Giving up a favourite job not only deprives of her earnings, but also changes her social status, puts in a dependency on husband or a family.

The stress which has resulted in a complex of irreversible mental disorders of the child can cause various diseases in his mother. There is a pathological chain: the illness of the child causes a psychogenic stress in his mother which in a varying degree provokes emergence of somatic or mental diseases. Thus, the disease of the child, his mental state can be psychogenic and for parents, first of all for mothers.

Mothers of children with disabilities complain about fluctuations of arterial pressure, insomnia, frequent and severe headaches, thermal control disorders. The older the child becomes, i.e. the psychopathogenic situation is longer, the more some mothers have disorders of health. Frequent colds and allergy; cardiovascular and endocrine diseases; the expressed or total hair greying; the problems connected with digestive tract arise (R.F. Mayramyan, 1976, V.A. Vishnevsky, 1985, 1987; M.M. Kabanov, 1978; B.B. Kovalyov, 1979, 1982; R.F. Mayramyan, 1974, 1976; V.N. Myasishchev, 1960).

Certainly, physical activity of parents of such children is extremely big, especially it concerns the parents having children with cerebral palsy (the constant physical help to the child during his movement in the house, weekly transportation of the child by different types of public transport from house to

school and back in the absence of appropriate supportive applications).

After the child's birth with problems in development his family narrows a circle of acquaintances and even relatives because of characteristics of a condition and development of the sick child, and also because of personal installations of parents (fear, shame). In addition, parents have a typical fear of the birth of one more child with problems in development up to refusal of the birth of other children. In such families, usually the handicapped child is the only one.

There are families in which one more or two healthy children are brought up. In most of them the child with disorders of development is the last born. In such families there are more favourable disabilities for normalization of psychological state of parents in comparison with objective disabilities of the parents who are bringing up the only disabled child.

Owing to children with the fetures of psychophysical development parents of the specified children often get into a conflicting situation of the roles (V.V. Tkacheva [51]): on the one hand they love the child and wish him all the best, and, on the other hand, parents belong to community which considers this child as defective. The greatest concern in parents of children with special educational needs is caused by disorders of the speech, intelligence and dynamics of mental processes.

One of the saddest manifestations characterizing the condition of a family after the child's birth with disorders in development is the divorce [52]. And, the relations in a family can worsen not only between spouses. They can change between the child's mother with disorders in development and her parents, or parents of her husband. It is difficult for feature of the child to accept to the unprepared person. Pity to the grandson and his mother can penetrate a relationship of close people a long time. However, with age the forces weaken: grandmothers and grandfathers are gradually discharged of such family.

The family in which there is a child with special educational needs passes a number of stages of change of the relation to disabilities of the specified child:

1. The first stage is connected with obtaining the exact diagnosis. At this stage parents can have a shock, a depression, disappointment, or, on the contrary, denial of the obvious facts, infinite circulation on different experts for the only purpose – to receive confirmation that their child is healthy. Often parents explain existence of obvious lags in development in the child by his laziness, unwillingness to tell or do something, “harm” or imitation of the child to any of people around, by lack of unique requirements to stimulation of development of the child from other close people (grandmothers and grandfathers), etc. Therefore parents begin to impose obviously overestimated requirements to own children that have any deviations in development, without recognizing and rejecting their existence.

2. The second stage is connected with understanding the fact by the parents

that their child is sick also with emotional accustoming to this fact. At this stage parents with nervousness and constant comparison with other children attentively watch how successfully and in what terms their child reaches the determined norms of development. In the absence of psychological and pedagogical support of parents from specialists they can come to a conclusion about hopelessness of a condition of the child, that a considerable part of disabilities of professional success and social self-realization for it will be closed in the future.

3. The third stage is connected with understanding by parents the need of special and purposeful medico-psychology and pedagogical impact on the child. However, even at this stage views of parents of children with special educational needs for their own role in this process, and also on the further forecast of development of children, can be contradictory. So, some parents with excessive diligence start to train the child to read, write, count as soon as possible, will organize additional classes with the teacher, strive to give the child such amount of information which he isn't able to comprehend. At the same time informative disabilities of the child are practically not taken into account. Others in questions of development of their children entirely rely on experts. Such passive relation to development of own children is promoted by the fact that most of children with special educational needs study at special schools of boarding type. In such a form of education children are away from a family for six days a week. As a result there is an alienation of a family from active process of education and training of children.

Studying the problems of family education of children with disabilities allows to distinguish the main psychological portraits of parents of children with disabilities [53].

Portrait of an authoritative parent (impulsive and inert) type:

This group of parents is characterized by the active living position, aspiration to be guided by own beliefs contrary to arrangements from the side (councils of relatives or experts). We refer two categories to parents of authoritative type. The first, having learned about any disorders of their child can refuse leaving in maternity hospital. The second category, which comprises the prevailing part of parents, shows the other position — strong desire to find a way out of the situation both for themselves and for the child. For a suggestion to refuse from the child such parents react as to a personal insult. The position of parents of authoritative type is characterized by a phenomenon of extrusion of the negative experiences connected with the child's problems. It considerably optimizes their status. Parents of authoritative type, who put up with the child's defects, tend to overcome the problems and want to ease his problems. Such parents make all

possible efforts to search for the best doctor, the best hospital, the best method of treatment, the best teacher, famous psychics and traditional healers. They have an ability not to see a barrier on the way and are confident that there can ever happen a miracle to their child.

Authoritative parents create parental associations and societies, come into close contact with the similar parental organizations abroad. These parents persistently pursue the aim of improvement, training and social adaptation of the child and, thus, solve the child's problem in general.

Negative features of this category of parents are shown in inability to constrain the anger and irritation, in lack of control of impulsiveness of own acts, in being tend to participate in quarrels and scandals, in frank opposition to social environment (to experts, teachers, administration, the relatives who haven't accepted their child). "*It's the society that should adapt to us and our children, but not we to them*" — this statement can be the motto of many of such parents.

In the relations with the child having disorders in development some authoritative parents can use rather rigid forms of interaction, up to coldness or avoiding his problems. The behaviour of such parents can sometimes even turn into rejection of identity of the child in general. A lot of authoritative parents tend to use uneven nature of educational measures: rigid forms of punishments (a hail, suppression of the personality, beating) are quite frequent. However, parents don't feel any ashamed. Such form of interaction with the child becomes the cause of *tics*, *enuresis* (sometimes even an *enkopreza*), formations of the lowered self-assessment of the child. Authoritative parents often put forward the unreal demands to the child which aren't corresponding to his disabilities. Other part of this category of parents shows a tendency not to notice features in development of the child. They consider that experts overestimate requirements to their child while his shortcomings only characterize an originality of individual development. "Not all children are identical" or "Well, not everybody has to be a scientist" — they consider. Such parents excessively care of their children. They have the wrongly formulated understanding of a possible way of development of the sick child. The persistent aspiration of such parents to be always guided only by the personal vital installations (contrary to opinion which are significant for parents of such persons) doesn't allow them to see the real prospects of development of the child.

Portrait of the neurotic parent (disturbing and sensitive) type:

This type of parents tend to have a passive personal position which can be formulated as follows: "*We have what we have. You will change nothing. How the child was born so he is!*" Parents of this category are not able to accept the problem of the child and have no any the aspiration to overcome. This

category of parents is excessively fixed on the idea that there is no way out of the situation which considerably worsens their psychological state.

Parents of neurotic type justify their own inactivity concerning the development of the child by the absence of direct instructions from experts, relatives or friends what with the child should be done: “*Nobody told us that it is necessary to work with him. We knew nothing!*” Practically in everything such parents follow a vital formula: let everything go in life as it goes. They don’t understand that some shortcomings of children are secondary and the result of not a disease, but their own parental pedagogical insolvency but not more.

Part of parents, belonging to this group, seeks to protect the child from all possible problems, and even from those which he can solve on his own. Such parents are satisfied that the child studies to do something, and consider that better not to expect more from him.

In respect of up bringing these parents also often show insolvency. They experience objective difficulties in achievement of obedience of the child. It is explained as manifestation of inertness and unwillingness to adjoin to the child’s problems, and own weakness of nature in case of implementation of the set of educational objectives. Such parents are inconsistent also in use of ways of encouragement or punishment of the child. In their relations with the child there are no insistence and at times necessary severity as well. They make concessions to the child in everything, “too tender” to him, and sometimes their “supergentle” relations pass into a baby talk. Interpersonal communications “the parent — the child” in such families can wear symbiotic nature.

A part of such parents always have the worrying mood, there is an excessive concern about something that can do harm to the child. It, in its turn, is transferred to the child and becomes one of the reasons of forming neurotic traits of character.

Parents of disturbing and sensitive type insufficiently critically estimate possibilities of the child; subconsciously seek to hide his defect and to give desirable results of development for real. Often there are other features of parents: they exaggerate problems of the child, deny possibilities of solution at least of their part. Their own emotional powerlessness doesn’t allow such parents to estimate positively their future and the future of the child. Past life is perceived by them as not developed, unhappy, ruined by the birth in a family of the abnormal child. Neurotic mothers often have hysterics, the suppressed mood, long depressions, aspiration to avoid making a decision, decrease of social status, a primitive behaviour.

Portrait of psychosomatic parent type

It is the most numerous category of parents of children with limited

disabilities. These parents have the features inherent to parents, both of the first, and second categories. These parents emotionally are more instable, than representatives of two other groups. More frequent changes of polar moods are peculiar to them (joy, the depression caused by an insignificant occasion). Some of them have the tendency to domination, as well as authoritative parents, but there is no affective form of response to a stress problem, as the first and second categories. They don't make scandals and quarrels, in most cases behave correctly, reserved, and sometimes are closed. Behaviour is standard as a rule. The child's problem more often is hidden from others and is endured by them internally. This results in the fact that the channel of reacting to the problem frustrates the mentality of this category of parents and is transferred to the internal type of experiences. The first two categories of parents it is shown externally (neurotic — tears, hysterics, authoritative — scandals, aggression, a hail). It appears to be the reason of the disorders arising in the psychosomatic sphere as it caused the name of this category of parents. The aspiration "is characteristic of these parents to put own health on an altar of life of the child". All efforts are directed on assistance to the child. Sometimes such mothers work with the children, as much as possible straining and exhausting themselves. They practically have not a rest and don't complain as neurotic, on the need for it. Sometimes it seems that desire to have a rest is absent even in case of big loading and the arisen fatigue (especially in the first years of life of the child). To these parents, as well as to neurotic parents, it is peculiar to regret the child, to give him help, service, and sometimes even to do for him that he can't do himself yet. They are inclined to care of the children too much.

Psychosomatic parents, as well as authoritative, aspire to find the best specialists. In some cases they become the same for their own child, actively joining in his life: participate in activities of child care educational institutions, increase their educational level, change a profession according to needs and problems of the sick child. Some mothers of this type, get defectologic education, become highly professional specialists and successfully give help not only to their children, but also strangers.

The marked-out features of parents are fundamental for definition of positions of the parent and a family in relation to the sick child. Then world outlook, cultural, social and other characteristics accumulate on them. Parents make the interaction with the child on the basis of traditions of that cultural environment which they carry themselves. Parents in the course of interaction with the child formulate those qualities which then grow into his personal characteristic features. The power of love to the child, expression of paternal and maternal feelings depends also on features of the identity of the parent. Loving, but the disturbing, sensitive parent will be ashamed to appear with the

problematic child in the public place though at first can feel high necessity. The parent with high self-esteem will feel humiliation, meeting the pitiful or curious look of neighbors or passersby on the street, and will refuse to walk. Sense of shame can be stronger, than the need to help the child. In vanity of daily cares this requirement can gradually be dissolved.

Practice shows that the parents are not ready to accept the shortcomings in development of the child, they are ashamed because they gave birth to the child with development disorder and it motivates the refusal. Such parents often hide that there is a child with disorder development in the family. Its value is openly or subconsciously rejected by them. Some parents also might have another tendency: the father doesn't accept the child with psychophysical disorders and gradually moves away from a family. He treats the child coldly, degrades his mother. In relations of the father with the sick child and the ex-wife the moral of society discriminating a provision of persons with disorders in development dominates more often. Such father refuses to the child the love and support.

In the families raising children with disabilities owing to the reasons described above parents often use the following **models of education** [54].

Hyperprotection. Parents aspire to do everything for the child, even that what he can. The child is placed as if in hothouse conditions in this connection he doesn't study to overcome difficulties, he doesn't form skills of self-service etc. Feeling sorry for the child and trying to help him, parents limit possibilities of his development. However, it is difficult for parents of the children with disorders in development to define what the child can do and what he needs to be helped with. The education model "*hyperprotection*" often occurs at parents of children with disorders in development. Heavy defect (cerebral palsy, intellectual backwardness, early children's autism) provokes parents to use inadequate educational approach.

Contradictory up-bringing. The child with disorders in development can cause the disagreement in use of educational means among members of the family. So, for example, parents of the child can be supporters of rigid education and impose relevant requirements to him. At the same time the grandmother and the grandfather living in a family can take softer position and therefore allow the child to do everything that he wants. The usage of such education towards the child does not form an adequate assessment of his disabilities and qualities, he studies "to maneuver" between adults and often pushes together them with each other.

Education with the increased moral responsibility leads to a fixed overstrains of the child. Parents or other relatives constantly confer on the child such obligations and responsibility with which the child with disorders in development cannot cope. The child has an increased fatigue; there is

no adequate assessment of the disabilities. He always slightly falls short of optimum result therefore it isn't successful. He is often abused, he always feels guilty that, undoubtedly, causes underestimated self-assessment.

Authoritative hyper socialization. Parents who have the high social status are drawn towards this model more often. They overestimate abilities of the child all the time, by means of own authoritative efforts to develop social skills of the child. The parents using such a model, as a rule, overestimate abilities of the child.

Education in "cult" of disease. Many parents form the attitude towards the child as to the patient. In such nature of relationship the child become suspicious, has a fear of any illness, for example cold. The child treats himself as to the patient in this connection he forms the idea of himself as a weak, incapable of big achievements person. His internal position is always closer to refusal of a solution, than to its overcoming.

The "symbiosis" model develops complete dissolution of parents in the child's problems. This model meets is often used by mothers of the sick children who are brought up in incomplete families. Such mothers create for the children the special atmosphere in a family — the atmosphere of absolute love to the child. They almost completely forget about their own problems, professional career and personal growth. Such maternal love distorts possibilities of personal development of the child. As a result of such education the child becomes egoistical and incapable of expressing love.

"Little loser" model. These parents attribute to the child social insolvency and are sure that he will never achieve succeed in life. Parents have a feeling of disappointment and shame because children are not successful and not skillful. Some consider life with such a child as an excessive burden as a cross for the rest of life.

Hypoguardianship. This model of education is often used in families with the low social status (families of addicts, alcoholics) or in families where the child with disorders in development has no value owing to development disorders. Parents practically don't look after properly; the child can be badly or untidily dressed, badly fed. Nobody watches his daily regime and living conditions providing his development. However, his healthy brothers and sisters also can be in the same condition.

Rejection of the child. Lack of love to the child can be in families not only with low, but also with the high social status. Rejection of the child can be integrated in consciousness of parents identifying themselves with the defect of the child. Frequently fathers face with it. In case of maternal rejection of the child the situation is explained by immaturity of the personal sphere of mother and not formation of a maternal instinct.

Therefore the the families of children with special educational needs require

social and psychological support. Development of such children to a large extent depends on wellbeing of his family situation, on adequate participation of parents, first of all mothers as the mothers most often bear the burden of responsibility for education of the child.

Traditionally problems of the families raising children with special educational needs were considered only through a prism of problems of the child. Work with parents was limited just with consultations concerning development and training of the child, but very serious aspect – an emotional condition of parents wasn't considered at all. In order to make the inclusion of the child with special educational needs in educational process of comprehensive school productive it is necessary to attract positively intended parents.

Nevertheless, special vulnerability and feeling of derelicts in society is characteristic to many parents of children with special educational needs. People around, unfortunately, do not always treat tolerantly not only children with special educational needs, but also their relatives. Therefore it is so important for them to find people who understand their problems, don't judge but support, treat them without nihilism. Conversations with tutors, the speech pathologist, the social teacher and the psychologist are one of disabilities to solve problems, to overcome a negative, to receive answers to difficult questions.

At inclusive school during the work with families having children with special educational needs the following problems are solved:

- formation of a positive self-assessment of parents, uneasiness removal;
 - development of abilities of introspection and overcoming psychological barriers;
 - development of the child parental relations;
 - improvement of communicative forms of behaviour;
 - formation of skills of adequate communication with the world around
- [55].

There are some common purposes which are set by parents for the children including the children with special educational needs. One of the major purposes is an acquisition of socially desirable status, socially approved role in specific social group or community. Implementation of this parent aspiration, to a large extent depends on the level of intellectual development of the child.

At the same time, traditional ideas of children with special educational needs considerably changed recently. If earlier such children could cause only sympathy, then now they are considered as equal. Such change in views in relation to children with special educational needs changes also the attitude towards the specified category of children: if earlier they were considered as

needing the help, guardianship and the looking after system of services, then now they act independently, possessing much bigger, than it was supposed earlier, the intellectual, communicative and social and other disabilities needing only in the direction of their development and necessary psychological and pedagogical support.

5.2 The difficulties that parents have at inclusive school.

The child with special educational needs has a high degree of dependence on their family, skills of interaction in society are limited. The problem of education and development of the “special” child becomes excessive for a family, parents turn out to be in psychologically difficult situation: they feel pain, a grief, sense of guilt, quite often fall into despair. The complex psychology and pedagogical help is necessary for such families. It is necessary to approach the family having the child with special educational needs with humanistic positions, to focus parents on the advancing training of the child for life, to develop the ability to think of categories of the future, to form the positive prospects of his development.

The special place in case of inclusion of children with special educational needs in general education process is allocated to their parents. Many parents make huge efforts to create favourable conditions for development of children. However, *in practice weak participation of parents in general education process of children with special educational needs takes place.* This problem is caused by lack of systemic work with parents for the purpose of assistance to education of the children included in educational process of general school. Parents (legal representatives) of the child who wished to arrange the child with special educational needs in inclusive school should undergo inspection in PMPC. Success of inclusion of the child with special educational needs in general education process in many respects depends on a cooperation of parents with teachers.

The main motives of parents in case of the choice of general school for the child with special educational needs is installation on successful development of the child in the course of inclusion in general education process together with normal children, and as a result further social adaptation and integration into society.

The conducted researches demonstrate that a considerable part of parents hopes that their child joining the general school will gain good knowledge and will be able to develop the abilities and tendencies adequately. A part of parents consider education of moral and personal qualities of the child important in inclusive education and want to see the child sociable, adapted to society. Desire of parents to raise the child independent and as well in

adulthood through training at general school [53] is important. In general, motives of parents of children with special educational needs are positive and all of them pursue concrete installation and orientation of views of parents to quality education of their children.

In its turn, most of teachers of special classes supports a cooperation with parents of pupils, but at the same time their small part considers that parents support their children, and the much bigger group, on the contrary, claims that parents pay not enough attention to the children.

Most of teachers of special classes deny the facts of disagreements with parents of children with special educational needs. However, it is necessary to pay attention that at the same time they designated the circle of problems in the relations with parents covering the following:

- poor educational progress of children with special educational needs;
- absence of parents' control of homework performance;
- unwillingness of parents to consider the features of mental development of the child;
- behaviour disorders of the child with special educational needs at lessons;
- slovenliness of the child with special educational needs, lack of school supplies,
- missing the lessons without valid excuses by children with special educational, etc.
- ignoring by parents the requirements and recommendations of teachers.

Let's note that certain difficulties in the course of inclusion of children with special educational needs in general education process are created by their parents who initially don't agree with results psychological - medical-pedagogical consultation (further – PMPC) and are against to transfer their child to a special class. Teachers and experts of PMPC constantly have to convince such parents that training is carried out in compliance of the State obligatory standard of education.

Teachers of usual classes often note that parents who are dissatisfied with the process of training of the children refuse to cooperate and avoid contacts. Besides the reasons of disagreements of teachers of usual classes with parents of children with special educational needs have been designated.

Reasons:

recognition by parents of the fact of disorder in development in the child and as a result the need of special educational needs;

requirement of parents of need of the loyal relation of parents to disorders in development of children;

the problems in the course of training caused by disorders of development in children with special educational needs (disorder of the speech, bad memory, etc.);

- weak support by parents of the children in the course of training;
- inadequacy of estimates of knowledge of pupils with special educational needs by teachers;
- missing the lessons by the pupil with special educational needs without valid excuse;
- lack of an opportunity to train according to the special educational programme;
- the conflict of pupil with special educational needs with a class;
- an overload, fatigue of the child with special educational needs.

In their turn, most of parents of children with special educational needs consider the teachers are biased to their child, also note that the educational requirements are overestimated and don't agree with assessment of knowledge of their child at school.

According to parents, the positive attitude of teachers and a class towards the child with limited disabilities is determined, first of all, by personal qualities, after his capabilities. So, according to most of parents, availability of an open, benevolent attitude of the teacher to the child, his positive moral qualities and quiet nature are important. A part of parents considers that progress of the child in educational activities is the key to good attitude of the teacher to the child. Development of relations of the child with disabilities with a class is positively influenced also by creative capabilities, his direct participation in school life.

The reasons causing difficulties in establishment of contacts of parents of children with special educational needs with teachers are:

- parents are short of time;
- parents of pupils with special educational needs are lack of disabilities to express the opinion concerning training because of the fear for the child whom the teacher subsequently can treat badly;
- fear of parents to hear something unpleasant about the child;
- independence of the child, lack of need to interpose in the school matter;
- lack of the rights of the child's parents with special educational needs in the solution of school problems;
- fear of parents of material payment for individual work with their child [56].

Need of the organization of system of the actions directed to involvement of parents to educational process and education of high parent culture and responsibility for the child increases.

In the conversations parents note that in the relations of children with special educational needs with healthy peers the insufficient attention from a class takes place, absence of help at lessons and breaks and insufficient communication. Special positive impact on children with special educational needs is exerted

by their healthy schoolmates. Teachers confirm that schoolmates voluntarily help children to perform actions which are difficult for children with special educational needs owing to disorder in development (for example, to orally transfer written task on a board, to transfer the oral message in written form, to take the textbook out of a briefcase, etc.). Information on the relations with a class of children with special educational needs attracts interest. Almost all of them confirm that they have friends in a class, school and schoolmates who help them at lessons and during breaks. Children with special educational needs participate in school events, in school contests, in sports competitions. Thus, there is an impression that parents of children with special educational needs often require too much from a class in relation to their own children.

According to specifics of requirements of parents as customers of educational services in inclusive education can be allocated the typical groups united on two bases:

- attitude towards their own child and his psychological features,
- attitude to educational system.

Respectively it is possible to distinguish two groups of parents accepting the child in that way what he is, and “the parents who aren’t accepting” among whom “charging” are distinguished: complaining about the difficulties arising in interaction with him while training and “blind believety” that his child differs in nothing from other peers. Thus, requirements of parents concerning the education system, are divided into positive, neutral and indifferent and negative, based on prejudice that the system discredits their child, their families in general.

It is important for pedagogical personnel to know wishes of parents of children with special educational needs for whom problems of training of children at general school are closest. According to parents, the child could study better if the school has the following conditions:

- introduction in staff of general schools of a time sheet of the special teacher or the tutor;
- opening of day-care centre;
- holding correctional lessons for the regular specialist of school;
- accounting of specific features of development of the child;
- use in training process of the modern auxiliary equipment and technologies;
- respect for the identity of the child with special educational needs.

It is especially important that among parents of children with special educational needs the opinion on expediency of work of the regular special teacher at general school (more than 60%) is popularized [54]. In their opinion, such teacher has to have special methods of training, be able to explain a lesson clearly and adequately estimate knowledge of the child

Overcoming the stereotypes in thinking of parents has to become one of the first steps on the way to realization of the rights of children with special educational needs. The last, in its turn, reckons the need of training of the lawyers specializing in social inquiries of the population, in particular, of inquiries of children with special educational needs and their parents. It is important to emphasize that at general school parents see problems of training of children with special educational needs deeper and note inequality of disabilities of the children in training. This circumstance is caused by the weak organization of psychology and pedagogical maintenance that as a result doesn't allow to exercise the rights of the children for receiving quality education completely.

Most productively interaction with school develops in case of a combination of the accepting and positive intentions of parents who are ready to a cooperation and constructive dialogue with teachers and administration of school. Such parents supporting their children are guided, first of all, by interests of the child, building positive temporary prospect, caring how to create a situation of success in school making common efforts. Also the control strengthens, the additional help of specialists, emotional support and dispensing of difficulties are taken into account.

As contacts of parents with teachers are based often not on business, but on an emotional basis, the risk of emergence of the conflicts is high. For the prevention of similar reactions at early stages of social interaction of customers and contractors of educational services it is necessary to try to change the relation of the first - to positive. In this case application of methods of the convincing, adjusting impact is reasonable.

A lot of pluses of correctional training at comprehensive school are revealed for parents: a possibility of development of programmes of primary, main secondary and general secondary education in regular terms, conducting addition correctional lessons, availability of free psychology and pedagogical help. Separately, it is possible to present positive experience of training of children with special educational needs at other general schools.

Parents, who don't accept the arrangements concerning their children either negative or positive, get distracted from participating in the process of training, lack of communication with teachers. It is an important fact for these parents that the child goes to general school and studies, while his progress, difficulties, possible problems remain unaddressed. Teachers for regulation of social interaction should carry out the work on compensation of social motivation of the doctrine with pupils, that is to use such forms of social interaction where the personal deposit and result of the child positively influence on group indicators (a class, group) that allows to keep positive self-perception, a positive self-assessment, to develop aspiration to achieve the result.

Intention of parents on rejection of the child with special educational needs, with negative attitude of people around is the reason of indifferent attitude of parents to the child's problems. For such parents recognition that their child has special educational needs and needs special correctional pedagogical support is humiliating. Parents with such combination of installations try to pass from one teacher - to another, from one school - into another, and their children, without understanding the true reasons of discontent of parents, react with decrease in cognitive activity, distancing from other children, getting closed, including fear of estimates, public statements.

Establishment of a cooperation between parents and specialists, and also support of the ideas of inclusive education by them in society should become one of conditions of transition to constructive actions for ensuring availability and quality of education of children with special educational needs.

Teachers of general schools should consider the fact that parents of children with special educational needs often have certain complexes concerning weak educational abilities of their child. It is expressed in avoiding of contacts with the teacher, especially with parents of healthy pupils. Meanwhile, members of the family of the child with special educational needs know better than someone else, his features and can give a piece of good advice to teachers. Many parents want to take part in development of the child and this desire should be supported by administration of school and teachers [57].

5.3 The strategy of work with parents in the conditions of inclusive education.

Success of the correctional developing work is determined not only by differentiation of approach to each child accounting his age, specifics of deviations in development, somatic, neurologic and mental development, but also accounting of specific features of each child, and also readiness of parents to take part in the developing process.

The cooperation of inclusive school with a family of the pupil having disorders in development should be based on essentially new position of partnership. Each party shall assume a certain freight of responsibility for development of the child with special educational needs. Partnership of parents and teachers at inclusive school should be based on the principles:

1. respect and recognition of partners;
2. exchange of information and abilities;
3. participations in decision making;
4. recognitions of identity of the child with special educational needs [58].

The organization of work with the child's family with special educational needs in the conditions of inclusive education assumes complex support,

namely medico-social and psychological and pedagogical maintenance of the family which is bringing up the child with disorders in development. Support to parents should be performed at each age stage (the child, the teenager, the young disabled person) on the basis of the principles of comprehensive study and requirements satisfaction of a family, the principles of confidentiality, psychological trust, the humane and sensitive attitude towards members of the family of the child.

Need of medical maintenance of a family is explained by somatic weakening and disorders in psychophysical development of the child. Medical workers bear responsibility for ensuring protection and strengthening of health of students at school. Social support is provided by the social workers, social teachers who are in staff of school. The essential help to the family which is bringing up the child with special educational needs is done by the social teacher. Advisory, scheduled and educational maintenance with a family is based on the idea of a cooperation, increase in its educational disabilities, establishments of the harmonious child parent relations. Tasks of this work are to change mental sets of parents for a family role in educational process (it is necessary to return to parents the function of the chief tutors); change of style of relations with the child; wider use of pedagogical disabilities of a family [56].

Besides, social work assumes acquaintance of pupils and parents with their rights and obligations, legislative documents, and also – informing on the public and state organizations concerning persons with development disorder. The social teacher also gives specific practical help to the families raising children with special educational needs in case of registration of disability and acquisition of the individual sound-amplifying equipment, supportive compensatory applications. In other words, it serves as a link between children and adults, provides the atmosphere of a social and psychological well-being in educational institution, attracts parents and the public to the organization and holding socially important events and actions.

Content of activities of the social teacher is directed to satisfaction of social needs of the child with special educational needs within the legislation of the Republic of Kazakhstan.

For pedagogical support it is important to attract parents and members of families to public life of a class to render the effective help to own child in establishment of contacts with peers, teachers. For this purpose the following requirements have to be imposed to teachers and parents:

- parents should meet with teachers regularly to find out a condition of training and promotion in development of the child;
- parents should take part in creation of an individual educational route of the child with special educational needs;

- teachers should keep the Individual card of development of the pupil to fix his progress in training and education (in cards of educational achievements);
- parents should take a certain part of obligations and responsibility for implementation of the individual training programme and education that is accurately fixed in the programme;
- at the end of each quarter parents should receive the report on achievements in training of the child;
- parents have the right to visit children at schools, to be present at lessons, for the purpose of acquainting with methods and techniques of training of their child;
- parents of children with special educational needs should be invited to school events, as far as possible attract them to the organization and organizing school actions;
- parents should help the child with accomplishment of homework;
- teachers and parents should share the information on activities of the pupil at school and training at home;
- parents should organize out-of-school activities of the child, sports, visit of school societies;
- parents of children with special educational needs must be involved in the work of school parent committee;
- the special teachers-coordinators, psychologists or teachers working with children with special educational needs should hold seminars, practical trainings for parents on training in their rendering the educational help to the children;
- parents can participate in the seminars and trainings organized for teachers;
- parents of children with special educational needs can create local association where they will study from each other, exchange the experience of inclusion and training of their child in general school;
- teachers should visit the child's family at his place which will allow them to learn how the child behaves in the family;
- the undertaken specific obligations on both sides (the teacher and parents) can be fixed in the written contract and are fixed by signatures that will discipline both parties.

Work with such children and their families - is very difficult and responsible. It is connected not only with nature of pathology and age of the child, but also with need of close cooperation with a family or other adults responsible for caring and education. Without this interaction it is impossible to achieve success in case of inclusion of children with special educational needs in educational process of inclusive school.

Psychological maintenance is meant as a system of professional activity

where the interconnected components are included which are directed to creation of special conditions for activation and correction of development of the child:

1 creation of social - psychological conditions for effective mental development in group of short-term stay;

systematic psychological assistance to children with special educational needs in the form of psychocorrection, psychological support;

systematic psychological assistance to parents and relatives of children with special educational needs in the form of consultation, conversations, discussions;

the organization of activity of the child in group taking into account his mental and physical capacities [58].

The special teacher or the teacher of a class can provide individual and group trainings, seminars on support and development of the child with parents. This is instructive time when the specialist conducts classes 2 hours a week for parents by the principle «do as I do». All this is important as parents, as a rule, have contact time with the child 30–40 hours a week.

There are following main stages of process of psychological maintenance

Stage 1

- Diagnostic escort of the child and his family
- Establishment of contact with all participants of escort of the child.
- Psychological and pedagogical diagnostics of features of development of the child, prophylaxis of deviations of mental development.
- Definition of the model of education used by parents and diagnostics of their personal characteristics (drawing up the social psychological card of a family).

Stage 2

- Implementation of the individual programme and group lessons.
- Rendering necessary help to parents of the child with special educational needs (consultation, conversations, discussions).
- Education and consultation of the teachers working with the child.
- The lessons including complexes on development of attention, memory, thinking, the emotional and strong-willed sphere.
- Holding joint actions with parents and children (“A family holiday”, “New year”, “on March 8”, “Birthdays”, “Mother’s Day”, “An autumn holiday”).
- Working out the recommendations, definition of optimum individual loading taking into account psychophysical features.

Stage 3

Analysis of efficiency of process and results of maintenance.

Work with “special” children and their parents is constructed on the principles:

1. *The personally oriented approach* to children, to parents where in the centre there is a registration of personal features of the child with special needs, a family; providing comfortable, safe conditions.

2. *Humane and personal* – respect and love to the child, to each family member, faith in them, forming of positive “I-concept” of each child, his idea of himself (it is necessary that he heard words of approval and support, lived the success situation).

3. *The principle of complexity* – can be considered only in a complex, in close contact of the psychologist with the logopedist, the tutor, the musical director, parents.

4. *The principle of activity approach* – psychological assistance is performed taking into account the main type of activity of the child (in game activities), besides, it is necessary to be guided also by that type of activity which is personal and significant for the child [137-141].

Forms and methods of work with parents:

- *Consultation* – the differentiated approach to each family having the “special” child. The main thing is that parents would believe in the children and be assistants for experts.

- *Open Days* – parents visit the group, together with the child, watch the work of experts.

- *Seminars practical works* – where parents get acquainted with literature, games, learn to put the gained knowledge into practice.

- *Business games.*

- *Carrying out joint holidays* where the parent can see achievements of the child, participates together with the child (mother is near).

Task of experts - to help the parent not to be ashamed of the child, to perceive him in the way he is, help the child to be self-assured, develop his cognitive activity and the emotional and strong-willed sphere.

The essential help to the family which is bringing up the child gives the social teacher. Advisory, scheduled and educational maintenance with a family is based on the idea of a cooperation, increase in its educational disabilities, establishments of the harmonious child parent relations. Tasks of this work are to change mental sets of parents for a family role in educational process (it is necessary to return to parents the function of the chief tutors); change of style of relations with the child; wider use of pedagogical disabilities of a family.

Besides, social work assumes acquaintance of pupils and parents with their rights and obligations, legislative documents, and also – informing on the public and state organizations concerning persons with disorder.

The social teacher also gives specific practical help to the families raising children with special educational needs in case of registration of disability and acquisition of the individual sound-amplifying equipment (in case of

hearing aid) supportive technical means and devices. In other words, it serves as a link between children and adults, provides the atmosphere of social and psychological comfort in the educational organization, attracts parents and the public to the organization and holding socially important actions, actions.

Psychological assistance to the families raising children with special educational needs

Family — is a microcommunity in which the child not only lives, but in which his moral qualities, the attitude to the world of people, idea of the nature of interpersonal communications are formed [59].

In modern researches direct dependence of influence of a family factor on features of development of the child is revealed: the stronger family trouble is shown, the more especially disorders of development in the child are expressed [60]. These conditions have to be considered both in diagnostic, and in correctional work with the child having development disorders. Work forms:

1) demonstration to the parent (mother) of the child with special educational needs of working methods with him;

2) making notes by the parent (mother) the classes given by the psychologist;

3) performance of homework with the child;

4) reading by the parent (mother) the special literature recommended by the psychologist;

5) realization by the parent (mother) of creative plans in work with the child.

The research of interpersonal contacts of the child in a family is possible by means of the pictorial test. Drawings of children on their content are multimeaningful. Especially it is shown in respect of studying of intra family climate and nature of the interpersonal relations. The feature of pictorial tests is that the child doesn't need to tell about the family relations, and it is enough to depict them. The other important benefit of pictorial tests is that contents of the interpersonal and intra family conflict can be reflected in any children's drawing. While the child can be deprived of art talent or his quality of the graphic imagination can suffer. In all cases the drawing of the child reflects a view of the little person to the adult world.

For the purpose of definition of nature of reactions of parents to the developed psychogenic situation (the birth in the child's family with shortcomings of development) the techniques directed to studying of their mental properties are used. In this regard problems of this type of diagnostic activity include:

- a research of personal features of parents of children with disorders in development and definition of psychological type (authoritative, neurotic, psychosomatic psychological types);

- assessment of intellectual, emotional and communicative properties, characteristics of adaptable mechanisms, abilities to endure a long stress;
- determination of level of uneasiness, type of reaction to stress, and also level of predisposition to neurosis, psychopathia;
- analysis of the intra family relations and determination of level of integration of families of this category;
- establishment of parental and children's relations, the child parental relations and the reasons of their disorders;
- definition of model of family education;
- studying dynamics of the child parental and parental and children's relations as a result of correction.

Psychological - pedagogical and family consultation

Psychology and pedagogical consultation and family consultation are more often performed within the single advisory procedure. Organizational forms of consultation of the family having the child with special educational needs:

First stage: acquaintance, establishment of contact, necessary level of credibility and mutual understanding.

Second stage: determination of family problems according to the parents or persons replacing them.

Third stage: psychology and pedagogical studying of psychophysical features of the child.

Fourth stage: determination of the model of education used by parents and diagnostics of their personal traits.

Fifth stage: a formulation of the real problems existing in a family by the psychologist.

Sixth stage: determination of methods by means of which problems can be solved.

Seventh stage: summing up, summarization, fixing of understanding of problems in the formulation of the psychologist.

Consultation of the family which is bringing up the child with special educational needs includes not only councils and recommendations of the psychologist, but also the procedure of its psychological studying. Further the maintenance of each stage of advisory process is described [61].

Stages of consultation and diagnostics of family problems:

First stage. Acquaintance. Establishment of contact and achievement of necessary level of credibility and mutual understanding.

The first impression about the teacher or the psychologist exerts a huge impact both on the further course of a research, and on a possibility of achievement of positive consultation result. The tone of the first phrase,

expressiveness of a mimicry, movements, openness of a smile are those means which are used for establishment of contact and entry into the world of problems of a family of the child with special educational needs. Parents and the child from first minute of communication can be in some tension. Expression of persons, the poses raised or the lowered voice of relatives of the child testify to it. You shouldn't forget that for members of the family of the child with special educational needs it is one more test in series of attempts to find the truth, healing and rest. Therefore positive tone of a conversation, vigorous greeting ("Good afternoon! How did you get here? Have you been waiting long? How pleasant to see all family together! I listen to you carefully...") allow to defuse tensions and to start studying of problems in this family.

Second stage. Definition of problems of a family according to the parents or persons replacing them.

In the beginning they talk to all family members, finding out problems which concern them. Listen carefully to parents of the child and only questions for specification of details are occasionally raised. Then the conversation continues separately (without child) with each adult accompanying the child by his wish. But the conversation with mother and the father is held surely. The list of problems which parents of children with special educational needs most often handle is given below:

1) the difficulties arising in the course of training and education of the child (the child doesn't cope with the educational programme; the family addresses the psychologist to define the educational organization in which the child will be able to study);

2) inadequate behavioural reactions of the child (negativism, aggression, strangenesses, unmotivated fears, disobedience, uncontrollable behaviour);

3) the inharmonious relations with peers (healthy children "are weighed", ashamed of the brother or the sister, laugh at them and humiliate; at school, kindergarten, on the street children point a finger at the sick child or stare at them with interest watching his physical defects; offend, don't want to be on friendly terms with him, call silly or the fool, etc.);

4) the inadequate interpersonal relations of close relatives with the sick child (in one case relatives feel sorry for the sick child, hyperguidance and "spoil him too much", in others — don't maintain the relation with the sick child; the sick child becomes rough or aggressive in relation to relatives);

5) the underestimated assessment of disabilities of the child by specialists of the preschool or school educational organization (parents complain that the tutor or the teacher underestimates possibilities of their child, in house conditions the child shows the best results of progress);

6) the broken matrimonial relations between mother and the child's father;

7) emotional rejection by any of the child's parents with disorders in development, in extreme cases refusal even from his material security;

8) comparative assessment by mother (father) of the attitude of the spouse

(spouse) towards the child with special educational needs and to healthy children (positive or negative, manifestation of feelings of jealousy, anger, aggression is possible) and etc [51].

In an individual conversation with parents family information is gathered: family life story, its structure, anamnestic data on the child, history of his birth and development. At this stage primary general concept about problems of the child and his family is formed. For example:

the child actually has problems in psychophysical development, and the special help is necessary to him;

parents use inadequate models of education which distort personal development of the child;

family members are hurt by the state of health of the child, first of all his defect; between them many problems which they can't solve by themselves

Third stage. Psychology and pedagogical diagnostics of features of the child.

At this stage of consultation the child is invited to a conversation and inspection. Diagnostics of intellectual and personal features of the child is performed from this moment, his disabilities to training in a certain programme are predicted. In case if the child's cognitive abilities are lowered and psychophisic defects of development have the expressed degree, diagnostics can be performed in the presence of someone from relatives (most often mothers or grandmothers).

In the course of diagnostics his cognitive disabilities, in compliance to their age standards of development, and also his personal characteristics are studied.

The purposes of psychology - pedagogical inspection of the child include: definition of character and degree of deviations of the child;

detection of specific features of intellectual, communicative and behavioural, emotional and strong-willed and personal spheres of the child;

assessment of contact of the child with parents, adequacy of his behaviour, the nature of relationship with people around, determination of level of criticality of the child to remarks of the psychologist or relatives.

Fourth stage. Definition of the model of education used by parents and diagnostics of their personal traits.

Necessary and important stage of consultation and studying of a family is definition of nature of interpersonal relationship of parents with the child and models of his education. Features of this relationship in many respects are defined by personal characteristics of parents (psychological type).

The proposal of the teacher or psychologist on carrying out inspection of parents causes negative reaction in certain parents. Nevertheless it is necessary to softly but persistently convince parents that their participation in diagnostic inspection is necessary. Inspection of parents at primary consultation continues no more than 40 — 50 minutes.

Fifth stage. A formulation of real problems existing in a family.

This stage continues the procedure of diagnostics and consultation of a family. It is devoted to discussion with parents of real problems which have been revealed in a conversation and in the course of psychological studying of the child and his family. The task of the teacher and psychologist at this stage is in drawing the attention of parents of the child to really essential and significant sides of the problem. It is the most difficult and power-intensive part of consultation. It is not always possible to overpersuade the parent and to change his position, and sometimes even it isn't possible at all during the primary consultation. Therefore the compromise solution is chosen more often and parents are given the chance to estimate the offered way of a solution not at once, thinking over the way of solution for certain time.

Sixth stage. Definition of ways by means of which problems can be solved.

The main problems of the families raising children with special educational needs are solved as a result of implementation of the following measures:

a right choice of the programme of training and a type of the organization of education for the child;

the organizations of correctional work with the child in house conditions;

the choice of adequate model of education and training to practical skills of education the child's parents;

formations of the adequate relations with all family members and other persons (relatives, teachers);

changes of opinion of parents on "hopelessness" of development of their child;

establishments of adequate relationship between all family members and formations on this basis of favourable psychological climate.

Seventh stage. Summing up, resuming, fixing of understanding of problems in the formulation of the psychologist.

Finishing the consultation, family problems are formulated again, the interpretation of the existing difficulties is offered to parents and indicated ways of their permission. Also it is considered that for achievement of understanding of interpretation of family problems, the parent needs time for considering and formation of a new view. Parents can have a dissatisfaction from results of consultation, especially if their position was doubtful. In that case the family (or one parent with the child) is invited to additional consultation.

Process of adequate understanding by parents of problems of the child (his defect, adaptation, future employment and private life) becomes possible only in case of neutralization and decrease in degree of expressiveness of an emotional stress in which the parents have been from the moment of diagnosing the features in development of the child. The adequate understanding of problems arises only when parent starts to perceive the problems rationally

but not emotionally. Especially significant emotional stress makes impact on the child's mother. Decrease in intensity of experiences of mother of the sick child is possible only in case of her switching from a subject of experiences ("I gave birth to the sick child", "My child not like all others") to the activities directed to overcoming this problem.

For the child's parents with special educational needs the correctional educational process aimed at the development of their child becomes the main task. Attracting parents to the correctional developing work with the child gives them the chance of personal participation in forming of his future and allows to show the spiritual potential. Creative implementation by parents of pedagogical activities serves as an increase in their self-assessment and at the same time promotes decrease in emotional pressure

During the work with parents it is reasonable to apply discussions on material of specially written stories. These stories deprived of household phrases and slangy expressions are literary handling of "everyday" stories of parents of sick children. The generalized life experience of participants of group, and also new philosophical and world outlook installations offered by the psychologist promote reconstruction of a vital stereotype of each of participants.

These stories describe typical situations in which parents of children with special educational needs have to or had to be. These situations usually include typical personal and behavioural responses of both, parents, and persons around. *At the same time the story is used as the leading mechanism of correctional influence in case of which discussion or playing of a conflict situation is carried out not from the first but in third person.*

The text of the story written by a large print is located before members of group so that each of listeners could see it well. This text then is read by the psychologist aloud. Each story comes to the end with the questions concerning a specific life situation which is exposed to discussion. On the nature of creation, and also reproduction of life situations two types of stories are selected:

- the sample story which narrates about productive forms of relations in a family and between its certain members;

- the problem story in which there are no ready recommendations; members of group should prompt to the main characters the way out of a difficult situation on the basis of a personal experience. At the end of discussion of such story questions are usually asked, for example: How would you act on the place of the heroine? What will you advise? How to find constructive means of getting out of this situation?

So, it is possible to use, for example, stories samples "Sunday — Day of Communication" (V.V. Tkachyova, 2000) and «Is it worth spending all the

life for the sick child?" (V.V. Tkachyova, 1999) which show a possibility of finding a constructive option of modeling of the interpersonal relations in the family which is bringing up the child with problems of development disorders.

The stories shown to parents have to be systematized on subject according to the main problem situations. The scope of discussions has three directions:

- the problems concerning interaction between mother and the child with special educational needs;
- the problems concerning interaction between mother, the child with disorders in development and his father;
- the problems concerning interaction between mother, the child with special educational needs and other family members (relatives, healthy brothers, sisters) or strangers.

Having studied the text of the story, each member of the group states the understanding of this problem, answering a question of the teacher: "*How would you act in the place of heroes of the story?*" Discussion is promoted by the fact that positions of participants of group on the matter can be polar. At the end of discussion the conclusion is drawn, the results are summed up.

The generalized results of discussions of stories are the basis for "*Behaviour models*", recommendations for parents about overcoming difficult situations in their life (*behavioural therapy, coping-therapy*). At the same time members of group receive homework which can have various forms and contents, for example:

- to think over the position or behaviour on any question;
- to analyse the life situation similar which was offered in the story and to write it down;
- to keep the diary of the feelings.

The auxiliary forms of psychocorrection which are used in the main part of a training solve the same problems, as a discussion, but with application of other psychocorrectional techniques. Some of them, namely thematic questionnaires, are a preparatory stage to holding discussions according to the shown stories.

The projective drawing (art therapy) - this form of work usually is taken by members of group with special revival. The image of own feelings and experiences by means of paints, felt-tip pens or pencils helps parents to overcome at times difficult stated personal problems. As subjects are offered:

My coat of arms and my vital problem.

How I imagined the child till the birth and how I see him now.

What were my relations with husband till the birth of the child and what they became after his birth.

My Mood

Also other subjects can be offered. For reproduction of the feelings on the

sheet of paper participants of group use both specific, and abstract images. After finishing the drawing process the figured feelings and the attitude towards them are discussed in group. At first the teacher (psychologist) offers all group, excluding the author, to understand a sense of the feelings expressed in a figure and asks to tell about it. Then also the author of a figure shares the thoughts of the drawn images and feelings. Application of technique of art therapy allows to materialize experiences of parents and promotes their understanding and judgment. But to elimination of the reasons of these experiences, only the subsequent discussion can give their neutralizations.

Role situations (Moreno's psychodrama) - this form of work is shown to members of group at more advanced stages in connection with complexity as practice showed, its implementations. Participants of the group can experience big difficulties in the statement of personal and others' feelings, their presentation for open discussion, playing of certain roles, reproduction of already endured stressful situations. As a play the following situations are offered:

Role situation "Conversation with the doctor". Diagnosis of the child is perceived by the parent as crash of all hopes, as the most difficult period in his life. Therefore, in our opinion, reorientation of parents to productive perception of a doctor's advice is very important.

Role situation "Discussion of the state of health of the child with the girlfriend, relative or mother". Mother's thoughts of the child with heavy disorders in development what to do with the sick child, how to live when it seems that all life failed now. Correction of reactions of mothers to recommendations of close people about what is better: to leave the child in hospital or "to hand over". Reaction of mothers who already made the choice irrespective of such offer.

Role situation "A difficult conversation with neighbors". Idle curiosity of the stranger will wound hard the parent of the child with special educational needs. Purpose: development of adequate role behaviour in society.

It should be noted especially that these forms of work can cause the most negative reactions of participants. Parents of children with special educational needs don't want to recollect and live again those hard feelings connected with the child. More acceptable form is discussion or playing of a conflict situation not from the first person (as it is traditionally offered in personally focused approach), but from the third person as it was offered in thematic stories. Therefore this psychotechnique can be used only at a stage of the mature, structurally working group.

The psychology - pedagogical help to a family is the important direction in system of medico-social and psychology and pedagogical attending of children with disorders in development. Psychological work is carried out with a family in the following directions: diagnostics, consultation and correction.

Through optimization of the intra family atmosphere and its transformation to correctional, harmonization of the interpersonal, matrimonial, parent - child and child - parent relations the problem of the differential and individual help to child is solved.

Activization of parents work and forming their awareness of the need for assistance to the child are the main mechanism promoting effective inclusion of their children in general education process. Implementation of complex system of measures for rendering psychology and pedagogical support of the families raising children with special educational needs will allow to create the positive attitude towards the child with psychophysical shortcomings and guidelines on acceptance of his features. Correctional lessons and trainings allow the parent to find a new vital sense, to raise self-assessment, to harmonize consciousness and relations with the child. Positive influence of parents on the child with problems in development optimizes his relations with a social environment, creates moral qualities and the kind relation to the world in him.

Theoretical questions

1. Describe the functions of the family which is bringing up the “special” child.
2. Define tendencies in personal development of children with special educational needs and in their relation with parents.
3. Characterize the main psychological portraits of parents of children with special educational needs.
4. Characterize models of education of the family having the child with special educational needs
5. What attitude in relation of children with special educational needs do parents have?
6. What techniques can be used for diagnostics of the child parental relations?
7. Describe traditional and nonconventional forms of work with parents of children with special educational needs.

Practical exercises

1. Develop the questionnaire for parents which will help with definition of style of training of the child at general school
2. Write the essay “Why do parents want their disabled children to be in the inclusive environment”.
3. Write the essay “Possibilities of art in psychology and pedagogical maintenance of inclusive education.
4. Develop the strategies of establishment of partnership with families of children with special educational needs. Discuss them in group
5. Discuss in small groups by a brainstorming method what it is necessary to do in order to be ready to a situation when the disabled child comes to general school (class).

6. Work in small groups: Read the card with the description of a situation A or B and answer the questions:

- a) why did parents react in that way?
- b) how did the teacher have to act in this situation?

Card with a task A: The planned inclusion in a class

Camila is the girl with a hearing disorder who uses the hearing aid.

At 8:45 in the morning mother brought her to elementary school for preliminary acquaintance. When mother with the daughter entered, the teacher was conducting classes in the Centre of cookery. She greeted them and addressed the kids: "Children. This is Camila and her mother Today Camila will be our guest". One of the boys, Seryozha, with emotion looked at Camila, ran up to her and began to show her a class. Children finished their "travelling" at the table for drawing. They began to draw some colourful fantastic picture. The mother had not enough time as she managed to leave work onlly for an hour therefore she she came up to the teacher who was engaged in baking bread with children, and asked her: "Did you ever You have to work with such children as Camila? Do you think whether she will adapt to new conditions?". The teacher didn't catch the question correctly because of live discussion of the process of mixing dough and asked: "As far as I understand, I need to check a condition of the battery of her hearing aid. How often do I need to do it?" Camila began to cry. She hit against a table while hanging up the drawing for drying. After that when the mother calmed the girl down, the teacher showed Camila her personal locker The mother and the daughter said goodbye to everyone and hurried to leave the class.

Later the teacher found out that the mother has decided not to send Camila to this school.

Card with a task B: Feelings and anxieties of a family

Marko, the new boy in a class, was born without the majority of fingers on the right hand. During the lunch one of volunteers in a class says to the teacher, having covered a mouth with a hand: "It is necessary to cover a hand of the boy or to make an artificial limb to him, what do you think?" Later the same day when children gathered home, the other boy turns to Marko and says: "What strange hand you have. You look so ridiculously!". Marko leaves school in tears and doesn't appear the next three days.

When the teacher calls home to find out the reason of his absence, the father of the boy says that he they are thinking of transferring their son to other school.

MODULE 6. ASSESSMENT OF EDUCATIONAL ACHIEVEMENTS OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

6.1 Assessment of educational results.

6.2 Methods of tracking the development of children with special educational needs.

6.3 Monitoring as the process of tracking the development of the child.

6.1 Assessment of educational results.

Within effective system of inclusive education the assessment of the academic progress on gaining the training programme is constantly carried out. *Assessment* is a fixed process which includes thoughts and interpretation of events and work types in a class to their extent of manifestation. *Assessment purposes*: classification (grouping), diagnostics, development of training programmes and education, monitoring of the training programme and education, assessment of the training programme and education [61].

In inclusive education assessment should mainly concern individual educational achievements and educational results of students with special educational needs. The technique of assessment of educational results should give an opportunity to all children to show the strengths and potential. Parents are full participants of process of assessment, they can provide information on how the child behaves out of the preschool (school) educational organization, tell about the level of development of the child preceding training process in this organization that allows teachers to estimate the efficiency of their work with this child more effectively.

Important part of the process of assessment is identification of those difficulties at an early stage which are experienced by children. If the difficulties experienced by them have more complicated character, then the teacher needs to work with the experts who have special skills. The best results are achieved in that case when teachers have an opportunity to communicate with experts at school, and also with the cross-disciplinary teams of experts working in various type the special (correctional) organizations: rehabilitation centres, offices of psychology and pedagogical correction, special preschool and school organizations, etc.

Early assessment and timely correctional and pedagogical support reduce the risk of emergence of school difficulties, poor progress, personal problems and other negative consequences. Effectively organized pedagogical activity as at an early age as it is possible and in close cooperation with other specialists

promotes successful training of children with special educational needs according to general education programmes and the most complete satisfaction of their educational requirements within general education process.

For assessment of educational results it is reasonable to use the following tools:

Observation is a purposeful and systematic collection of information with the subsequent systematization of the facts and a formulation of conclusions. *Observation* is the oldest method of psychology and pedagogical diagnostics. With its help it is possible to obtain extensive information on the child. The method of observation has especially important meaning for studying of features and development of children with problems in development.

Active or passive observation of the child with special educational needs will be organized at lessons, during the game, in free activities, in joint activities with parents, i.e. in a situation, natural to the child. By means of a method of observation it is possible to reveal and estimate his emotional condition, expression of uneasiness, skills of self-service, neatness in clothes, features of his development, etc.

The main requirements to an observation method are the following:

Observation should have a particular purpose. The narrower and more precisely its purposes are, the easier it is to register results and to make authentic conclusions.

Observation should take place according to a plan developed in advance. If it is about the activities observable, then it is necessary to constitute the questionnaire in advance. Results are fixed in detail by records, photos, sound recordings, etc.

The quantity of the researched signs should be minimum, and they should be precisely determined. More detailed formulated the questions of the researched signs and more precisely determined criteria of estimates of these signs are, the more scientific value the received data will have.

The psychology and pedagogical phenomena should be observed in real natural conditions. If, for example, a research object – study of the child at a lesson, then it is recommended to choose the second, third and fourth lessons as at the last lessons the tiredness has an effect, and during the first lesson – some drowsiness. It is undesirable to observe efficiency of educational activities at the end of an educational quarter as school students might get exhausted.

1. The data received by various observations should be comparable: using identical criteria, data obtained at regular intervals in the same estimates, etc.

2. The observer should foresee what mistakes can be made during the observation and prevent them [61].

The purposes of observations of children with special educational needs

To define interests, abilities and needs of each child. Observations allow teachers to learn a lot of things about specific features of children that is necessary for their correct motivation and full inclusion in the programme.

To estimate process of growth and development of the child throughout some time. Observations allow teachers to estimate progress of intellectual, physical, social and emotional development of the child for academic year.

To define the need of changes in the environment. Watching how children use places for games and materials, teachers can define whether materials and the organization of the environment of need of children satisfy (for example, whether the second copies are necessary or whether interfere with games routes of movement of children).

To find out problems. Observations give the chance to understand whether children demand of the special help. It can be the most different moments – from problems with hearing to the need for additional care. If such problems are exist, experts can be involved with children.

To define optimum solutions of problem situations. Observations allow teachers to predict how the child in this or that situation can behave himself. For example, when anger attacks can be noted how they will react to an argument with peers. Such knowledge gives the teachers a chance to prevent possible problems and the conflicts.

To estimate need of correction of the curriculum. On the basis of observations teachers can draw conclusions concerning need of modification of the curriculum or a daily routine according to needs of children.

To collect information on the child which will be useful to parents and other experts. Observations allow to know children, their interests, achievements, social skills and problems in behaviour well enough. Observations give knowledge of concrete situations and examples. Collected data are useful, both for experts, and for parents. Such exchange of information promotes creation of the atmosphere of original partnership.

To help parents to learn more about the children by means of observations. Actively cooperating with families, teachers can help parents to use observations to learn more about strengths, requirements and behaviour of their children.

The procedure of observation happens variously: the teacher can be a part of observed group of children, for example, to play with them (“active observation”), and can remain in a position of the stranger observing from the party (“passive observation”) [62].

One more recommended method of estimation close to observation is the estimation of process of accomplishment which represents purposeful estimation on the basis of certain criteria. *The estimation method* based on the choice of the answer or the short free answer represents the situational,

unidirectional estimative activities. Usually it is carried out in the form of the test or oral poll like quiz. It is used for the differentiated assessment of the achieved educational results.

Testing is the most widespread strategy of collection of information though with children of younger school age more effective strategy is interviews and observations. Adaptation mechanisms taking into account specific intellectual and physical defects of children are seldom accounted in tests, often there are such points which are insignificant for training process and education. Besides, testing is more often held not in a natural situation, but in artificial conditions.

Tests can be divided into two main categories:

- The tests based on the established norms answer a question: “What level was reached by the child in comparison with group of children by results of which this norm has been defined?”. Such tests are often used for classification (grouping) and diagnostics of children. So that the results of tests were really useful, they need to be conducted in compliance with instructions of developers.

- The tests based on the established criteria often connected with training programmes allow to determine the level of achievements of the child on compliance with certain criteria by the given positions. At the same time tests have to answer a question: “What level did the child achieve in this sphere of knowledge or activity?”.

- The tests based on training programmes allow to determine the level of achievements of the child, proceeding from the purposes of the programme of training. They can be concentrated on the concrete directions of development of skills of the child (informative, speech, social, etc.)

6.2 Methods of tracking the educational results of children with special educational needs

Diagnostics and tracking of educational results of development of children with special educational needs are carried out by means of various special methods and means, taking into account recommendations of experts and under their control, teachers of the general education organizations in which children study.

Conversation is a method of obtaining the information on features of development of the child with special needs as a result of their discussion with parents (teachers). Often as initiators of a conversation within inspection, parents or teachers act, asking the teacher for the advisory help [62]. *The conversation purpose* is to exchange opinions on development of the child, discussion of character, degree and possible reasons of problems which parents and teachers in the course of his education and training face to. By results of a conversation the teacher plans ways of further inspection of the child.

In case of conversation the teacher shall observe the following requirements:

- the conversation should induce and maintain interest of parents (teachers);
- it is important to think over the organization of space and the choice of time for a conversation;
- efficiency of a conversation depends on activity of parents (teachers);
- the teacher shouldn't criticize educational actions of parents openly;
- it is important to prevent emergence of expectation of immediate results following the results of a conversation;
- participation in a conversation of both parents is desirable;
- it is necessary to aim at development at parents (teachers) of real ideas of psychophysical features of the child and his difficulties;
- it is necessary to plan next meetings and to determine their task.

Survey in the form of an interview – one of the oldest diagnostic methods. By means of survey the data on the child with special requirements can be collected objective (the facts, data) and subjective (opinions, line items).

Rules of creation of questions

- Each question should be logical and separate.
- The use of special, specific terms is undesirable.
- Questions should be short.
- Questions should be specific.
- Questions shouldn't contain the prompts.
- The formulation of a question should prevent receiving sample answers.
- Language of questions shouldn't cause disgust (for example, to be too expressional).

Interview is systematic actions with a particular purpose during which the child is stimulated to the message of any verbal information by means of a number of target questions.

Rules of creation of a diagnostic interview

I. Structure of a diagnostic interview.

1 stage – Introduction the aim of which is to intend the child to a cooperation and contact establishment.

2 stage – Free uncontrollable statements of the child (he tells what he wants without the teacher's questions).

3 stage – the teacher asks general questions.

4 stage – the diagnostic interview (the teacher asks the prepared questions).

5 stage – Final words of the teacher, attempt to weaken the arisen tension, expression of appreciation for answers to the child.

II. How to constitute interview questions.

It is necessary to use the words available and clear to the child.

It is necessary to make questions for a diagnostic interview so that to achieve sincere answers.

Discussion as a method is used very often by teachers to understand and estimate consequences of what happens in a class. Discussion can be carried out in different types depending on style of work and preferences of everyone. In the majority initial classes discussion is an integral part of daily contacts.

This method can help in assessment of reaction of certain pupils to the work offered to them. One of useful approaches is development of a habit to speak in pairs where each child has to listen within two minutes to the peer about what they were engaged in all day. It is explained that it is necessary to listen actively that means that it is necessary to listen carefully and to ask questions only in case the partner expresses not clearly enough. Thanks to such approach pupils helps one another to state more accurately what he thinks of tasks and work in a class and what his attitude to them.

For the purpose of assessment of individual achievements of pupils the **method of assessment of a portfolio** [62] can be used.

The portfolio is an accumulative system of estimation which provides formation of ability of pupils to set the purposes, to plan and organize own educational activity; accumulation of different types of work which certify the movement in individual development. *A portfolio* – qualitatively new approach aimed not just at knowledge acquisition, but also at the development of creative, research, design activity of the pupil, development of his critical relation to the activity, increase in a self-assessment on the basis of freedom of choice of kinds of activity, forms of its realization taking into account own disabilities and availability of means of achievement of the set informative tasks.

The portfolio purpose is to carry out a role of individual accumulative assessment. The pupil's portfolio at inclusive school is necessary for tracking the dynamics of development of each pupil, it will help to project it “a zone of the next development”, corrections of deviations and rendering the feasible help in adaptation to the sociocultural environment to him, for the purpose of tracking the results of collaboration of all experts and teachers of school on medico-psychology and pedagogical maintenance of the children having special educational needs.

The portfolio is characterized as:

the collection of works of the pupil which is comprehensively showing not only his educational results, but also efforts made for their achievement;

an exhibition of educational achievements of the pupil in this subject (or in several objects) for this period of training (a quarter, half-year, year).

The main sense of a school portfolio: “*To show everything what the pupil is capable of*”.

During the creation of a portfolio of the pupil in an inclusive class the teacher should consider many *factors*:

1) clearness of the purposes set for pupils and the tasks;

- 2) the conditions increasing their motivation;
- 3) structure of future portfolio (planning of stages of work, possible content);
- 4) availability and alternativeness of sources and tutorials;
- 5) premeditation of system of student's self-checking,
- 6) creative nature of tasks.

The «portfolio» method allows to solve many problems of inclusive education individually. For some pupils with problems in movement a similar portfolio – an opportunity to fully realize the abilities (in electronic form by means of the elementary computer programmes).

It is possible to distinguish *the following types of a portfolio*:

1. *The portfolio of achievements* is not only modern effective form of estimation, but also the efficient means for the solution of a number of important pedagogical tasks allowing:

- to support high educational motivation of students with special needs;
- to encourage their activity and independence, to expand possibilities of training and self-training;
- to develop skills reflexive and estimative (including self-estimative) activities of students;
- to create ability to learn – to set the purposes, to plan and organize own educational activities.

2. *The portfolio moneybox* is a common educational book which is conducted during the whole year of training. All works of the pupil in a day are put in the folder: in drawing, work, writing, counting, etc. also all the interesting things that the teacher acquaints pupils with. This portfolio will play, in the present and the future, a role of the textbook and a role of the assistant for parents of children. It will show to teachers, experts, parents the achievements of the child, will give an opportunity to track dynamics of development of the child, to construct monitoring system of estimation. At the end of a quarter pupils receive letters for good behaviour, study, the help to the teacher, for achievements in school which also is put in “portfolio moneybox”.

3. *A portfolio* - a photo report. At the end of each quarter in the meeting of parents the movie “from class life” where the interesting moments from life and study of pupils (holidays, birthdays, etc.) are reflected. Also this portfolio is followed by music and verses about children. The photos of parents, photo reports of joint leisure during a quarter can be included here.

4. *A portfolio* – the report. It is arranged at the end of the academic year together with parents of pupils on the basis of a portfolio moneyboxes of the pupils which collected together for academic year.

Thus, the work experience with the portfolio method in inclusive education allows to carry the following as its advantages:

an opportunity for the teacher to differentiate and individualize process of training taking into account special educational needs, practically without focusing on it attention of students;

importance is not so much of the result, but of the process of creation of the portfolio developing identity of the student and his creative personal competences;

an opportunity for the pupil to carry out a self-assessment of the independent cognitive activity and to improve it in the course of creation of a portfolio, work with him, exchange of experience with schoolmates, parents and the teacher.

Parents can be recommended the following educational sites. [63-68]

6.3 Monitoring as the process of tracking the development of the child

The organization of lessons and training of children with special educational needs is a task which is very difficult and extremely important. Adaptation of programmes taking into account the needs and wants of children does not always happen to be exact. Sometimes the used methods of adaptation distort positive results; sometimes results don't meet expectations. Therefore the results achieved by means of adaptation are subject to obligatory monitoring.

Monitoring is a process of tracking of as far as one child or several children develop or gain desirable skills and abilities [62]. The purpose of monitoring is in defining the extent of development by the child of the educational programme and influence of the educational process organized in the educational organization on development of the child. Object of monitoring are physical, intellectual and personal qualities of the child.

Monitoring includes *two components*: monitoring of educational process (tracking the results of development of the training programme); monitoring of children's development (on the termination of a course of development of the main general education programme is carried out on the basis of assessment of development of integrative qualities of the child).

Monitoring forms: observation of the child; conversations; expert estimates; testing, etc.

Monitoring is carried out at *two levels*.

Firstly, regular monitoring of participation of children is carried out after school hours and at lessons is. Usually this is direct professional observation of all kinds of activity of children. *The volume* (duration) of participation (nonparticipation), waiting time, etc. is often measured.

The second level of monitoring assumes control of assimilation and use of abilities and models of interaction in which children are trained. There is a number of systems of monitoring of progress (development) of children. The

choice depends on what information needs to be collected, and how much time is required for this purpose. Usually monitoring is carried out by direct professional observation of children in the course of daily activity [54].

Monitoring it is possible to be held daily, weekly, every two weeks, etc. Frequency of monitoring depends on observed the child's ability and rates of development. If the child develops insufficiently quickly, perhaps, teachers should make changes to the programme.

Usually more frequent monitoring is required when children experience difficulties while mastering some specific ability. If development goes rather in a stable way, monitoring is carried out less often. The purpose of frequent monitoring consists of clarifying what changes need to be made to lessons or training activity. Monitoring of development of children needs to be carried out in the habitat, during their daily lessons and interactions. Information for monitoring is gathered by observations, making the regular records, clearing up judgments of parents and teachers. Sometimes tests are used for this purpose.

If achievements of children don't meet expectations and effective objectives, then it is necessary to receive answers to the following questions:

- How successfully does the child study and gain necessary skills and abilities?
- What aspects of the training programme and education of the child need to be changed (to adapt)?

For assessment observations and an interview with those people who interact with the child more often and longer are used. All employees of the organizations of education participate in process of assessment by monitoring. Together with other team members they collect information, necessary for assessment, by observation or other methods. They also participate in decision making concerning the introduction of necessary changes into the training programme and education. And if such changes are made, teachers realize them in practice, in training process and education of children.

Thus, determination of level of knowledge formation, skills of pupils with special educational needs is performed for the purpose of ensuring positive motivation of training, informing pupils on their individual achievements, determination of efficiency of pedagogical activities of teachers.

Theoretical questions

1. Disclose the essence and value of assessment of educational results of children with special educational needs.
2. Characterize tools of assessment of educational results.
3. Explain what requirements are imposed to diagnostics of educational results of children with special educational needs.
4. Uncover the methods of psychology and pedagogical diagnostics.
5. Give definition to development monitoring, characterizing its levels.

Practical exercises

1. Carry out the assessment of the educational environment in an inclusive class with the description of quantity of the estimated elements; information on the chosen assessment method; short description of a class (quantity and age of children, type of the organization).
2. Observe the child who you have already chosen in an inclusive class, concentrate the attention on one area of his development which, in your opinion, is his strength. What methods in the course of observation were effective. Acquaint the audience with the results.
3. Analyse the child's portfolio in an inclusive class (optionally). Constitute the child's "portrait".

REFERENCE LIST

1. The Concept of Kazakhstan joining the number of 30 most developed countries in the world. - <http://adilet.zan.kz/rus/docs/P1300001385>. (in russian).
2. The State Programme of Education and Science Development for 2016 - 2019, approved by the number 205. 01.03.2016 (in russian).
3. Malofeyev N.N., Shmatko N.D. Domestic integrated education model of children with developmental disabilities and the risk of mechanical transfer of western models of integration. - M., 2001. - P.47-55. (in russian).
4. The Law of the Republic of Kazakhstan "On education" 27.07.2007/ - № 319-III. (in russian).
5. Ward A.D. New look. A delay is in psychical development: legal adjusting. - Tartu, 1995. - p 245.
6. Likhachev D.S. Letters on the good and the beautiful. - M.: Children's Literature, 1988. (in russian).
7. The Salamanca Framework for Action (Salamanca Framework for Action), 1994.
8. International consultation on early learning of children with special educational needs // Information Collection "Development of model centres for inclusive education for children with special needs", All-Ukrainian Foundation "Step by Step" 2004, Kyiv, p.51-74. (in russian).
9. Miodowa N.A. Inclusive education in diagrams and tables: Manual. - Tomsk: TOUNB named after Pushkin, 2012. (in russian).
10. Dumbaev A.E., T. Popov. The disabled, society and law. – Almaty: LLP Verena, 2006. (in russian).
11. Pfeiffer D.A Comment on the Social Model(s)//Disability Studies Quarterly.2002./http://www.afb.org/dsq/articlesJitm1/2002/Fall/dsq_2002_Fall_24.html.
12. Campbell F. Disability As Inherently Negative? Legal Fictions and Battles Concerning the Definitions of Disability // Disability With Attitude: Critical Issues 20 Years After the International Year of Disabled Persons. Conference. Sydney. February 2001. p. 1-11.
13. Special Education / Ed. N.M.Nazarova. - M., 2015. (in russian).
14. Garland-Thomson R. Integrating Disability, Transforming Feminist Theory. P. 1-20 // NWSA Journal (an official publication of the US National Women's Studies Association), feminist Disability Studies. Fall 2002. Vol. 14. № 3.
15. The law of the Republic of Kazakhstan "On Social, Medical and Educational Support for Children with Disabilities" dated July 11, 2002. (in russian).

16. Vygotsky, L.S. The complete works. - V.5. - “Defectology” - M.: Pedagogika, 1982—1984. (in russian).
17. The Constitution of the Republic of Kazakhstan. – 30.08.1995. <http://www.constitution.kz/> (in russian).
18. The Law “On the Rights of the Child in the Republic of Kazakhstan”. – 08.08.2002. (in russian).
19. The Law “On social protection of disabled persons in the Republic of Kazakhstan”. – 13.04.2005. (in russian).
20. Guidelines on the organization of an integrated (inclusive) education of children with developmental disabilities. – Order of Ministry of Education of the Republic of Kazakhstan № 4-02-4 / 450 dated 16.03.2009. (in russian).
21. Yasvin V.A. Educational environment: from modeling to design. Moscow, 2001. (in russian).
22. M. Montessori. Environment value in education // Private School. - 1995. - № 4. - p. 122 - 127.
23. Movkebayeva Z.A., Oralkanova I.A. Inclusive education. – Almaty, 2014. -199 p. (in russian).
24. Tim Loreman, Joanne Deppeler, David Harvey Inclusive Education. A practical guide to supporting diversity in the classroom. - Routledge Falmer, London and New York, 2005.
25. D. McNamara and D. Waugh, Classroom Organisation, School Organization, 1993/ - № 1. – p. 41- 50.
26. Panasenkova M.M. Guidelines for the teaching staff of educational institutions on the organization of work with children with disabilities in terms of inclusive education. - Stavropol: Skira PC PRO 2012. (in russian).
27. Suleimenova R.A., Hakimzhanova G.D. Foreign and native experience of including children with special needs in general education. Problems and solutions, Almaty, 2001. (in russian).
28. Sheryazdanova H.T., Ermekbaeva L.K. Correctional training programme to eliminate the difficulties in teaching primary school-age children: Study guide. - Almaty, 2004. (in russian).
29. Guidelines for the teaching staff of educational institutions on the organization of work with children with disabilities in terms of inclusive education / Compiled by M.M. Panasenkova. Stavropol: Skira PC PRO - 2012. (in russian).
30. Lapshin V.A., Puzanov B.P. Fundamentals of Defectology: Study guide for students of teacher training universities. - M., 1990. (in russian).
31. Integrated education for children with hearing impairment / Ed. L.M. Shipitsina, L.P.Nazarova. - St. Petersburg, 2001. -. 62. (in russian).
32. The Decree of the Government of Kazakhstan “On approval of the Model Regulations of educational organizations of corresponding types,

including standard rules of educational organizations that implement additional educational programmes for children” dated 17 May, 2013 № 499. (in russian).

33. Tim Loreman, Joan Deppeler, David Harvey. Inclusive education. A practical guide to support diversity in the general education classroom. / Translated from English. : N.V. Borisov. - Moscow, 2008. (in russian).

34. Theoretical and methodological bases of inclusion of children with special needs in a continuous multi-level educational activities. F.0326. bookmark. research report / GS SATR centre; Supervisor Suleimenov R.A. - Almaty, 2005. - 106 p. - Refs. : p. 159. - number gr0103rk00511. - Inv. №0205rk01080. (in russian).

35. Shkatova E.A. Integrated education of children with intellectual disabilities in a comprehensive school with the use of means of individualization: Thesis of the candidate of pedagogical sciences: 13.00.03. - Ekaterinburg 2003. (in russian).

36. Shevchenko S.G. Variative forms of education of children with learning difficulties in general schools // Defectology. - 1995. - № 1. (in russian).

37. Razumova O.Y. Factors of optimization of training hearing impaired pupils in the conditions of educational integration: Thesis of candidate of pedagogical sciences: 13.00.03. Saint-Petersburg. - 2005. (in russian).

38. Yarskaia-Smirnova E.R., Naberushkina E.K. Social work with people with disabilities. - Saratov: Saratov State Technical University, 2003. (in russian).

39. Shipitsina L.M. Rehabilitation of children with intellectual and physical development. - St. Petersburg, 1995. - 80. (in russian).

40. World Report on Disability. - 2011, http://apps.who.int/iris/bitstream/10665/70670/7/WHO_NMH_VIP_11.04_rus.pdf?ua=1

41. Pugachev V.P. The organization's staff management. - M. : Aspect press, 2000. - 54 p. (in russian).

42. Druzhilov S.A. Professional competence and professionalism of the teacher: a psychological approach. - Siberia. Philosophy. Education. - 2005. - №8. - p.26-44. (in russian).

43. Samartceva E.G. Formation of the professional preparedness of future teachers for inclusive education of children of pre-school age: avtoref. diss. ...kand. ped. nauk: 13.00.08. Orel, 2012. p.24. (in russian).

44. Malofeyev N.N. Western Europe: the evolution of the attitude of the society and the state towards persons with developmental disabilities. - M. : Examination 2003. (in russian).

45. Movkebaeva Z.A., Oralkanova I.A. The inclusion of children with disabilities in the general education. Textbook. -Almaty: - Sagautdinova M.Sh., 2014. - p. 236. (in russian).

46. Methodological recommendations for the teaching staff of educational

institutions on the organization of work with disabled children in terms of inclusive education /author M.M. Panasenkova. - Stavropol: SKIRO PC and PRO, 2012. – p.46. (in russian).

47. Iskakova A.T., Movkebaeva Z.A., Zakayeva G., Aitbaeva A., Baitursynova A.A. Fundamentals of inclusive education. Textbook.. - Almaty: L-Pride, 2013. - pp. 85-107. (in russian).

48. Special psychology / Edited by V.I. Lubovski. - Moscow, 2007. (in russian).

49. Aksenova L.I. Social pedagogy in special education. -M., 2015. (in russian).

50. Leontyeva E.E. Preparing for school children with Down syndrome in an inclusive kindergarten: individual and group lessons pathologists // Down Syndrome XXI century.- 2010. - № 2. - p. 34-36. (in russian).

51. Tkacheva V.V. The innovative model of organization of psycho work with families of children with developmental disabilities // “Correctional Pedagogy”. - №5-6 (11-12), 2005. (in russian).

52. Levchenko I.Y., Kiselyov N.A. The psychological study of children with developmental disabilities. - M.: Corrective Pedagogy 2005. (in russian).

53. Vilshankaya K., Prilutskaya M.I., Protchenko M.I. Psychological, medical and pedagogical consultation in school: The interaction of experts in solving the problems of the child. - M.: Genesis, 2012. (in russian).

54. Schurkova N.E. Education in the school system and the practical work of the teacher. - M.: ARKTI 2007. (in russian).

55. Rogov E.I. Handbook of practical psychologist in education. -M., 1995. (in russian).

56. Godovnikova L.V. Pedagogical conditions of activity of the school psychologist in classes of correction and development Training: Thesis of the candidate of pedagogical sciences: 13.00.01. - Belgorod: Belgorod State University, 2002. (in russian).

57. Martsinkovskaya E.T. Diagnosis of mental development of children. Manual of Practical Psychology. - M.: Linc PRESS 1997. (in russian).

58. Lyutova E.K., Monina G.B. Training of communication with the child. The period of early childhood: Rech, Sphere, -M., 2006. (in russian).

59. Medvedeva E.A. Formation of the person of the child with mental development by means of art and art therapy in artpedagogical and artherapeutic space: IKSR. - M., 2007. (in russian).

60. Zabramnaya S.D., T.N. Isayev. Learning when teaching. - M.: V. Sekachev, TC “Sphere”, -2007. (in russian).

61. Psycho-pedagogical counseling and support for the child’s development: A guide for teachers, speech pathologists / Ed. L.M.Shipitsynoy. - M., 2013. – p. 527. (in russian).

62. Kovalev G.A. Education and self-education: Mysl. - M., 2012. (in russian).
63. Improving Education. The Promise of Inclusive Schools. [http: // perspectiva-inva.ru](http://perspectiva-inva.ru).
64. <http://www.invalid.kz/>
65. <http://www.inva-life.ru/publ/8>
66. <http://www.un.org>
67. <http://www.defacto.kz/content/lgoty-i-posobiya-dlya-invalidov>
68. <http://www.inclusion.kz/ru/whatistheinclusion>

APPENDIX 1

Table. Models of the educational integration

| Model / conditions | Permanent complete integration | | | Permanent incomplete | Permanent partial | Temporary partial | Episodic |
|-------------------------------------|--|--|--|---|---|--|---|
| The type of organization | Pre- and secondary schools of general education | Inclusive pre- and secondary schools of joint training | Pre- and secondary schools of a combined type | General educational and combined pre- and secondary schools, kindergartens of a compensatory type | Pre- schools of a combined type, secondary schools with special classes | Pre-schools of a combined type, secondary schools with special classes | Special pre- and secondary schools |
| The type of a group/class | Training and education in the ordinary group / class | Training and education in the ordinary group / class | Training and education in the ordinary group / class | Training and education: - in a group of combined orientation, - in a flexible class | Training and education in a special group/class | Training and education in a special group/class | Training and education in a special group/class |
| Place of remedial assistance | Outside of the organization | Within the organization | Within the organization | Within the organization | Within the organization | Within the organization | Within the organization |

| | | | | | | | |
|--|----------------------------------|---|---|---|---|--|--|
| The ability to provide methodological assistance to teachers of secondary school | Provided when possible | Provided permanently | Provided permanently | Provided permanently | Provided permanently | Provided permanently | Provided permanently |
| The number of children enrolled in a general educational class or group | 1-3 children in a group or class | 1-3 children with a particular disorder in a group or class | 1-3 children with a particular disorder in a group or class | - in the group of combine orientation – 3-5 children, in the flexible group – 3 children | 1-3 children in a group or class | All the learners of the special group or class | All the learners of the special group or class |
| Teacher | Teacher | Teacher | Teacher | Teacher of general education and teacher-speech therapist | Teacher of general education | Teacher-speech therapist and specialist of general education (competitions, contests, ...) | Teacher-speech therapist and specialist of general education (competitions, contests, ...) |
| Joint education and training time | During the whole day | During the whole day (except the correctional classes) | During the whole day (except the correctional classes) | During the whole day (except the face-to-face and individual classes of the speech therapist) | Part of the day or part of the class almost every day | Individual classes or events almost every week (at least twice a month) | Individual classes or events |

APPENDIX 2

Paradox

By V. G. Korolenko

I

My brother and I got an idea of what actually a man was created for quite early. I, if I am not mistaken, was about ten years old, my brother was about eight. The information was taught to us in the form of a brief aphorism, or, in the circumstances, it was accompanied by, rather as a paradox. So, except for the purpose of life, we also enriched our vocabulary with these two Greek words.

It was about noon of a hot and quiet June day. In deep silence we were sitting with my brother in the shade of the thick silver poplar and were holding fishing rods the hooks of which were plunged in a huge tub of rotten water. We did not have even a distant idea of the meaning of life at that time, and probably for this reason, for nearly a week we loved to sit on the fence, over the tub, with hooks lowered into it, made of simple copper pins, and wait that by the merit of fate in the tub “real” live fish would bite on the fishing rod.

However, the corner of the yard, where a magic tub was placed, on its own, even without live fish, was of much interest and attraction for us. Among the gardens, vegetable gardens, sheds, yards, houses and outbuildings that formed a set of places well known to us, this corner stood out somehow so convenient that nobody needed it for anything, so we felt like its full owners, and no one there disturbed our privacy. The middle of this space, bounded on both sides with a front garden and the trees of the garden, and on the other two sides with the walls of the empty sheds with a narrow passage, was occupied by a big pile of garbage. A worn out bast shoe, thrown by someone through the roof of the barn, a broken ax handle, whitened leather shoe with the bent up heel and an impersonal mass of some rotten items that had already lost all their individuality, found the eternal rest after a more or less hectic life in this quiet corner ... At the top of the garbage a very old body of a fantastic crew lied about, which did not exist in reality, in other words in a cartwright, in the courts and on the streets. It was some kind of ghostly fragment of past times, got here, perhaps even before the construction of the surrounding buildings and was now lying on its side with the raised upward axis, just as the arm without hand that a cripple shows on the porch to move the good people to pity. The only half of the door still preserved the remnants of paints of an emblem, and the only hand, enchained in steel amice and holding a sword, stuck out inexplicably from dull spots, where semblance of a crown scarcely showed off. All the rest fell apart, cracked, peeled off and grew bare to such an extent that no longer put imagination strong barriers; probably so an old skeleton easily took the form of the luxury and splendor of a golden carriage.

When we were bored with the impressions of the real life in the big yard and the alley, my brother and I isolated ourselves in this secluded corner, sat in the bulk and then there started wonderful adventures, which only could comprehend the people, who recklessly indulged in an unknown journey, long and dangerous in such a wonderful and fantastic coach. My brother, for the most part, preferred a more active role of a coachman. He picked up a stick from the belt trim found in a garbage heap, then seriously and silently pulled out of the bulk two wooden gun, tossed the wooden gun over his shoulder and stuck in his belt a huge sword, made by me from the roof batten. The sight of him, armed from head to toe, set me immediately for appropriate mood, and then each of us sat down on our place, abandoned ourselves to the swim of the fate without exchanging a word! This did not prevent us from experiencing the same moments of common dangers, adventures and victories. It may well be, of course, that events did not always coincide with the point of view of the bulk and I indulged myself to the gust of victory at the same time as the driver felt on the verge of death ... But this did not prevented us from anything. I only occasionally fired furiously from the windows, when the coachman suddenly pulled the reins, tied to the fragment of the drawbar, and then the brother said angrily: - What do you do it, by Jesus... It is a hotel ... So I suspended the firing, got out of the bulk and apologized to the hospitable innkeeper for the harassment, while the coachman unharnessed the horses, watering them in the tub, and we indulged in a peaceful though a short rest in a lonely hotel. However, the cases of such conflicts took place rarely so I soon was given to a flight of pure fantasy that did not require of me any external displays.

Apparently, in the crevices of the old bulk sat down from ancient times, expressing as in the present, some fluids of old events, which captured us immediately to the extent that we were able to, silently, almost without moving, and keeping a contemplative look, sit on our places from the morning to the afternoon tea. And that period of time, from breakfast until dinner, placed us for weeks of travel, with stops in lonely hotels, overnight stops in the field with long paths in the black forest with distant lights, a fading sunset, with nightly thunderstorms in the mountains, with the morning dawn in the open steppe, with the attacks of furious gangsters and finally misty female figures who had never opened the face from under the thick blankets, and who we, with heart flutter, rescued from captors' hands for better or for worse in the future...

All this fit in this quiet corner, between the garden and the barn, where, in addition to the tub, the bulk and the garbage heap, there was nothing ... However, there were rays of the sun warming the garden greens and decorating the garden with bright golden spots; there were two planks around the tub and a wide puddle underneath.

Then, sensitive silence, muffled whisper of leaves, sleepy tweeting of

some birds in the bushes ... and weird fantasies that probably grew up here by themselves, like mushrooms in a shady place - because nowhere else we could find them so easily in such fullness and abundance ... When, through a narrow alley and through the roof of barns, we heard the annoying call for dinner or afternoon tea, we left there, with our pistols and swords, our fantastic mood, just as a top dress thrown over the shoulders, in which we dressed up once again on our return.

However, since my brother had the original idea to cut curves and gnarled branches of poplar, to fasten on them the white thread, hang copper hooks and try to fling a fishing rod in the mysterious depths of a huge bucket that stood in a corner of the patio, all the charm of the golden coach had faded for us for the whole week. Firstly, we both sat in the most surprising positions on the top bar of the front garden, which covered the bucket angle and the top balusters of which we had previously broken off. Secondly, a silver-green tent of the poplar swung over us overwhelming the surrounding air with greenish shadows and roving sunspots. In the third place, a particular smell came from the tub peculiar to rotten water in which had already started up its own peculiar life, in the form of strange creatures such as tadpoles, but much less ... As it may seem strange, but the smell, in fact, seemed good to us, and added something to the charms of this corner over the tub...

While we sat for hours on the fence, peering into the green water, from the depths of the tub, now and then, these strange creatures went up in flocks reminding of flexible copper pins, the heads of which stirred so quietly the surface of the water, while the tails wriggled under them like tiny snakes. It was a special little world, under this green shadow, and, to tell the truth, we were not confident that our fishing rods would not flinch one moment, would not go to the bottom and after that one of us would not pull silver, fluttering live fish on the hook. Of course, talking rationally, we could not but come to the conclusion that the event went beyond the limits of the possibility. But we did not think rationally at that moment, we were just sitting on the fence, over the tub, under the swaying and whispering green tent, in the neighbourhood with a wonderful coach, among the greenish shadows, in an atmosphere of drowsiness and fairy tale...

In addition, we had no idea of the meaning of life ...

II

Once, when we were so absorbed in the contemplation of the fixed floats, with the eyes fastened to the green depths of the tub, an unpleasant and harsh voice of the waiter Paul came from the real world, i.e. from our house. He apparently came towards us and shouted:

- Young gentlemen, young gentlemen, e-hey! Go to rest!

“Go to rest” meant to go into the room that puzzled us somehow at that

time. Firstly, why it was just “to rest” and not to the dinner, which really had to occur earlier than usual that day, because my father did not have to go to work. Secondly, why Paul called us, who would be sent only by the father in case of emergency, whereas usually our maid Kilimka called us on behalf of the mother. Thirdly, it was very unpleasant to us as if this untimely invitation had to scare the magic fish that just at that moment seemed had already floated to our rods in the invisible depths. Finally, Paul was a too realistic man, in some degree even sarcastic, and his overly serious reservations destroyed more than one of our illusions.

After half a minute, this Paul was standing, even more surprised at our yard and looked at us with his embarrassed, serious and slightly silly eyes. We stayed in our previous positions, but this was only because we were too ashamed, and had no time to hide our course of action from him. In reality, from the first moment of occurrence of this figure in our world, we both felt with particular clarity that our activity seemed very stupid to Paul, that nobody would catch fish in tubs, that we did not even have fishing rods but just simple branches of poplar with copper pins in our hands, and that in front of us just an old tub with rotten water.

- Eh? - He uttered Paul, recovering from the initial surprise. - And what are you catching?

- Nothing... - replied the brother gloomily. Paul took the rod, examined it, and said:

- Oh, is this rod? Rods should be made of hazel.

Then he touched the thread and said that it needed horsehair, and it needed to be skillfully braided; then he set his eyes on the pin-hooks, and explained that even the fish in the pond would point and laugh at such a hook without barbs. It would pull off the worm and leave. Finally, he came up to the tub, he shook it slightly with his strong arm. Immeasurable depth of our green pool waved, turbid, the fantastic creatures pitifully rushed about and disappeared, as if they aware that their world was in a wide range abutments. A part of the bottom came to light; plain board stuck in some green mud, and bubbles and strong odor came from the bottom which at this time seemed unpleasant to us.

- It stinks - said Paul scornfully. -, go to the rest, young gentlemen.

- What for?

- Idit, then pobachite.

I still remember very clearly the moment of clash of our illusions with the reality in the face of Paul. We felt completely stupid and we were ashamed to remain on the top of the fence, in poses of fishermen, but also ashamed of getting off on Paul's close inspection. However, there was nothing to do. We got off the fence, leaving the rods at random, and quietly made our way home. Paul looked again at the rods, touched the thread, sniffed the tub where the

water still continued to wander and bubble, and, kicked off the old bulk. The bulk pitifully grunted and moved, and another board fell out of it on the heap of the garbage...

Such were the circumstances that preceded the moment when our attention was offered the aphorism about the purpose of life and what for, in essence, was created a man ...

III

At the doorsteps of our apartment, on the paved courtyard there was a crowd of people. On our yard there were three houses, one large house and two wings. Each of them was occupied by a special family with the appropriate amount of servants and workers apart from single tenants, like an old bachelor Pan Ulyanitski who rented two rooms in the basement of the large house. Now almost all people came out to the yard and stood in a sunny spot, at our doorsteps. We looked at each other in alarm with my brother, trying to find in our past any misbehaviour which would be subject to such high-profile and public discussion. But our father, who was sitting on the top step, among the privileged audience, apparently, was in a very good mood. Next to the father there crept a wisp of blue smoke which meant that there was also Colonel Dudarev, a military doctor. The elderly, inclined to corpulence, very silent, he enjoyed the reputation of an unusually book wise person in the yard, and his silence and selflessness earned him universal respect, which mingled with the proportion of fear, as a phenomenon which was not quite clear for the average man in the street... Sometimes, among other fantasies, we liked to imagine ourselves doctor Dudarov, and if I noticed my brother sitting on the porch or on the bench, with a cherry stick in his mouth, slowly inflating cheeks and quietly releasing imaginary smoke, I knew that he should not be disturbed. Besides cherry sticks, he should contract his brow in a special way causing his eyes fade a bit and become thoughtful, and they seemed sad. And then it was possible to sit in the sun, inhale the imaginary smoke from the cherry branches and think of something special that probably the kind and clever doctor thought to himself, silently served the sick and sat quietly with a pipe in his spare time. It was difficult to say what these thoughts were actually about; above all, they were important and sad and then, probably still quite pleasant, judging by the fact that it was possible to indulge in for a long time...

Besides the father and the doctor, among others, the beautiful and expressive face of my mother struck my eye. She was in a white apron, with the sleeves screwed, and obviously had been recalled from the endless housework. She had six of us, and her face clearly expressed a question: was it worth to come out here in the midst of a busy day. However, skeptical smile apparently faded away from her beautiful face and her blue eyes flashed some frightened regret, turned to the subject standing among the crowd, at the porch... It was a small,

almost toy cart, in which strangely, almost painfully strangely sat a person. His head was large, his face pale, with mobile, sharp features and large, piercing sharp eyes. The body was very small with narrow shoulders, his chest and stomach could not be seen from under the wide gray beard, and I sought his hands in vain with frightened eyes, which were likely to have been opened as wide as my brother's. The legs of this strange creature, long and thin, did not seem to fit the cart and stood on the ground, as if the long legs of a spider. They seemed to belong to this man as well as to the cart, and all together somehow was drawn under the bright sun, just like some arachnid monster, ready to rush suddenly to the crowd surrounding him.

- Come, come here, young people. You have the chance to see an interesting game of nature, - told us Ulyanitsky with false caressing voice, pushing us through the crowd.

Ulyanitsky was an old bachelor; nobody knew where he came from to our yard. Every morning, at a certain hour, and even in a certain moment, he would open the window, at first there appeared a red skullcap with a tassel, then the whole figure in a robe... Casting a restless glance upon neighboring windows (if there were any young ladies), he would quickly go out through the window, covering something with the hollow of robe, and would disappear around the corner. At this time, we rushed to his window to look into his mysterious apartment. But we almost never succeeded as Ulyanitsky would appear quickly and somehow stealthily from around the corner, we would rush in all directions, and he would throw us a stone or a stick that came to hand. At noon he would appear dressed to the nines and talked to us very kindly, as if nothing had happened, trying to bring the conversation to the brides living in the courtyard. At that time his voice sounded with false tenderness which somehow sounded odd to our ear...

- Dear gentlemen, ordinary and good people! - Suddenly said with some high nasal voice a tall man with a long moustache and anxious, sunken eyes, standing next to the cart.- Since, apparently, with the arrival of these two young people, may God give them health for the joy of the honourable parents ... all are now present, and I can explain the distinguished audience that in front of us we have a phenomenon, or in other words, a miracle of nature, a nobleman of Zaslavsky poviat Jan Krystof Zaluski. As you can see, he has absolutely no hands congenitally.

He took the jacket off the phenomenon, in which it would be easy to put the baby, and then unbuttoned the collar of his shirt. I closed my eyes, the naked ugliness of these narrow shoulders struck my eye so sharply and painfully, that completely devoid of any signs of the hands.

- Did you see? - turned to the crowd the man with long moustache, retreating from the cart, with a jacket in his hand.- Without deception ...- he added, -

without any abomination... - And his restless eyes ran about the audience with a look as if he was not particularly accustomed to the trust of his neighbours.

- And yet, ladies and gentlemen, the phenomenon, a relative of mine, Jan Zaluski is a very enlightened person. His head is better than a lot of people with hands. In addition, he can do everything that ordinary people can do with their hands. Ian, I ask you humbly: bow onto the ladies and gentlemen.

The legs of the phenomenon began to move, and the crowd startled with surprise. Within a few seconds, he took the boot off his right leg with the help of the left leg. Then the leg rose, seized the large reddish-brown cap off his head, and he raised his cap over his head with a mock. Two black keen eyes dug into the distinguished audience attentively and mocking.

- Good Lord! .. Jesus Maria ... Let it be praised by the name of the Lord flashed in different languages in the crowd covered with squeamish fear, and only one waiter Paul guffawed in the back row so ridiculously and loudly that one of the servants found it necessary to dig him in the ribs. Then everything went quiet. The black eyes again stared carefully and slowly at our faces, and the phenomenon said with clear, although a slightly fluttery voice:

- Go round!

The man with long moustache somehow faltered, just thought the order was premature. He threw an indecisive glance upon the phenomenon, but he already repeated in an irritated manner:

- You stupid ... go round!

Colonel Dudarev let a cloud of smoke and said:

- However, the honourable phenomenon, you seem to start with what it is necessary to finish.

The phenomenon quickly looked at him as if in surprise, and then more insistently repeated to the man with long moustache:

- Go round, go around!

It seemed to me that the phenomenon prompted the man with long moustache to some hostile actions. But he only took off his hat and walked towards the stairs, bowing low and looking somehow questioningly, as if in a doubt. On the stairs most served women; at the same time on my mother's face I saw an expression, as if she still felt the willies; the Doctor also tossed a coin.

Ulyanitsky stared at the man with long moustache with an indignant look and then began to look around carelessly. Almost none of the servants and maids donated. The phenomenon kept a wary eye on the collection of the alms, then carefully counted the coins with the help of his feet and picked one of them up, ironically bowing to Dudarev.

- Pan Doctor ... Very well ... thank you. Dudarev indifferently released a very long stream of smoke which blossomed in sultan at a distance, but for some reason I thought he felt nuisance or he was a little ashamed of something.

- A! That is an amazing deal - said Ulyanitsky with his false voice – I wonder, how he found out that you are a doctor (Dudarev was in civilian jacket and white vest with copper buttons).

- Oh! He knows the past, present and future, and he sees the person through - said the man with long moustache with conviction, who, apparently, picked up a significant share of this confidence in the successful first gathering of alms.

- Yes, I know the past, present and future - said the phenomenon, looking at Ulyanitski and then said to the long-moustached man: - Come up to this gentleman... He wants to give a coin to the poor phenomenon who knows the past of each person better than his ten fingers...

And we were surprised to see how pan Ulyanitsky with confusion began to ferret in his coat pocket. He took out a copper coin and held it in his thin, slightly trembling fingers with huge nails and... then put it into the hat.

- Now go on, - said the phenomenon to his companion. The long-moustached man took his place and went on:

- I drive my poor cousin in the cart because it is very difficult for him to walk. Poor Ian, let me set you on your feet...

He helped the phenomenon to get up. He stood with difficulty; a huge head weighed down his body. We could see suffering on his face, his thin legs were shaking. He quickly sat down again in his cart.

- But he can move around himself. The wheels of the cart suddenly began to move, servants gave him way with scream; the strange creature, struck out even more resembling a spider, made a big circle, and again stopped in front of the doorsteps. The phenomenon grew pale from the effort, and I now saw only two enormous eyes, staring at me from the cart...

- He scratches his back and even makes his toilet with his legs. He gave the phenomenon a comb. He took it with his foot, quickly combed his beard and again looking around blew a kiss with his leg to the landlady of the housekeeper sitting at the large windows of the house with several “indoor ladies.” We heard a scream from the window, Paul sniffed and caught flack.

- Finally, ladies and gentlemen, he crosses himself with his foot. He took off the cap of the phenomenon. The crowd fell silent. The cripple looked up at the sky, for a moment, his face was frozen in a strange expression. The tense silence intensified as the phenomenon hardly raised his leg to his forehead, then to the shoulders and the chest. In the back row there was a nearly hysterical crying of a woman. Meanwhile, the phenomenon had finished, his eyes even more angrily ran about the crowd, and an abrupt tired voice broke the silence:

- Go round!

This time the long-moustached man addressed directly to the common public. Sighing, sometimes crossing themselves, here and there, with tears, the common people gave alms, the coachmen wrapped the flaps of their coats, the

kitchen maids hastily ran through the kitchen and pushing the crowd making their way to the cart gave their alms. There was prevailing heavy, not quite approving silence. Subsequently, I noticed many times that the simple heart was less sensitive to abomination, even if only slightly disguised by rite.

- Pan Doctor? ...-told the phenomenon inquiringly, but seeing that Dudarev only frowned, he sent the long-moustached to Ulyanitski and anxiously, with some anger watched as Ulyanitsky, apparently against his will put another coin.

- Sorry - turned suddenly phenomenon to my mother ...- A man feeds as he can.

His voice had a peculiar, pathetic note. The doctor suddenly let an endless stream of blue smoke, and taking a silver coin, threw it on the pavement. The phenomenon picked it up, held it to his mouth and said:

- Pan doctor, I'll give it to the first poor person I meet ... Believe on Jan Zaluski's bare word. Well, why you stopped, go on, - he suddenly pounced on the long-moustached man.

The impression of the scene was for some time kept in the crowd, while the phenomenon ate with his legs, took off his jacket and threaded a needle.

- Finally, ladies and gentlemen - proclaimed the long-moustached solemnly - he signs his name with his legs.

- And I write instructive aphorisms - vividly caught up the phenomenon. - I write instructive aphorisms for everybody in general or apart for those who are interested, with my legs, for a special fee, for the spiritual benefit and comfort. If you want, ladies and gentlemen. Well, Matthew, get out the official documents.

The long-moustached got out a small folder from his bag, the phenomenon took the pen with his foot and easily wrote his name on the paper:

“Jan Krystof Zaluski, gentleman-the phenomenon of Zaslavsky poviat”.

- And now - he said, turning his head mockingly – does anyone want to get an aphorism!?!... Instructive aphorism, ladies and gentlemen, from a man who knows the present, past and future?

A sharp look of the phenomenon ran through the crowd, stopping at one, then the other, like a nail that he was going to batter down in the one who he would choose. I will never forget this dumb show.

The cripple was sitting in his cart, holding a quill pen in his right leg raised, like a man waiting for inspiration. There was some cynical caricature in all his shape and position, in his sarcastic look as if he was looking for his victim in the crowd. Among the crowd this look caused blunt confusion, the women were hiding behind each other, laughing or then like crying. Pan Ulyanitsky, when his turn came, smiled embarrassedly and expressed his willingness to get another coin out of his pocket. The long-moustached quickly placed the

hat... The phenomenon exchanged glances with my father, passed by Dudarev, bowed respectfully to my mother, and all of a sudden I felt this look upon me...

- Come here, lad - he said - and you, too, - he called my brother.

All the eyes turned to us either with curiosity or regret. We would be glad to go down the drain, but there was nowhere to escape; the phenomenon was piercing us with his black eyes, and my father was laughing.

- Well, then, go, - he said in a tone he sometimes ordered us to go into a dark room to wean us from the superstitious fear.

And we both came up with the same feeling of tremor, with which, fulfilling the order, entered into a dark room... Small and confused, we stopped in front of the cart, under the look of the strange creature that was laughing to us. It seemed to me that he would make something with us after which it would be a shameful all life, shameful to a greater extent than at the moment when we climbed down from the fence under Paul mocking look... Maybe he would tell... but what? Something that I would do in the future, and everyone would look at me with the same shudder as a few minutes ago at the sight of this ugly nakedness... My eyes became mist with tears, and, as if through the fog, it seemed to me that the face of the strange person in the cart changed, that he was looking at me with smart, thoughtful and relaxed look which was becoming softer and even stranger. Then he quickly gritted the pen, and his leg stretched out to me with a piece of white paper, which had black smooth, beautiful line. I took the paper and looked around helplessly.

- Read it – said my father, smiling.

I looked at my father, then my mother, whose face expressed some anxiety, and I mechanically uttered the following phrase:

- “Man is created for happiness, like a bird for flight”...

I did not realize the meaning of the aphorism, and only by my mother’s grateful sight, which his mother threw upon the phenomenon I realized that everything ended well for us. And once again there came even more strident voice of the phenomenon:

- Go round!

The long-moustached bowed gracefully placed the hat. At this time, I was sure, my mother gave most of all. Ulyanitsky emancipated and majestically waved his hand, showing that he had already too generous. The last coin was put into the hat by my father.

- Well said, - he laughed at the same time, - it just think seems to be rather a paradox than an instructive aphorism that you had promised to us.

- Happy thought - ironically replied the phenomenon.- This is both an aphorism and paradox. It is an aphorism itself but a paradox in the mouth of the phenomenon... Ha-ha! It’s true... The phenomenon is also a man, and he is least likely to be created for flight...

He stopped, his eyes flashed something strange, as if they grew sad...

- And to be happy, too...- he added quietly as if to himself. But once again, his eyes flashed a cold open cynicism. – Ha!- he said loudly, turning to dolgousomu.he long-moustached. – No dice! Matthew, go round a respectable audience once again.

The long-moustached, who had already put on his hat and who believed, apparently, that the performance was over, again was confused. Apparently, despite the battered face and figure that did not inspire any sympathy or respect, this man an element of shyness. He looked at the phenomenon in hesitation.

- You are stupid! – he said harshly. - We got from the ladies and gentlemen for the aphorism, and there turned out to be a paradox... We must get for paradox as well... For a paradox, respectable ladies and gentlemen... For-the paradox of a poor nobleman-phenomenon who feeds a large family with his feet!...

The hat went around again along the porch and in the yard, which at that time was filled with the people almost from all over the lane.

IV

After dinner, I was standing at the doorsteps when my brother came up to me.

- You know, - he said - this phenomenon ... is still here.

- Where?

- In servants' hall . Mom asked them both to dinner ... And the long-moustached too. He feeds him with a spoon...

At this very moment, from the corner of our house there appeared a thin and tall figure of the long-moustached. He walked, leaning with his hands back and dragging behind him the cart, in which the phenomenon was sitting with his legs picked up. Driving past the lodge, where a military doctor lived, he seriously bowed towards the window, from which at times blue smoke of the doctor's tube came out, and said to the long-moustached: "Well, there, come on!" At the low windows of Ulyanitski, curtained and laden with geraniums, he suddenly began to stir and shouted:

- Goodbye, benefactor ... I know the past, present and future, as the five fingers of my right hand... which I, however, do not have... ha-ha! Which I do not have, my benefactor... But that does not prevent me from knowing the past, present and future!

Then the cart rolled out of the gate ...

As if by agreement, my brother and I ran around the wing on a small back yard behind the houses. The lane, going round a big house, came to this place, and here we could once again see the phenomenon. Indeed, in half a minute a lanky figure appeared, dragging a cart.

The phenomenon was sitting hunched up. His face looked tired, but it was now more ordinary and nice.

An old beggar with a girl about eight years came from opposite side. The long-moustached threw a glance at the beggar, which reflected a concern for a moment, but he immediately admitted a carefree look, started looking carelessly at the top and even somehow struck up a song falsely and inappropriately. The phenomenon watched all these naive changes of his friend and his eyes sparkled with a sarcastic grin.

- Matthew! - He called out, but so quietly that the long-moustached only quickened his step.

-Matthew!

The long-moustached stopped, looked at the phenomenon and pleadingly said:

- A! Honestly, fiddlestick!...

- Take out, - said the phenomenon briefly.

- Hey!

- Take out.

- Hey? – said the long-moustached pitifully, but picked his pocket.

- Not there, - said the phenomenon coldly.- The doctor's alms are in your right pocket... Grandpa, wait a minute.

The beggar stopped, took off his hat and stared at him with his faded eyes. The long-moustached, like a man mortally offended, took a silver coin and threw it in the old man's hat.

- The devil has you here, hangers, - he said, taking again the pole. The beggar bowed, holding his hat in his both hands. The phenomenon bursted out with laughter, throwing his head back ... The cart moved along the street, approaching us.

- You are now in a good mood, - said the long-moustached grimly and sarcastically.

- And why are you asking? - said the phenomenon with curiosity.

- So... you write nice aphorisms and give alms to beggars... What a lucky man, would people think!

The phenomenon laughed with his sharp laugh which gave shivers up my spine, and then he said:

- Hah! It is necessary to afford sometimes... besides, nothing is lost ... You see, sometimes pleasant aphorisms make good gatherings. You have two hands, but your head is worth nothing, poor Matthew!... A man is created for happiness, but happiness is not always created for him. You got it? Humans may have heads and arms. Only it was forgotten to stick hands to me, and you accidentally were put on an empty pumpkin on your shoulders ... Hah! It is unpleasant for us, but it does not alter the general rule...

At the end of this speech, the phenomenon's voice lost its unpleasant note, and his face admitted the same expression with which he had written the

aphorism for me. But at that moment the cart came opposite the place where we were standing with my brother, holding over the front garden balusters and burrowing our faces into the daylight. Noticing us, the phenomenon began to laugh again, with unpleasant laugh.

- Ah! Young barbarians! You`he come again to look at the phenomenon at no cost at all? Here I have you! I have nephews as well, I feed and swish them with my feet ... Do you want to try?... This is very interesting. Hah-hah-hah! Well, God be with you, i will not hurt ... Man is created for happiness. Aphorism and paradox together for a double fee ... Bow to the doctor on behalf of the phenomenon and say that the person should live on this or that, but it`s hard when the nature had forgotten to attach hands to your shoulders... And I have nephews, real, with hands... Well, good-bye, and remember: man is created for happiness...

The cart rolled down, but at the end of the alley the phenomenon once again turned to us, nodded his head up at a bird circling high in the sky, and shouted again:

- Created for happiness. Yes, created for happiness, like a bird for flight.

Then he disappeared around the corner, I and my brother stood there for a long time, with our faces between the balusters, and watching either at the empty lane or at the sky, where a large bird, with outstretched wings, in a high blue sky, bathed by the sun, continued to whirl and soar...

And then we went back to our corner, got our rods and began in silence waiting for the silver fish in the rotten tube... But now, for some reason, this did not gave us such a pleasure. The tube had a fetid smell, its depth had lost its alluring mystery, a lot of debris, somehow lightened by the sun, as if they were broken up into its component parts, and the basket seemed a crappy old piece of junk.

At night we both slept badly, screamed and cried for no reason. However, the was a reason: the face of the phenomenon came to both of us and his eyes, either cold and cynical or covered with inner pain...

Our mother got up and crossed, trying to protect her children from the first contradictions of life, sharply stuck into children`s hearts and minds

1894

APPENDIX 3

Questionnaire «Psychological type of a parent» (V.V. Tkacheva)

Instructions: The questionnaire contains statements that will help determine some of the properties of your personality. Read each statement and mark it as true or false in relation to you. If you agree, mark the word “YES”, if you do not agree, mark “NO”. In the questionnaire, there are no right or wrong answers. Answer as you think yourself.

All my life I strictly follow the principles, based on a sense of duty.

Yes

No

I often think that I have a lump in my throat.

Yes

No

I'm always full of energy.

Yes

No

4. I adhere to the principles of ethics and morality more strictly than most other people.

Yes

No

Life with a child with developmental disorders is always associated with stress for me.

Yes

No

6. I believe in the prospect of my child's development.

Yes

No

7. I often have pain in my heart when I'm upset because of the child's problems.

Yes

No

8. When I think of a child, I always have restless thoughts.

Yes

No

9. A parent is not to blame if the child forced to punish him physically by his behaviour.

Yes

No

10. When I'm nervous, my hands are shaking or I feel sick.

Yes

No

11. I always try to protect my child from the difficulties and resentments.

Yes

No

12. The child is always dependent on the parent and must obey him.

Yes

No

13. I caught ulcers because of constant problems with the baby.

Yes No

14. A child with disabilities is a burden to parents.

Yes No

15. All children must be brought up in severity.

Yes No

16. I believe that a child with developmental problems are constantly in need of special care and attention from their parents.

Yes No

17. My life has changed for the worse because of the problems in my child's development.

Yes No

18. If a child has too many health problems, they can be placed in an institution of social protection (residential boarding school).

Yes No

19. Parents are always responsible for their children's future.

Yes No

20. My child always overcomes me in controversial situations.

Yes No

21. I will not stop at nothing to achieve my desired goals.

Yes No

Guidelines for using the questionnaire

To determine the psychological type of a parent you need to calculate the amount of points in each column.

Affirmative responses for questions 1, 4, 7, 10, 13, 16, 19 define the psychosomatic type of a parent (P).

Affirmative responses to questions 2, 5, 8, 11, 14, 17, 20 reveal neurotic type of parent (N).

The authoritarian type of a parent (A) is defined by affirmative responses for questions 3, 6, 9, 12, 15, 18, 21.

The dominant psychological type is determined by the maximum amount of affirmative answers (+), given in one of the columns.

The questionnaire form "Psychological type of a parent"

| Psychosomatic | Neurotic | Authoritarian |
|---------------|-----------|---------------|
| 1 | 2 | 3 |
| 4 | 5 | 6 |
| 7 | 8 | 9 |
| 10 | 11 | 12 |
| 13 | 14 | 15 |
| 16 | 17 | 18 |
| 19 | 20 | 21 |
| Total: | Total: | Total: |

The dominant psychological type: _____

APPENDIX 4.

The questionnaire «Determination of educating skills of the parents of children with developmental disorders » (V.V. Tkacheva)

Instructions: The questionnaire contains questions that will help you determine your abilities as an educator of your child. Read each statement and mark them as true or false in relation to you. If you agree, mark the word «YES», if you do not mark «NO». In the questionnaire, there are no right or wrong answers. Answer as you think yourself.

1. Is it difficult for you to guess the desires and mood of your child?

Yes No

2. Do you accept your child as such, with all their weaknesses and problems?

Yes No

3. Do you like to spend your free time with your child: play, read a book, take a walk, relax, and etc.?

Yes No

4. Do you show tenderness and affection towards your child (cuddle, give pat on the back, dandle, and etc.)

Yes No

5. Do you feel with your child, if they are hurt, upset or hit something?

Yes No

6. Do you have an emotional connection with your child?

Yes No

7. Нравится ли Вам улыбка вашего ребенка?

Yes No

8. Are you satisfied with the fact that you have such a child?

Yes No

9. Do you understand that there are problems in your child's development, perhaps even significant?

Yes No

10. Do you think it is possible to resolve these problems only by your own efforts?

Yes No

11. Do you need, as a parent, professional help of teachers and other professionals of the institution where your child is trained?

Yes No

12. Do you read educational literature? If yes, please indicate how often and what literature.

Yes No

13. Do you think that your child's education in an institution will help to overcome problems in development?

Yes No

14. Do you think that your personal participation and assistance will affect the positive dynamics of development of the child?

Yes No

15. Do you understand that the future of your child due to the existing disorders will be different from the future of other children?

Yes No

16. Do you consider yourself responsible for the education of your child?

Yes No

17. Do you think that the process of education has a positive impact not only on your child but also on you?

Yes No

18. Do you find it possible to punish the child physically for an offense (hit with a belt, give a slap etc.)?

Yes No

19. Do you show tolerance, if a child is naughty or disobedient?

Yes No

20. How often do you praise your child?

Yes No

21. Do you raise your voice at your child?

Yes No

22. Have you ever had your child left alone in a dark room as a punishment?

Yes No

23. Do you respect the child's personality?

Yes No

24. What type of encouragement do you use for your child?

- A gift (materialistic);
- Praise (moral);
- caress (emotional)?

Guidelines for using the questionnaire

Educating abilities of the parents of children with developmental disorders are evaluated according to three scales.

The scale "Emotional acceptance - rejection of the child" includes the answers to the first eight questions.

Answers to questions from the 9th to the 17th match the scale of "Rational understanding - misunderstanding of child's problems." Questions from the 18th to the 24th reveal the content of the scale "Adequate - inadequate forms of interaction."

Affirmative answers are the following:

"Yes" - 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 19, 20, 23;

"No" - 1, 10, 18, 21, 22.

The 24th question is given a differentiated response.

APPENDIX 5

Method “The life story with a problem child” (V.V. Tkacheva)

The method “The life story with a problem child” is a supportive diagnostic tool, with the help of which it is possible to clarify the main issues that concern a particular parent, and the nature of their personal experiences in this regard. A teacher or a psychologist talks to each parent with a request to state in writing the problems associated with the peculiarities of a sick child, or describe any other, the occurrence of which to different extent, in the opinion of parents, is influenced by a defect of the child. The teacher or psychologist points out the advantages of this form of work, so as a parent for the first time gets an opportunity to express their feelings about the child’s health and interpersonal relationships in the family. Such an approach, first of all, allows parents to openly express their pain and doubt, and secondly, makes it possible to establish the required level of “feedback” to the parent. In order to achieve mutual understanding and openness of a parent, it is necessary to inform them that the information set forth by them is strictly confidential and is used to determine the family problems in order to resolve them.

The form of the method “The life story with a problem child”

Describe in free form the problem of your child and the family difficulties related to them from the outset. Take your time and be consistent. At the top of the paper, specify the date, your name and surname, age, profession, date of birth and the name of your child.

The method “Family Picture”

Objective: to study interpersonal contacts of the child in the family.

At first, the teacher (psychologist), conducts a conversation with the child about his family, finding out its composition. Then the child is given a blank sheet of paper, crayons and asked to draw their family. To the child’s questions who to paint the teacher (psychologist) says: “*Draw those who you have just told about.*” After finishing drawing, the teacher continues the conversation with the child and is asks them to talk about those who he painted on the paper. At the same time questions like: «Is this your mother? Is this your dad?» should be avoided. Only the question: “*Who is it? And who is this?*” should be

asked. The report certainly should show the sequence of the child's drawing of the family members.

The method "Two Houses" (I. Vandvik and P. Ekblund)

Objective: to study the child's interaction with his family. This method helps define the peculiarities of relationship of the child with their cronies and the evaluation of these relations given by them is determined.

As an illustrative material of this method we can use a previously prepared picture. At the top of paper is placed a multi-storey house, drawn in pencil. Below are shown two other houses, one is a cottage, a large and beautiful, painted in red, and the other is smaller, ordinary and drawn in pencil.

At first, the teacher (psychologist) talks to the child about his family and finds out its composition. Then the child is shown the drawing and asked to move his family out of a block of flats in a new house, located in the lower part of the paper. The child is reported that he himself is settled in the big red house. He can take with him anyone who he wants. All the others may be settled in the house which is located nearby. At the end of the interview the teacher (psychologist) asks the child: "*Who are the members of the family that you want to take to your new home, and who is settled next to you?*"

When assessing the results, first of all the attention should be paid to whether the family members of a child placed in their home. If there is someone «forgotten» or resettled in a small house, it testifies an ambiguous or negative attitude of the child to that family member. The speed of response is also estimated. The more the child thinks, the less reliable is considered his answer. If harmonious relationship dominates in the family and the child feels the love of family, in this case he has all the relatives in his house.

The method "Ladder for Children"

Objective: to study children's self-esteem.

The alternative method "Ladder for Children" is used to determine the assessment of the child's relationship with family and other significant persons. The first question to the child ("Who do you most often have to communicate with?") determines the extent of his intimacy with the surrounding him people. The second question ("Who treats you better? Who appreciates you most?") assesses the nature and quality of these relations. The child himself establishes a hierarchy of relationship and determines the depth of feelings that, in his opinion, significant people feel towards him.

First, when talking to the child, the teacher (psychologist) finds out the composition of his family, determines his friends and favourite teachers. Then, the child is given the form on which the first ladder displayed. The child is

explained that on the top stair of the ladder will be he himself. The child is then asked to place his family members and close friends on the ladder. After answering the first question, the child is given a second form. Now he needs to assess the feelings of close people that they feel towards him.

Test “The Family sociogram” (Ellen G. Eidemiller)

Objective: to study family relations and the parents educating positions. “Family sociogram” is a projective pictorial test that reveals the position of the person in the system of interpersonal relations, and to determine the structure and nature of communication in the family. Parents are presented a form with a circle diameter of which is 110 mm. Then they are given instruction to draw themselves and their family members in the form of circles. The criteria on which the assessment of the results is made, are as follows:

- The number of family members who have fallen in the area of a circle;
- Magnitude of the circles;
- The location of the circles to each other;
- The distance between them.

When evaluating the results of the first parameter, the number of circles depicted by the child is compares to the actual number of the family members. Those family members who are in conflict relationship with the child can be brought out of the circle. The magnitude of circles according to the opinion of the test indicates the importance of the family members. Location of the circles relative to each other and the distance between them indicate the nature of the relationship between the family members.

APPENDIX 6

The story «Sunday is the day of communication» (Tkacheva V.V.)

It was a Sunday. The day was sunny and warm as in spring. The morning rays illuminated the small cozy kitchen. Anton's whole family was at home: Marina, Alex and their only son, Igor. Igor was six and a half years old. He was sitting in a wheelchair in the corner of the kitchen and waiting for his mother to prepare breakfast. Marina glanced at his son, smiled; suddenly a thought occurred to her: «Well, at least he is clever. You are my joy ... and pain. Never mind... The main thing is to stay positive. Today, I should not relax. Alyesha is at home. I cannot whine.»

Sad thoughts about the son's disability were now put on the back burner. It was necessary to realize the plans.

Marina has noticed that her husband did not get on well with their son. With increasing frequency, Alexey had a desire to circumvent the problems that usually Igor had when communicating with other people in the street, in the clinic, in transport. Marina has become more and more worried.

“Sunday is a day of communication. Well, let's see what will come of it?” she thought. Today, Marina decided to use cunning and arrange it so that Alex communicated with his son and they stayed alone and without her help could cope with all the difficulties.

After the breakfast Marina took out all the things of Igor necessary for him to walk, and led him to the toilet. After preparing everything, she came up to her husband:

- What a nice weather today! Isn't it, Alex?

- Yes, I think. (Her husband was reading at this time the morning paper.)

- It would be nice to have a walk!

- Who's stopping you? You may go and I'll stay at home and will do with the press.

- Unfortunately, I have much to do today. I have to sew a skirt for Zoya Stepanovna. And today we have the fitting. I have to go to her. And you can go for a walk with Igor. All of his things to wear for a walk are on the chair. Ok?

- Hmm, - Alex grunted in response to his wife, puzzled by the message about the skirt.

Marina knew that it was pleasant for her husband to know that she had warm relationship with her mother-in-law, Zoya Stepanovna.

- And how to get him dressed? What? And what for? I don't know how to do it!

- First you put on...

And Marina told her husband everything: what and how to get Igor dressed

so that it wasn't cold for him, and how to walk with him. Then Marina quickly got ready to go and at the door, as if suddenly realizing, and making another attempt to warn her husband against refusing to go for a walk with their son, said:

- Alex, after having had enough walk, please, come around with Igor to the mother's place (mother-in-law). It would be very nice to see you both. We haven't met all together for ages. Let's give her a surprise. Well, I have to go. She kissed her husband on the cheek and went out. Her mother-in-law suggested the idea of walking of her son with Alexei. Going down the stairs, Marina told herself that the idea of sewing a skirt would work and everything would be all right.

Two hours later Marina with Zoya Stepanovna were carefully listening to Alexei and Igor's enthusiastic story about their walk. Father and son spoke, interrupting each other, how Igor, talking with neighbor kids, struck them with his knowledge in the computer sciences, how he played football, sitting in a wheelchair at the goalposts, and beating the ball with his hands.

Here are some useful and interesting things that can unite father and son. Marina was in the seventh heaven. She could not see enough of the happy couple – most special people for her, her son and husband. “The idea of the skirt” worked.

APPENDIX 7

Questionnaire «My attitude to the child» (Tkacheva V.V.)

Dear Parent! Choose the answer that seems right to you. In case if none of the answers suits you, suggest your option.

1. What gives me unpleasant feelings towards my child:

- *his appearance;*
- *his low intellectual capacity;*
- *bad speech, or its lack;*
- *his behaviour;*
- *his motor clumsiness;*
- *the inability to move independently.*

2. I think that I have a kind, loving me child:

- *yes;*
- *no;*
- *I do not know.*

3. How my child shows his/her love to me:

- *he/she endears;*
- *kisses, hugs me;*
- *tells me that he/she loves me; ~ he/she likes, when I caress; ~ does something that I like.*

4. When I am irritated / annoyed by something in my child, I:

- *shout at him;*
- *can slap;*
- *suppress my anger, but I myself feel BAD.*

5. When I suppress my anger, caused by something in my child, I feel:

- *severe irritation;*
- *the desire to pounce on him and do things in my own way;*
- *weakness, depression;*
- *a sense of insecurity;*
- *I want to Takao;*
- *the desire to leave him/her for a while;*
- *the need to be alone.*

6. How do I achieve that my child to me?

(Share your findings)

Exercising positive thinking

«EXACTLY TODAY»

Every morning, try to speak this text to yourself. Inspire yourselves to the action. Remember to say to yourself words of encouragement. Think of the courage and happiness, the strength and peace. I wish you success!

1. Exactly today I will have a quiet day, and I'll be happy. Happiness

is the internal state of each person. Happiness does not depend on external circumstances. My happiness lies within me. Everyone is happy as he wants to be happy.

2. Exactly today I am involved in the life that surrounds me. I'll take the circumstances of my life, my children, my family, my work as they are and try to fully comply with them.

3. Exactly today I will take care of my health. I will do exercises, I will take care of my body, avoid unhealthy habits and thoughts.

4. Exactly today, I will pay attention to my overall development. I'll do useful work. I will not be lazy and will make my mind work.

5. Exactly today I will continue my moral self-improvement. I'll be useful and necessary to my child, my family and myself.

6. Exactly today I will be benevolent to everybody. I will look as well as possible, I will be gracious and generous in praise. I will not find fault with the people and try to correct them.

7. Exactly today I will live with the problems of this day only. I will not try to solve all my problems and the problems of my child's health.

8. Exactly today I will schedule the programme of the things I want to do. This programme will keep me from being in a hurry and indecisive, even if I am not able to perform it accurately.

9. Exactly today I will spend half an hour alone and completely relaxing.

10. Exactly today I will not be afraid of life and my own happiness. I will love and believe that those who I love, love and trust me.

If you want to work out the state of mind, which will bring you peace and happiness, follow these rules:

1. Think and behave cheerfully, and you will feel cheerful.

2. Never think about the people that are unpleasant to you. Do not remember the events that are unpleasant for you.

3. The only way to find happiness is not to wait for gratitude, but do good for your own pleasure.

4. Keep the count of your luck, not your troubles.

5. Do not imitate others. Find yourself and be yourself.

Z.A. MOVKEBAYEVA, A.T. ISKAKOVA

INCLUSIVE EDUCATION

Textbook

Format 60×90/6. Offset paper. Font type “Times New Roman”.
Volume 14,5 p.p. Edition 1000 pcs.

Order №35.

The printing house “BookPrint” LLP.

Tel.: 386-58-80. 5

sd.bookprint@mail.ru