MANAGEMENT OF LEARNING AND BEHAVIOURAL PROBLEMS IN ELEMENTARY SCHOOL SETTING:
GUIDELINES AND STRATEGIES

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PHYSICAL HEALTH, LEARNING, EMOTIONAL AND BEHAVIOURAL PROBLEMS IN ELEMENTARY SCHOOLS - MAJOR IMPLICATIONS AND RECOMMENDATIONS FOR INTERVENTION

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Introduction

The National Policy for Children (1972) has dealt with the issue of welfare of children in an integrated, systematic manner. This policy made several important statements. A few of them are as follows:

1. All children will be covered by a comprehensive health programme.
2. Programmes will be implemented to provide nutrition services with the object of removing deficiencies in the diet of children.
3. Programmes will be undertaken for the general improvement of the health and for the care, nutrition and education of expectant and nursing mothers.
4. The state shall take steps to provide free and compulsory education for all children upto the age of 14, for which a time-bound programme will be drawn consistent with the availability of resources.
5. Children who are socially handicapped, who have become delinquent or have been forced to take to begging or are otherwise in distress, shall be provided facilities for education, training and rehabilitation and will be helped to become useful citizens.

Certain schemes like Integrated Child Development Services (1972) and Integrated Education of the Disabled (1988) are helpful in realising some of the objectives specified under National Policy for Children. The National Health Policy (1983) lay emphasis on integrated health, take special care to convert physical: mental and social health aspects of the physically disabled and mentally handicapped.

The National Mental Health Programme for India (1982) has the following objectives:

1. To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly for the most vulnerable and under privileged sections of population.
2. To encourage application of mental health knowledge in general health care and in social development.

3. To promote community participation in mental health service development and to stimulate efforts towards self-help in the community.

Inspite of all these policies in India the mortality and morbidity of children is highest. Surveys carried out in the states of South India show that 2% of children have a frank signs of malnutrition which affect physical, emotional and intellectual development. In India School Health Services remain a neglected branch of community health even though many attempts were made to improve it (Patil, 1987). Similarly child mental health is an emerging discipline and very few centres provide training, research and services (Malavika, 1995). Thus the emotional and behaviour problems of the children are neglected.

Apart from physical health programs and mental health problems another important problem among school children is scholastic backwardness. In India, where most schools do not have educational psychologists, counsellors or remedial teachers, the children with scholastic backwardness are not getting any professional help though school achievement is given lot of importance. Scholastic backwardness is infact one of the major complaints with which children are brought to psychiatric and child guidance clinics (Khurana, 1980; John and Kapur, 1986).

Scholastic backwardness may be wholly or partly due to internal factors such as sensorimotor handicaps, temperamental traits, psychological problems, learning disorders in academic skills and mental retardation or due to external factors such as poor educational system, psychosocial stressors in the context of the family or school and the inherent nature of scripts in different languages.

Under achievement can also be attributed to psychological factors such as lack of motivation and self-confidence and dependence. The child may also have poor self-control leading to disruptive classroom behaviour and attentional problems.

School factors have also been associated with different levels of academic achievement. In the urban setting of India, overcrowded, ill-equipped classrooms, under paid overworked teachers and children from impoverished homes with irregular school attendance are typical of the school system. Some of the common problems in rural settings are multigrade classrooms, rampant absentism in teachers and pupils alike, and lack of basic classroom amenities (Malavika, 1995).

Several studies of children who are underachievers have been conducted by various universities and educationists. More often, the studies assess classroom achievement, and do not attempt to identify the causative factors of these problems (Malavika, 1995).

In order to remove these causative factors it is essential for planning proper remedial programmes to such children and also to create congenial classroom environment so that their potentiality can be developed to maximum possible extent. Though the remediation of some of these problems require specialised services by special educationists, paediatricians, psychologists, psychiatrists, etc., teachers have a major role to play in the management of such children. It is possible to correct most of the common and less severe problems in the school itself by modifying the school

atmosphere and through regular school programmes. This is known as **'whole school approach'** and is given priority in developed countries at present. Qualitative improvement of school programmes is the major objective of this approach. This is helpful in preventing, reducing and correcting most of the learning and behavioural problems noticed in the children.

In fact teachers should be trained in identifying the children with different problems, understanding the causes wherever possible, understanding the impact of the problems on the achievement of children in scholastic and non-scholastic areas as well as social and emotional adjustment, management of them in school as well as classroom and also in providing remedial instruction wherever possible and feasible.

They should also know the professionals to whom they can refer the children with severe problems.

At present such training components are very much lacking. The teachers should be trained to understand any problem in academic and non-academic areas as well as problems of emotional and social adjustment on the part of the child relatively in greater depth and breadth in relation to pupil and environmental variables.

The training in the aforementioned direction is practically impossible in the present Indian context due to several reasons. Some of the most important reasons are:

(a) lack of tools to identify children with various problems and to diagnose their difficulties,
(b) lack of systematic research studies to understand the problems of children through wholistic approach from multidisciplinary perspective,
(c) lack of involvement of personnel like medical doctors, psychologists, psychiatrists and other specialists in the educational planning for children,
(d) lack of data related to incidence of children with learning disorders in academic areas, chronic health problems, emotional and behavioural problems among school going population.
(e) limited expertise in teachers to handle children with certain handicapping conditions like learning and behavioural disorders.

In order to improve quality of elementary school education and thereby enhancing the academic performance and adjustment of children there is an urgent need to bridge up the gap in all these areas.

The authors undertook a study under the DPEP Project (NCERT) in 1996-97 to identify children with physical health, learning and behavioural problems in Mandya district. A brief report about the study and the major implications and recommendations derived from that are given below.

Objectives

The study had the following specific objectives:

(i) To prepare a comprehensive inventory and behaviour schedules to identify children with chronic physical health problems, learning problems, emotional and behaviour problems.

(ii) To identify children who exhibit poor academic achievement in primary schools of Mandya district where DPEP is implemented.

(iii) To determine the percentage of children who exhibit poor academic achievement, chronic physical health problems, emotional and behaviour problems, learning disorders in academic skills, below average intelligence and sensory problems.

Research Questions

The study was aimed at answering the following research questions:

(i) What percentage of children exhibit general scholastic backwardness in primary schools of selected taluks in Mandya district ?

(ii) What percentage of children exhibit poor performance in specific academic areas like reading, writing and arithmetic ?

(iii) What are the types of chronic health problems and sensory problems that are prevalent in primary school children ?

(iv) In what percentage of children chronic health problems and sensory problems are causes of poor academic performance ?

(v) In what percentage of children below average intelligence and learning disabilities are causes of scholastic backwardness ?

(vi) What are the types of emotional and behavioural problems that are prevalent in primary school children ?

(vii) What percentage of children with scholastic backwardness demonstrate various emotional and behavioural problems ?

(viii) In what percentage of children there are multiple causes of poor academic performance like mental retardation and chronic health problems or learning disabilities and emotional problems, etc. ?

Sample of the Study

The study was carried out in Mandya district where DPEP is implemented. Within the district two taluks namely Srirangapatna and Mandya were selected keeping in mind the feasibility to collect the data. The former is a rural setup and latter is a urban setup. Lists of all the schools existing in these two taluks were obtained from the district administration. Initially 30 schools (16 from Srirangapatna taluk and 14 from Mandya taluk) were selected to identify children with different problems. A list of children with physical health, learning and behavioural problems was prepared on the basis of teachers opinion, informal testing and observation. This list consisted of a total of 571 children having different problems. Due to paucity of time, for the study only 20 schools (12 and 8 schools from Srirangapatna and Mandya taluks respectively) were selected keeping in mind number of scholastically backward children and children having different types of health and behavioural problems available for the study. Thus the final sample for the study consisted of 458

children. Of these children, 304 were from Srirangapatna taluk and 154 were from Mandya taluk. Children studying in Grades II through IV were included for the study and Grade I children were excluded as it is too early to identify academic backwardness at this stage.

Table 1

Number of Children with different types of problems referred by the teachers

	Name of the Taluk		Total
	Mandya	Srirangapatna	
Number of schools	8	12	20
Total population	1440	2143	3583
Number of children with different types of problems	154	304	458
Number of children to whom intelligence test was administered	130	262	392
Educational Backwardness			
a) Reading	136	172	308
b) Writing	124	170	294
c) Arithmetic	102	176	278
Health Problems	210	340	550
Emotional and Behavioural Problems	40	64	104

Tools and Techniques

The required data for the study were collected by administering the tools given below:

Table 2

Tools and Techniques Employed to Collect Required Data

Variables	Tools/Techniques
Reading performance	a) Kannada Word Recognition Test, Ramaa, 1985 b) Kannada Oral Reading Test, Jaya Bai, 1958
Writing performance	Kannada Word Recognition Test, Ramaa, 1985
Arithmetic performance	Arithmetic Diagnostic Test for Primary School Children, Ramaa, 1993
Intelligence	Raven's Coloured Progressive Matrices, Raven, 1976
Physical Health Problems*	Physical Health Problem inventory developed by the investigators*
Emotional and Behavioural Problems*	Schedule for Assessment of Behavioural Problems in Children developed by the investigators*

* They are given at the end of this paper.

Implications and Recommendations of the Study on the Basis of the Findings of the Study

1. As noticed in the study 6% to 8% of the children experience overall scholastic backwardness. The factors responsible for this problem in each and every child has to be understood thoroughly through systematic procedure. These factors may be there within the child or at his home or school. So there is a need to follow a case study method aiming at understanding the individual's problem in totality. If the problem is in the school, school climate and quality of education has to improved. If home background is not congeneal parental guidance and counselling have to be provided. Problems within the child can be eliminated or reduced by making suitable adaptations in the learning experiences. Most of the time problem will be there within the individual, home as well as school. Attempts should to be made to correct all the three. In the absence of such attempts universalisation of primary education will remain as a myth.
2. Considerable percentage of children experience serious difficulties in one or the other area of academic skills. Teachers should be trained to develop achievement and diagnostic tests, diagnose the difficulties of the children and provide remedial instruction to them.
3. Competency based teacher training programmes are essential.
4. Child guidance clinics and resource rooms have to be established in each taluk headquarters. They should undertake the responsibility of providing direct service to children in terms of diagnosis and remediation as well as indirect service by providing guidance to teachers and parents.
5. Competencies to meet the special needs of children with mild and moderate levels of retardation, chronic health problems, learning disorders in academic skills, emotional and behavioural problems, under-achievement should be developed among the teachers.
6. Large scale surveys have to be conducted in Indian to identify the problems among children.
7. Suitable tools have to be developed to identify the problems of children in all language backgrounds.
8. The physical education instructors should be trained to identify the health problems among children. They should create healthy climate in and around the schools.
9. Community based rehabilitation programmes should be extended to all districts so that the children with severe disabilities can be rehabilitated.
10. As more than one per cent of children have conduct disorders it should not be ignored. These children have to be identified early and corrective measures have to be taken. Otherwise they will become delinquents later on and do create problems in the society. So prevention of such social problems is a must.
11. The attitude of the parents towards the health of their children should be improved. They should be given proper education to prevent disabilities, provide

them proper medical treatment, create healthy and congenial atmosphere at home so that the child can be developed in all the aspects.

12. Though the incidence of some of the disabilities is very less still the children with those problems should not neglected as each and every child has the right to get proper support from the society, and lead a healthy and productive life.
13. Teacher educators should be equipped with the competencies to develop essential competencies among the teachers in meeting the special needs of children.
14. Research on diagnosis and remediation of children with different problems should be carried out in all cultural and language backgrounds.
15. The copies of the research projects should be sent to the DPEP cells in the concerned districts.
16. As India is aiming at 'Health for All' by 2000 AD school health programme is an important area of action. It has been observed in the study that a significant number of children have some or the other kind of health problems. It was also noticed that the parents in rural areas neglect their children's health problem which are not overtly manifest. They need health education about the long-term adverse effects of minor health aberrations which appear to be mild and not troublesome at the moment.

    Under compulsory annual school health check-up one doctor usually a non-specialist is made to examine hundreds of children in one or two hours and a meagre remuneration of one rupee per child is paid to the doctor. Naturally identification of health problem will not be meticulous and the programme will not be viewed with importance. Utilising various speciality clinicians and giving enough time for more detailed examination with provision for minimum laboratory investigations should make the programme more meaningful. Also provisions should be made for dispensing following basic medicines for needy children.

    The following basic medicines for needy children.

    a. Iron tablets for anaemia
    b. Vitamin A preparation for deficiency states
    c. "B" Complex tablets
    d. Nutritional products
    e. Medicines for pedicaloris and scabies
    f. Deforming medicines, etc.
17. It is wrong to say that children are always at the receiving end in this issue. In fact they are the best instruments end in this issue. In fact they are the best instruments for spreading what little knowledge they imbibe to others, i.e. to other children, to the parents and to the uneducated. This rationale brought out a most practical programme "The Little Doctor's Programme". In this programme a qualified doctor will impart health knowledge to selected school children who will in turn use this knowledge to promote health among their friends. Enormous number of little doctors thus trained will help the health professionals to create an

awareness among children that the good health is the best asset and that the adoption of healthy practices should become second habit for children. Looking at the total size of the child population of our country and that of the health problems of school children, it appears logical to incorporate "Little Doctor" programme to routine school health check-up.

18. Also the recently launched school health check-up week by Indian Academy of Paediatrics, and Government of India if goes successfully should be of great help in achieving health of school children.
19. In view of high incidence of dental problems identified in this study and in view of their long-term adverse effect on physical health and emotional aspects, periodical dental check-up and application of preventive dentistry should become mandatory. Children should be educated about eating habits and regular tooth brushing.
20. Children identified to have Vitamin A deficiency have to be urgently treated with adequate Vitamin A to prevent them from going for eye damage and blindness. Similarly children with anaemia and vitamin deficiency should be treated with adequate iron and vitamins. They should be advised how to utilise the locally available low cost food like pulses and green leaf vegetable to prevent nutritional deficiency states.
21. Children found to have hearing defect, speech defect and visual defect should be referred to respective specialists for more detailed evaluation and treatment to overcome learning problem due to these handicaps. This also avoid these children being dubbed as less intelligent.
22. Identification and treatment of remediable neurological conditions will help them to improve their learning ability. It is not rare to find some children with mental retardation and multiple disabilities going to regular school without any benefit specially in villages. It is important to shift such children to special schools where the facilities are there for special education as per the child's requirement.
23. Children suffering from recurrent diarrhoea and dysentery should be investigated and given specific treatment to save them from chronic ill-health. Similarly worm infestation should be promptly treated to avoid children going for anaemia, intestinal obstruction and malnutrition. Also children must be given practical ideas of personal hygiene like -
    a. Defecation in proper places
    b. Avoiding playing in dirty places
    c. Using footwear
    d. Paring of nails
    e. Hand washing habits before eating and after defecation, etc.
    f. Avoiding eating road side eatable, etc.

    Above rituals will avoid repeated gastro-intestinal infections and worm infestation.

24. Children suffering from repeated respiratory infections should be investigated to find the basic etiological cause and should be treated properly to prevent chronic disabling lung diseases.
25. Possible steps should be undertaken to prevent children suffering from chronic diseases like bronchial asthma, nephrotic syndrome, heart diseases, polio, etc. from going for emotional and personality defects. Parents should be educated in the lines of positive attitude towards health problems of such children. Encouragement, entertainment and play facilities play an important role in this aspect.
26. Parents must be educated about diseases like polio, measles, whooping cough, diphtheria, tetanus, etc. which commonly afflict children. They should be made to realise how easily these diseases can be prevented by routine immunisation. They should be guided about the free of cost availability of vaccines for these disease in all governmental health facilities.
27. Musculo-skeletal defects like club foot which is present at birth can be totally corrected if taken up as early as possible after birth of the baby. Otherwise the child is going to have permanent limp. Parents of children with such defect should be made to realise how easily such disability could be avoided.
28. The physical health problems inventory and the behaviour schedule for identifying emotional and behaviour problems developed in the study can be used by non-technical persons like parents, teachers and social workers. These inventories develop sensitivity among the teachers and parents towards the problems of children. So all the schools can be supplied with the copies of these inventories. After initial identification the children thus identified can be referred to the specialists for further diagnosis.
29. Like school health programmes school mental health programmes should also be made compulsory which is expected to be carried out in a scientific way. Essential competencies should be developed among the teachers and parents to deal with such children effectively. In addition in the case of serious emotional and behaviour problems suitable medical and psychological treatment should be provided.
30. Physical health and mental health manuals should be prepared for the use of parents, teachers, ICDs workers, social workers and even children of different age group.
31. It becomes necessary to maintain a permanent physical and mental health card which should be prepared at school entry. This will serve for a perfect follow-up and action plan about child's health.
32. On going programmes in the area of health education should be continuously promoted. In addition research studies aiming at evolving and validating innovative methods of imparting health education should be encouraged.

Physical Health Problems Inventory

(For collecting information from Parents and Teachers)

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Guidelines for Administering the Schedule

Considerable percentage of children exhibit scholastic backwardness in schools. There are various causes for that. In some children scholastic backward ness may be due to learning disabilities orbelowaverage intellectual functioning In some other cases it may be due to totally remediable causes such as physical health problems ar behaviour problems. Understanding the causes helps in providing valuable suggestions for a modification in the system of education according to the needs of such children.

School teachers and the parents are very important sources to collect valuable data about the child in question and they should participate in this programme with a sense of moral responsibility. They should be apprised of the useful outcome of this effort. Observing following disiplines will yield best results in this endeavour.

1 As far as possible the parents and the teachers should be contacted during their free time out of

their routine day-to-day work and when they are in resptive mood.

2 They should not be burderned with exhaustive interview in one sitting.

3 Should be polite in interrogating with parents and teachers and be loveable to children.

4 As for as possible the parents should be interro gated in simPle and colloquial language.

5 The schedule/Inventory should be thoroughly studied and understood before administering it to the parents and teachers.

6 Should be aware of the questions to be asked to parents and the questions to be asked to teachers.

7 Some information given by the teacher about a child has to be confirmed with parents and vice-versa.

8 Any doubts about highly technical points should be discussed with respective specialists.

9 Wherever necessary and possible the child's family doctor should be contacted to get more clear information of the child's health problem.

10 Should make sure that the following useful articles are available at the time of collection of data.

i) A weighing machine

ii) A measuring tape

iii) A hand lens

iv) Clinical thermometer

v) Torch

vi) Cotton wisp aud pin

vii) Height and weight charts.

11 Thc problems noticed among the children should be confirmed with the specilists.

12 Thc problems noticed among children should be kept confidential and should be disclosed only to the parents and concerned teachers.

Section–A

Preliminary data of the pupil

Name of the pupil :

Name of the school :

Class and section :

Medium of instruction :

Sex :

Age :

Residential address of the pupil :

Father's name :

Qualification :

Occupation :

Income :

Mother's name :

Qualification ;

Occupation :

Income :

Socio-economic status of the family :

a) Low

b) Middle

c) High

Marital Status of parents :

a) Consanguinity 1) Non consanguineous

2) Consanguineous

3) First degree consanguinity

4) Second degree consanguinity

5) Third degree consanguinity

b) Couple living together/separated/Father or Mother not alive

Order of birth of the child in the family :

SECTION-B

Physical Health Problems

I Developmental history of the child

A Salient developmental milestones of the pupil

a) Age at whieh child started holding his neck straight :

b) Age at which child started sitting without support :

c) Age at which child started standing without support :

d) Age at which child started walking independently :

e) Age at which child started speaking first words, Appa, Amma. :

f) Age at which child spoke a full meaningful sentence :

g) Does the child have bowel control ?

h) Does the child have urinary control ? yes/no
(Bladder control)

B a) Does the child attend school regularly?

b) If not what is the reason?

i) School phobia ii) Health problem

iii) Going for work iv) Lack of interest in studies

v) Parental attitude

II Points to be noted about general health of the child from the general out look.

(If the problem is present tick (✓) yes, if absent tick (✓) No.

1. The child appears underbuilt for the age (weight to be recorded)

Pupil's age : weight :

Normal weight

at 6 completed years :

at 7 completed years :

at 8 completed years :

2 The child looks undernourished. Yes/No
The features of under nourishment are

a) Short and thin built yes/no

b) weight being less than normal for age yes/no

c) The child looks pale or bloodless(Anaemia) yes/no

d) The child has apathetic look with baggy cheeks. yes/no

e) The child has soreness of the mouth yes/no

i) soreness of the angle of mouth yes/no

ii) soreness of tongue yes/no

f) The skin is scaly, dry and lustreless yes/no

3 The child has itching of the head (scalp) due to head louse yes/no

4 a) The child has pain and decaying of teeth yes/no

b) The child suffers from frequent tooth ache yes/no

5 He has split upper lip and split roof of mouth (palate) yes/no

6 Severe itching and rashes all over the body especially at the hands and fingers (scabies) yes/no

7 white patches on the skin with loss of seusation on the white patch (leprosy) yes/no

8 white patches on the skin without loss of sensation on the white patch (Leucoderma) yes/no

Method of testing sensation :

Touch Sensation : The child closes the eyes and tells whether he can feel the area of the skin being touched by a cotton wisp.

Pain sensation : The child closes the eyes and tells whether he can feel the pain when the area of the skin is pricked with a pin.

III Sensory and Speech Problems.

A VISION

1 Short Sightedness :

a) Holds the book too close to the eyes while reading and writing. yes/no

b) Unable to follow the writings on the black board sitting in rear benches. yes/no

2 Nystagmus :

Rhythmic side to side involuntary movements of the eye balls. yes/no

3 Corneal opacity and Cataract

White patches at the centre of the eye yes/no

4 Chronic Lacrymal Disease

Watering in the eyes for a long time. yes/no

5 Squint (Strabismus)

Gross asymmetry of the site of black of both eyes. yes/no

6 Night blindness

The child has difficulty in seeing during night or in dim light yes/no

7 *Low Vision*

Wears spectacles and still unable to see distant things yes/no

B HEARING

a) Needs to be called with loud voice. yes/no

b) Cannot hear at all. yes/no

c) If the pupil has hearing impairment, at what age of the child the problem started ?

d) At what age was the remediation introduced, if any?

C SPEFCH

1 Articulatory problems such as

a) Substitution (ma for ra, tha for ta) yes/no

b) Omission (Omit certain sounds, table for stables) yes/no

c) Distortion (Not able to pronounce certain sound clearly) yes/no

d) Addition (add sounds unnecessarily Ex coat–cocoat) yes/no

2 Disfluent (Stuttering)

3 Very soft voice.

4 Harsh voice

V CENTRAL NERVOUS SYSTEM DISORDERS

A EPILEPSY

1 Wheather the child gets attacks of following features occuring together yes/no

a) Loss of conciousness and falling to the ground.

b) Stiffness and to and fro movements of limbs and neck.

c) Frothing in the mouth.

d) Up rolling of the eye balls.

e) Biting of the tongue and passing urine and motion.

2 If the child is epileptic, whether he is on regular medication yes/no

3 Does any other member in the family get fits yes/no

B Cerebral palsy Multiple Sclerosis

1 Muscle weakness or flaccidity yes/no

2 Stiffness (spasticity) of upper and lower limbs yes/no

3 Excessive involuntary movements yes/no

4 Postural imbalance (imbalance on standing straight)

5 Imbalance in walking (gait) yes/no

C Meningomyelocele (Spina bifida)

Wheather there is any swelling in the midline along with weakness of lower limbs.

V Gastrointestinal problems

1 Recurrent infections/chronic Amoebiasis and Giardiasis/Malabsorption syndrome.

Suffers from frequent episodes of loose motions and vomiting, yes/no

2 *Constipation*

Passes stools once in three to four days with difficulty. yes/no

Is their any blood stain on the hard stools. yes/no

3 *Worm Infestations*

a) Passes worms in the stools or by mouth yes/no

d) Scratches the anus freqently during evenings and nights. yes/no

4 *Abdominal Pain*

Gets pain in the abdomen frequently yes/no

a) Pain associated with loose motions yes/no

b) Pain is very severe and is associated with vomiting (inflamed appendix) yes/no

5 *Pica* (due to worm fnfestation, anemia etc)

The child has the habit of eating non edible things like mud, chalk, hair charcoal etc. yes/no

7 *Juvenile diabetes*

Do the parents say that the child

a) passes urine very frequently yes/no

b) Drinks unusually too much water yes/no

c) is eating too much yes/no

d) is not gaining weight inspite of eating well yes/no

e) For the above symptoms has he been diagnosed by doctor as having childhood diabetes. yes/no

8 Has unusually big belly (which may indicate fluid in the abdoben or massive worm infestation) yes/no

9 *Diaphragmatic Hernia*

Does the child have

a) Unusually slim belly yes/no

b) cough and breathlessness for a long time not responding to treatment yes/no

c) Left half of the chest being more prominent than right half yes/no

d) Pain and discomfort after eating yes–no

e) Constipation and vomiting yes–no

10 *Hernias*

Any swellings in the groins and genital region which appear and disappear spontaneously. yes/no

11 *Hydrocele*

Any obvious defect of the testical constantly
Any swelling of the testicle constantly presnt yes/no

VI *Problem of Genito urinary system and kidneys*

1 Any obvious defect of the genitic-urinary organs. yes/no

2 Has the child undergone any surgical operation on the genitc-urinary organs. yes/no

3 Does the child have both testicles in the scrutum (undecended testes) yes/no

4 Does the child pass urine easily in a good

stream or he has following problems : yes/no

a) Urine dribbling after undue effort indicates posterior urethral valves yes/no

b) Urine dribbling in jet of thin stream indicates phymosis and pin hole meatus. yes/no

c) Burning sensation of recent origin while passing urin with fever and chills suggests urinary infection. yes/no

5 In case of male child, when he passes urine, does the urine fall to his legs ? yes/no
(If it falls to his legs it indicates that the urinary opening is not at the tip but at the under surface of the penis which is called hypospadias)

6 Is there any swelling of the scrotum. yes/no

7 *Nephrotic syndrome*

Has the child been getting swelling of the face or generalised body swelling along with scanty urine for a long time for which he has been told by the doctor as having kidney disease.

8 *Chronic/recurrent urinary tract infection*

a) Child gets repeated attacks of fever with rigor and chills and pain while passing urine indicating repeated urinary tract infections. yes/no

b) Has been told by the doctor as having a

developmental defect of the urinary system as a cause for repeated urinary infections yes/no

c) Does he have continuous flow of urine without control. yes/no

VII Respiratory diseases

1 Does the child have any deformity of the chest like. yes/no

a) Protruded chest (pigeou chest)

b) One half of the chest being shrunken and the other half prominent.

2 Recurrent Respiratory infections

a) Suffers from cough and cold or sore throat very often.

b) If so how often ?

3 Bronchial asthma (wheezing)

a) Does the child get attacks of breathing difficulty along with cough yes/no

b) If so how often he gets such attacks.

c) Do such attacks affect his sleep and day to day activities ? yes/no

d) Does it affect his attendance to school. yes/no

e) Does he get proper treatment during every attacks. yes/no

4 Tuberculosis

A Has he suffered has or been suffering

from following problems which are indicative of tuberculosis. yes/no

i) Prolonged fever (for more than two weeks yes/no

ii) Prolonged cough yes/no

5 *Measles and Chicken Pox*

Has he suffered from fever with skin rash yes/no

6 *Mumps*

Has he suffered from pain and swelling of the cheeks recently. yes-no

7 *Pneumonia*

A) Has he suffered from yes/no

i) High fever yes-no

ii) Cough yes-no

iii) Chest Pain yes-no

iv) Breathlessness. yes-no

recently (which may indicate that he has suffered from pneumonia)

B) Did he recover completely from such illness yes/no

b) Has been having cough and fever for long time. (which may indicate that he has developed chronic complications like lung abscess, cavity formation in the lungs etc) Yes/No

8 *Bronchiectasis Formation*

Does the child suffer from repeated attacks of cough bringing out plenty of foul smelling sputum (which may indicates that the child may be suffering

from Bronectasis). Is there any swelling of all the finger tips (which will further prove that the child is sffering from Bronchiectasis).

VIII Cardio Vascular Diseases :

A Congenital Heart Disease :

a) Has the child been diagonsed by any doctor to have a heart problem present since birth (which means that the child is having a congenital heart disease) Yes/No

b) Has blue colour at the lips, tongue and nails (which may also inciate that the child has chogenital heart disease).

B Rheumatic Heart Disease :

a) Suffered from fever and pain in multiple joints recently (which indicates that the child has suffered from rheumatic fever).

b) After that did the child suffer from chest pain, palpitation and fever (which may suggest that he is having rheumatic heart disease).

C Congestive cardiac failure:

1 Swelling of the feet. yes/no

2 Breathlessness increasing on physical exertion. yes/no

3 Lips and tongue being blue yes/no

4 Palpitation (feeling loud heart sounds) yes/no

5 Difficulty in breating yes/no

6 Chest pain yes/no

D Has the child been on long term medication yes/no

E a) Has the child undergone heart operation yes/no

b) Has he been advised to under go heart operation. yes/no

F Has the child be en advised restricted physical activity due to heart disease. yes/no

IX Musculo skeletal disease :

1 Limb Dificiencies (Phocomelia)

Lack of one or more limbs yes/no

2 One or both feet turned downwards and inwards affecting normal walking. yes/no

3 Scoliosis : (Lateral curvature of Backbone).

unusual lateral cuvature of vertical body alignment due to defect of the back bone. yes/no

4 Rheumatoid arthritis : yes/no

a) Has pain and swelling of multiple joints for a long time which keeps the child frequently absent from school ? yes/no

b) Is the child on proper treatment for the same ? yes/no

c) Is he crippled from this problem ? yes/no

5 Chronic Bone disease (Osteomyelitis)

Has pain and swelling of any bone for a long time. yes/no

6 Injuries :

Has the child sustained any injury needing long term treatment in an accident while palying or on road. yes/no

7 Poliomyelitis :

has extreme weakness of one or more limbs suggesting polio Paralysis yes/no

8 Muscular dystrophy :

Has following features of muscular dystrophy

1 Unusually thick calf muscles. yes/no

2 Inability to stand up from sitting position. yes/no

3 Difficulty in climbing the stairs. yes/no

4 Difficulty in walking and running. yes/no

9 Rickets (Vit D Deficiency disease)

Does the child have following features as evidance of having suffered from ricke's during infancy.

i) Short stature. yes/no

ii) Outward bending of legs like bow yes/no

iii) Prominent fore head. yes/no

iv) Thickened wrists. yes/no

v) Deformity of the chest. yes/no

10 Marfans syndrome :

i) Has unusually long limbs and fingers. yes/no

ii) Unusually tall and slim. yes/no

11 Achondroplasia :

Does the child have following features to look like a circus dwarf.

1 Short stature.

2 Short limbs

3 Big head
4 Prominent forehead
5 Depressed nasal Bridge

X Miscellaneous Diseases:

1. Hemophilia;

Does the child have following features of Hemophilia.

a) Excessive bleading from minor iniuries like tengue bite or lip bite yes/no

b) Excessive bruising and bleading in the skin due to minor traumas sustained duriug day to day play activities yes no

c) Unexpected amouut of bleeding while undergoing circumcision or while taking injections yes/no

d) Swelling and pain in the elbow, knee and ankle joints with very insignificant trauma. yes/no

2. Leukemia (Blood cancer)

Features:

i) Did the child start appearing progressively pale and bloodless over previous few weeks yes/no

ii) Does the child have fever for a long time. yes/no

iii) In there any spontanenous bleeding from the nose and mouth. yes/no

iv) Any black patches appeared recently on the skin.

v) Is there any blood in urine and motion. yes/no

vi) Has the child been taken to hospital regularly for treatment. yes/no

3. Cretinism (Hypothyroidism)

Features:

i) Constipation yes/no
ii) Dull look in the face with coarse features, big tongue and sluggish expression. yes/no
iii) Skin being dry, cold and rough yes/no
iv) Short Stature yes/no
v) Very sluggish in all the activities and in responding to suggestions. yes/no

4. Child abuse:

Does the child show and features of being abused at home by the parents or guardians by way of nutritional deprivation and cruel punishment like beating burning, branding etc. yes/no

The features of child abuse are.

1) Wounda 2) Burnt marks 3) Emotional changes 4) Starvation features etc.

5. Whether the child looks grossly abnormal with respect to facial and bodily features like the followiug:

(i) Limp (ii) Gross squint (iii) Unusually small or big head.

6. Features of Down's Syndrome:

i) Small mouth and protruding tongue
ii) Wide nasal bridge
iii) Smal side wardly upslanting eyes
iv) Flaby limbs
v) Unduly calm

vi) Short and stumpy hands and feet.

SECTION-C

Parental attitude towards childs' Health Problems

Parental reaction to every episode of chil'd illness.

1. Do the parents unnecessarily magnify the childs health problems and take the child to doctor for flimsy health problems. yes/no
2. Do the parents ignore even serious health problems in the child. yes/no
3. Apart from getting the child proper treatment do the parents behave calm and boost the child morally not putting him to worry about his illness. yes/no
4. Do the parents over react to childs illness and express panic making the child more conscious of his health problems thereby pushing him to guilt and worry. yes/no
5. Do the parents impose too much of restrictions on play activities and food habits when ever the child falls sick. Yes/No
6. Has the child developed a sort of inferiority complex comparing himself with his peers because of his health problem. yes/no
7. Do the parents desire that the child suffering from severe physical health problem should continue the education. yes/no
8. In order to make the child suffering from severe health problem comfortable what facilities do parents expect to be present in sehools? yes/no

Schedule For Assessment Of Behavioural Problems In Children

(For collecting information from Parents and Teachers)

Dr. D. A. Ashok
Dr. S. Ramaa
Dr. H. M. Balachandra

Guidelines for Administering the Schedule

Considerable percentage of children exhibit scholastic backwardness in schools. There are various causes for that. In some children scholastic backwardness may be due to learning disabilities or below average inteleetual functioning. In some other cases it may be due to totally remediable causes such as physical health problems or behaviour problems. Understanding the causes helps in providing valuable suggestions for a modification in the system of education according to the needs of such children.

School teachers and the parents are very important sources to collect valuable data about the child in question and they should participate in this programme with a sense of moral responsibility. They should be well appraised of the useful outcome of this effort Observing following disciplines will yield best results in this endeavour.

1. As far as possible the parents and the teachers should be contacted during their free time out

of their routine day-to-day work and when they are in reeeptive mood.

2. They should not be burdened with exhaustive interview in one sitting,

3. Shouid be polite in interrogating with parents and teachers and be lovable to children.

4. As far as possible the parents should be interro gated in simple and eolloquial language.

5. The schedule/Inventory should be thoroughly studied and understood before administering it to the parents and teachers.

6. Should be aware of the questions to be asked to parents and the questions to be asked to teaehers.

7. Some information given by the teacher about a child has to be confirmed with parents and vice-versa.

8. Any doubts about highly technical points should be discussed with respective specialists.

9. Wherever necessary and possible the child's family doctor should be contacted to get more clear information of the child's health problem.

10. The probiems noticed omong the children should be confirmed with the specialists

11. The problems noticed among children should be kept confidential and should be disclosed only to the parents and concerned teachers.

SECTION A

Preliminary data of the Pupil

Name of the pupil :

Name of the School :

Class and secti n :

Medium of instruction :

Sex :

Age :

Residential address of the pupil :

Father's name

Qualification :

Occupati n :

Income :

Mother's name

Qualification :

Occupation :

Income :

Socio–Economic status of the family

a) Low
b) Middle
c) High

Marital Status of parents :

a) Consanguinity 1) Non consanguineous
2) Consanguineous

3) First degree consanguinity
4) Second degree consanguinity
5) Third degree consanguinity

b) Couple living together/separated/Father or Mother not alive

Order of birth of the child in the family :

SECTION B

Instruction: If the following symptoms are present tick (✓) yes or no.

Behavioural problems

I *Mental Retardation*

1. At what age your child first achieved the following milestones of development.

Neck holding .....

Standing with support .....

Walking .....

Running .....

Speaking clearly .....

2. Whether the milestones development of your child was delayed or slower than other child of same age yes-no

3. Whether your child can eat food on his own ? yes-no
4. Whether your child can dress by himself yes-no
5. Whether your child can bathe, wash his face by himself ? yes-no
6. Whether your child can clean herself after going to toilet ?
7. How do you, rate your child's academic performance? Excellent/very good/Good/ Average Below average.

II *Attention Deficit Disorder (Hyper Activity)*

1. Does he always appear restless and switching from one activity to another unnecessarily ? yes-no
2. Does he often fidget with hands or feet or squirms seat ? yes-no
3. Does he be able to concentrate on a particular activity for longer duration (watching TV/ movies) yes-no
4. Does he have difficulty in playing or engaging in useful activities during leisure time quietly ? yes-no
5. Does he often have difficulty in waiting for his turn yes-no
6. Does he interrupt or intrude on others (Fg. buffs into conversations or game) yes-no
7. Does he often avoid/dislike or is reluctant to

engage in tasks that require sustained mental effort such as school work or home works ?
yes-no

8. Does he often get distracted by activities going on around (ex : Sound produced by vehicles. TV, classmates talking to each other) yes-no

9. Does he often forgetful of his daily activities ?
yes-no

10. Whether any of the above symptoms were present before the age of seven years ? yes-no

11. Whether these symptoms are not related to drug, medical or neurological illness. (brain injury, brain fever, epilepsy) as per your best judgement ? yes-no

12. Whether the above symptoms clearly affect the child's social or academic functioning ? yes-no

III *Learning Disabilities*

1. Does the child have serious difficulty in any of the following areas of academic learning : spoken language/reading/writing/spelling/arithmetic ? (tick the areas of problem) yes-no

2. Do you think the child is average or above average in intelligence ? yes no

3. Does the child show Hyperactivity and Attention Deficit Disorder as indicated above. yes/no

4. Does the child attend school regularly yes/no

5. Does he get academic help at home ? either by family members or tutor ? yes/no

6 Do you think the child is having sufficiant interest and motivation to learn ? yes/no

7. Does he have any seeing or hearing problem ? yes/no

8 Do you think the child is free from serious emotional problem ? yes/no

9. Do you think the child has sufficient social skills ? yes-no

10. Are there any signs of brain injury in the child yes-no

11. Do you think it is difficult to make the child learn inspite of individualized attention ? yes/no

12. Do you think day by day the child is having more and more academic problems ? yes/no

IV *Conduct Disorders*

1. Does he often bullies, threatens or intimidates others ? yes/no

2. Whether he has been crual to animals and or people ? yes/no

3. Whether he often initiates physical fights with others ? yes/no

4. Whether he had used a weapon that can cause serious physical harm to others (Fg. a bat, brick, broken bottle, knife) yes/no

5. Does he often steal at home ? yes/no

6. Does he often lies to obtain good or favour or to avoid obligation (the work that ought to be done ?) yes-no

7. Whether he had run away from home at least twice while living with parents or parental surrogates? yes-no

8. Whether he often truant (absent) from school? yes-no

9. Whether these symptoms started before ten years or after ten years. yes/no

V *Depression*

1. Does your child look excessively or continually unhappy? yes/no
2. Does he report of low opinion about himself (self-depreciation)? yes/no
3. Whether he has lost appetite? yes/no
4. Whether his sleep is disturbed? yes/no
5. Does he look lethargic and dull? yes/no
6. Does he report of guilt feeling very often? yes/no
7. Does he weep with little or no provocation? yes/no
8. Whether any time he had expressed suicidal ideas? yes/no
9. Are there any genuine reasons for him to feel sad? (like separation, bereavement, failure, etc.) yes/no
10. Does the child report of his own depressed mood? yes/no

11. Whether the child becomes withdrawn from others and talking less with others ? yes, no

12. Whether he speaks relevantly and clearly ? yes/no

VI *Hyper Anxiety :*

1. Do you and others speak of the child as anxious and worried ? yes/no
2. Does he say he often has shakes in his hands ? yes/no
3. Does he sweat a lot, even when sitting quietly yes/no
4 Does he have difficulty in going to sleep ? yes/no
5. Does he often feel that he is afraid of something? yes no
6. Does he report of "thumping" of his heart ? (palpitation) yes/no
7. Does he worry a lot ? yes/no
8. Does he frequently visit the toilet ? yes/no

VII *Obsessive–Compulsive Disorder*

1. Does your child repeat certain things over and over again ? (Eg washing hands, cleaning toilet) yes/no
2. Is he pre–occupied with always doing things in a strict, orderly manner ? yes/no
3. Is he very rigid about day–to–day activities and habit ? yes/no
4. Does he say he checks over and over again

things he has already complecated ? (ex. checking the door lock) yes/no

5. Does he like to touch/count things over and over again ? yes/no
6. Does he look over pre occupied with his daily routines ? yes/no
7. Does he avoid walking on certain places or does he avoid certain routes ? yes/no
8. Does he report of any persistant irrational thoughts come to his mind ? yes/no

VIII *Phobic Disorder*

1. Does he report of particular fears ? yes/no
2. Does he avoid certain things or places because he knows they will make him feel uneasy, while others do not ? yes/no
3. Does he feel very uncomfortable if he is in contact with a particular animal, object, place, ect ? If yes name them : yes/no
4. Is he afraid of the dark ? yes/no
5. Does his reaction of fear interfere with his normal life ? yes/no
6. Does the child appear normal when he is away from the situation of his fearfulness ? yes/no

IX *Autism*

1. Whether there was delay in the development of spoken language only ? yes/no
2. Does he generally spend most of the time playing alone ? yes/no

3. Does he look at the persons eye while conversing with them ? yes/no
4. Does he exhibit any repetitive or stereotype movements of hands or fingers like flapping, twisting ? yes/no
5. Does he spontaneously greet or wish the relatives or friends ? yes/no
6. Does he play with his toys very unusually (ex, throwing a toy car like a ball or rattling it) yes/no
7. Whether the child has normal intelligence ? yes/no
8. Whether these symptoms are present since childhood ? yes/no
9. Whether this was not due to or following brain fever, epilepsy or medical illness ? yes/no
10. Whether he is able to recollect the time, date persons correctly ? yes/no
11. Whether these symptoms were not due to any other medical or neurological causes ? yes/no

X *Psychosis*

1. Whether your child has become unusually withdrawn and talking very much less ? yes/no
2. Whether he reports of seeing thihgs or hearing which others do not ? yes-no
3. Whether the child behaves as if he is hearing or seeing something, which others do not ? yes-no

4. Does he talk irrelevantly or lack of coherence in his speech ? yes-no
5. Does the child hold odd or distorted beliefs ? If yes : yes-no
6. Are these odd or distorted beliefs are unusual for his age, background and ability ? yes-no
7. Does he think that people are saying things about him behind his back ? yes-no
8. Does he feel that some one is following him all the times ? yes-no
9. Does he report of some power or force other than himself that control him, but these ideas are not shared by family members ? yes-no
10. Whether these above symptoms have developed after the age of six years ? yes-no

DEVELOPMENT OF READINESS SKILLS IN READING

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A. Introduction

The purpose of education at pre-school stage is to develop readiness for learning in the later stages of education. In spite of many unsettled questions concerning readiness for learning in any area, the following points can be kept in mind while providing education at pre-primary and primary stages of education.

1. Readiness for an activity implies that the child is sufficiently mature so that he can learn an activity successfully under favourable environmental conditions.
2. In the acquisition of many types of skills readiness is not only required at initial learning but also learning at later stages. For example readiness for reading not only involves at the beginning stage of reading instruction but also at later stages such as dictionary skills.
3. While teaching readiness skills developmental sequence has to be followed.
4. Assessment of readiness skills among the pupils is essential as all the children are not ready for acquiring a new skill at the same time.
5. The methods and materials should be suitable to each child.

The above points apply to all the areas of learning including reading skills. Each type of readiness involves a set of skills. Acquisition of all these pre-requisite skills is essential for learning the related higher order learning, say, reading, writing, arithmetic, etc. So there is a need to understand the set of prerequisite skills related to a particular area of learning and the factors influencing the attainment of those readiness skills.

B. Factors Related to Readiness for Reading

Many educators consider the following factors while determining reading readiness:

(a) Mental factors - Mental age
(b) Physical factors - Sensory functioning
(c) Social and emotional factors - Development of emotional maturity and social skills to participate in large groups (classroom instruction).
(d) Educational factors - They are nothing but the group of factors affecting readiness for beginning reading. The important ones are:
    (i) Interest in reading
    (ii) Richness of experience background
    (iii) Auditory discrimination
    (iv) Visual discrimination
    (v) Language ability
    (vi) Skill in interpreting pictures

(vii) Skill in using ideas

(viii) Knowledge of how to handle books

C. Determining Readiness for Reading

The above factors have to be assessed through formal or informal methods - standardised tools, observation in the actual situation, teacher made tests, interviewing the parents, etc.

D. Developing Readiness for Reading

Although maturation determines readiness for reading, training also contributes its bit. In fact this is one of the important reasons which support the need for pre-school education for all children and particularly those from culturally deprived families. Some of the strategies for developing reading readiness among pre-school children are given below.

(a) Developing Emotional and Social Readiness

The child who is overly aggressive, shy or self conscious will not be ready to learn to read. So developing these readiness is very essential. For this purpose there is a need to provide a school atmosphere which reflects the following features: (1) respect for each individual in the group, (2) a feeling by each child that he is liked by the teacher at all times, even when he is not "good". (3) a feeling on the part of each child that he is accepted by the group as a whole and liked very well by some individuals in the group. (4) a spirit of co-operation.

Some of the activities which develop social and emotional maturity through worth while experiences are taking field trips, listening to stories, participating in "sharing time", engaging in dramatic play, playing games, seeing pictures.

(b) Developing Auditory Discrimination

Many children in the beginning of first grade may not require help in auditory discrimination. Others may require help in terms of supplementary practice exercises. The major emphasis should be on the type of discrimination which are essential for learning reading. The activities included during pre-school should be able to develop the following skills relating to auditory discrimination in children:

(1) Discriminating between various common sounds in the environment.

(2) Locating direction easily with the help of a sound.

(3) Identifying a familiar object from the sound easily.

(4) Seriating sound from loud to soft.

(5) Identifying the beginning sound of a word and making another word with the same sound.

(6) Providing a word to rhyme with a given word even if the word has no meaning.

(7) Identifying familiar animals, birds and objects from their sounds.

(8) Identifying people from their voices.

(9) Identifying both the beginning and end sounds of a word and make other words with these sounds.

(10) Providing a meaningful word to rhyme with a given word.

(c) Developing Visual Discrimination

The activities which develop the following component skills of visual discrimination have to be included in the curriculum.

(1) Identifying a picture/design/object which is different from a set of identical pictures/objects.
(2) Identifying differences between two similar pictures.
(3) Finding out a particular shape in a given picture.
(4) Identifying an alphabet different from several identical alphabets.
(5) Identifying a word which is different from a series of similar words.
(6) Recognising the written form of their own names.
(7) Checking a series of pictures to show which is the largest (or smallest).
(8) Telling what is wrong in a series of pictures that have been duplicated, some of which have an incongruity. For example both shoes that a child is wearing may be made for the right foot.
(9) Solving picture puzzles.
(10) Completing one of each of a pair of pictures duplicated on paper so that it looks like the other. For example there may be a picture of two balls one with stripes and other without stripes on it.
(11) Matching the cut-off part of each of a series of pictures with the part of the picture of which it originally formed a part. For example, matching tail of animals with their bodies without tail.
(12) Identifying the word or letter which is different from others in a series.
(13) Looking for words on a chart that begin in the same way as a given word.

(d) Auditory-Visual Association

The purpose of educational programmes in this area are to enable the students to acquire the following skills:

(1) Classifying objects/pictures of objects beginning with a given sound.
(2) Matching objects/pictures with given words (orally).
(3) Matching sounds with alphabets.
(4) Matching a picture with the beginning alphabet.
(5) Matching pictures with words

(Note Sl. No. 3-5 for children of 5 to 6 years old)

(e) Directionality

The objective is to enable the students to get habituated to working out any activity involving left to right direction or right to left direction, top to bottom and bottom to top. For this purpose activities of the following kinds can be given.

- Picture book handling; encouraging the children to flip through the pages in the right direction.
- Arranging picture cards, dominoes, etc. in the required direction.
- Worksheets (for pasting pictures, drawing, painting, etc.) can be given for this purpose.

(f) Developing Other Abilities Important for Reading

Other abilities which need to be developed are (1) to remember, (2) to follow directions, (3) to handle books with skill,(4) to interpret pictures, (5) extend the experimental background.

Since reading is a process involving thinking, the richer the experiences, regardless of whether they are definitely related to reading, the more likely the child will be able to approach reading with intelligent anticipation of the content. The experience is one of the most widely used means of developing readiness for beginning reading. The two most common types of reading charts are: (1) those that give a record of an experience that a group has had or (2) those that indicate plans that have been drawn up for a proposed activity.

The experience chart will be useful in achieving most of the objects of the reading-readiness period. The important merits of it are:

(1) It can help in extending the pupil's experience back-ground as the class discusses experiences.
(2) Provide experience in democratic living which in turn contributes to social and emotional development.
(3) Help in developing interest in reading.
(4) Provide orientation to different directional sequences (horizontal and vertical) of reading, especially if the teacher draws attention to it.
(5) Stimulate the development of sentence sense as the teacher uses the term sentence when he makes comments or asks questions.
(6) Serve as a means for the child to learn a limited number of words as sight words.

While making an experience chart, the children should be aware of the purpose of it. It has to be explained to the students clearly. The important purposes are enabling the students to:

(1) remember important and interesting things they learnt during learning experience.
(2) make a series of charts.
(3) make a booklet, after they are able to "read" an experience chart.

Proper planning for preparation of experience charts have to be made well in advance. Students have to be guided and supervised. Suitable words have to be chosen for the chart. They can become part of sight vocabulary. The experience chart can also be used for stimulating critical thinking among students.