

THAILAND

Developing Educational Models Suitable for the Special Needs of the Students with Visual Impairment

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The students with educational special needs are divided into 9 categories by the Ministry of Education of Thailand, one of which is those with visual impairment. (The Office of Basic Education Commission, 2005) According to the 1997 Constitution of the Kingdom of Thailand and the 1999 National Education Act, with the 2nd amendment in 2002, these students have the right to fundamental education for at least 12 years like other children without paying any expenses. The government has to provide early education for these students from birth or as soon as their educational special needs are found, with facilities, media, services and other educational assistances. During the past decade, attempts in searching, screening, improving and transferring have facilitated their accession to the services; some services have not been consistent with their needs since their needs are vastly different; context of their families and communities vary; socio - economic condition and problems are complicated, and the weakness of some serving units. The aim of education of present Thailand is to develop the capacities of Thai students and youths to be learning people with required characteristics in order to be able to solve their problems with consciousness and to live well in globalized society. There are 2 government schools for the persons with visual impairment, one in the North and the other in the South. The northern school for the blind under the patronage of the Queen is in Chiang Mai. It is responsible for 16 provinces to educate the students from kindergarten to grade 12 ---some are boarded, but there are also some students from other provinces, making the total number of provinces twenty -two. Formerly, the school admitted primary students and provided them with the core curriculum for the blind such as Braille reading and writing, orientation and mobility. The students with academic readiness would be sent to study in mainstreaming schools. The others who are older would attend a vocational training or informal education.

When the school was assigned to educate the students for at least 12 years, and admit the students with additional disabilities, it has been developing in order to meet the educational standards and the students' needs. The quality of the students' lives is considered to be one of the important aim of education. To make each student achieve the rights and opportunities to develop his/ her high capacities, and the profile of his/her success was identified as follow :

Every student is ready and has alternative ways to develop his capacities at his best

The framework to be used in development of the model to respond the students special needs as mentioned was experimented during 2002-2004 in 3 phases, and fully conducted in 2005, as follows :

Phase I : Problems , Needs of the students and school were analyzed

32 % of the students had low vision, 68 % were blind. 29.1 % of the visual impaired students had additional disabilities, i.e. intellectual disabilities 3.4 % , learning disabilities 18.4, autism 2.4, physical handicapped 2.9, hard hearing 1.0, and behavioral and emotional problems 1.0. Most of them came from poor, agricultural families, 22.8 % of which were tribal groups. Some students first came to school when they were old without any schooling experiences. Some were severely handicapped and the school could not afford the guardians

For school problems, the personnel had limitation in educating the visual-impaired students with additional disabilities; some students failed repeatedly for years; the facilities, equipments and services were not consistent to the students' needs and learning resources were not sufficient. There were no remedial programs or transferring programs. There were only individualized educational plan without parents' participation. There were a little integrated instruction into real life usage.

Phase II Experiment of improving education for the students

The students are divided into 4 groups for improvement as follows:

Group I consisted of the students who came to the kindergarten at the proper age. They were treated with IEP which included the meetings among teachers, parents and specialists from the hospital. The school developed the teachers in integrated instruction, activities arranging to enhance the students' development, and cooperated with healthcare units and provincial social development unit providing parent workshop for taking care of the children. These activities were also adopted to be used in teaching units and learning resources in communities.

Group II consisted of those who had been in school and came to study at the primary level, but without knowing how to read and write Braille, and those who had low vision had not been trained to use some facilities. These students were screened so that those with low vision would be trained to use their sights and to use facilitating equipments. Those who were blind would be taught to read and write Braille for 2 hours a day, along with regular studies.

Group III consisted of those who finished primary education and did not continue their studies because of too old ages and those who had never been schooled and come at an old age, i.e. – above 14 years. These student were divided into two sub-groups: 1) those who passed schooling were educated with the high-school level of informal curriculum and were trained with several vocational courses such as raising pigs, poultry; weaving cloth; wicker works; planting; making fertilizer, massaging and learning how to use computers. 2) Those without any fundamental education were trained with integrated programs for living and pre-vocation which included several alternatives. Most of the students from this group were sent to workplace to gain working experiences during summer.

Group IV consisted of those with visual impairment and other disabilities. They were further divided into two sub-groups 1) The boarded students were arranged into two age-groups-- 10 – 16 years and 17 – 21 years, to be trained parallelly with integrated programs for self-help skills, social skills, grouped and individual working skills; 2) Those who are not boarded are visited by the teachers

and specialists and three parents were invited to attend the Home Program to make the Individualized Family Service Plan at school for 2 weeks. This program was held 2 times a semester, and the parents were trained with the IFSP, and they were visited once a month.

Phase III Evaluation of the Experiment and development of the instructional model focus on child-centered process

Model I Pre-school → Therapeutic program, integrated program based on the core curriculum and Pre-Braille & Orientation and Mobility.

Primary-Secondary → Additional program for reading and writing Braille, Orientations & Mobility; Promotion of special abilities and manipulating technologies in elementary education

Model II Primary – Secondary level → additional program for reading and writing Braille; Orientation & Mobility.

Manipulating technologies for learning in non-formal education at primary & secondary levels, plus vocational training program

Model III Primary level → School program which consists of integrating skills in living, working and Orientations & Mobility, along with occupational therapy for grown children.

Home program consists of IFSP and boarding the students and parents for one week per month, and sending teachers and occupational therapist at home once a week.

Phase IV Implementation of the Educational Model

Implementing the model in the real situation, the administrative structure and defining jobs were included adjusting to cover every model; holding workshops to envision the personnel, and systemizing the transferring within and between the models included other organizations like hospitals, work places and schools ; conducting the meeting within and among the groups once a month to present the results and problems. Since the budget, facilities and materials were necessary, the school had cooperated with other organizations, GO's and NGO's in several activities to come some additional income such as conducting the bowling game, Buddha images contest, and funding from several government and private organizations both in the country and from foreign countries. The strategies were integrated in implementing: participation, personnel development, recruiting sources from communities, supervision and evaluation.

The Outcomes of implementing the Educational Models for visual impaired students.

1. The students who received the services in each model had apparent progress in learning to adjust themselves living with others, to accept regulations, to be responsible, to take care of themselves. Some whose special abilities had been encouraged became more confident and were able to lead the groups of special talents in music, sports, computer skills and occupations, which enabled them participate in various social activities and earn some income. Having opportunities to show their

capacities made the people realize and have better attitudes which lead to supports in school projects such as student capacity promotion, making media and developing learning sources, student study-tours, material provision and increase of student scholarship. It was also found that the results of national tests of levels 3 and 6 were satisfying.

2. The students without fundamental skills in reading and writing Braille were continuously developed through 1 : 1 teaching in specific problem solving classes and small groups teaching classes. This helped them attend the ordinary classes sooner and would possibly be successful in studying

3. The student had several choices of the models which were suitable for them, with supports from the parents and the alumni association in conducting activities to develop them continuously, such as finding places for them to practice during summer, finding and being instructors in vocational workshops, etc.

4. The teachers also learned from learning activities, media and material development for the students who were responsible and realized the importance of working with parents as partners. There were exchanges and communication during the development.

5. The teachers were more skillful in integrated teaching units which were more related with the community in each level. The integration was more interdisciplinary. The students practiced by themselves and used various community sources. An integration day was held for the students in the same level to share their learning and to know more friends, which lead to acceptance of differences.

6. There were several environmental adjustments, such as classrooms, therapeutic rooms, technology and computer rooms, library, music rooms, making and mending media room, and AV rooms. Also provided were materials for lending and for service according to the students needs.

7. The school had a variety of student developing programs, covering special skills of learning, vocational training, capacity-developing activities, of which the methodologies were constantly developed, making it a community source of learning, where several institutes and organizations come to observe, study and practice.