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## **Children At Risk of Special Education Program (CARSEP): Basis for Learning Resource Utilization and Proper Placement for Children with Special Needs**

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### **Abstract**

Children at Risk of Special Education Programs are children with special needs. This poses a threat to the general public education system because of the children's condition. Additionally, regular classroom teachers find it difficult to assess and determine who falls into this category. This can affect academic performance and influence the behaviour of other pupils in schools. Thus, it is important that we provide proper placement and accommodation suited for them. The objective of this action research is to identify and accommodate children at risk of special education programs in a general public-school setting, particularly at Guanzon-

Balgos Elementary School. The data used in this investigation were their average grade, anecdotal records and intake sheets, data from the survey and checklist, parents' observations, and the developmental pediatrician's diagnostic results. Regular Classroom Teachers were provided with the idea of identifying children with special needs. Children at Risk of Special Education Programs or Identified Children with Special Needs will be catered to in this place, which will be conducted through a school-based Individual Education Plan (IEP) and proper placement of the child through a Resource Area.

**Keywords:** Children at Risk of Special Education Program, Risk Factors, Children with Special Needs, IEP (Individual Educational Plan), Resource Room/Corner

### **Introduction**

Children at Risk of Special Education Program is evident in a regular public school set up. We need to do something to give them the chance for a better learning. Most of these children cannot cope with the lessons of an average pupil. This study help them have their proper placement inside the classroom or school.

Steps were introduced in identifying children at risk of special education program. Regular Classroom Teachers were given the materials needed in identifying them.

Result of the study showed that only 15 from different grade level were considered as children at risk of special education program and in the school year 2016-2017 only 2 out of 8 were diagnosed or only 25% and the same thing happen in 2017-2018, 2 out of 14 or only 14% were diagnosed. They were the actual respondents of the study. It generally showed that the academic performance of children at risk was poor with a mean average of 76.33; when grouped according to age their performance was also poor with a mean average of 76.5 for age of 7 and 75.33 for 8 years old; 75 for 9 years old as well as age 11 and 13; when their parents were classified according to their educational attainment, a mean average of 75 belong to children whose parents were elementary graduate, while a mean average of 75.4 belonged to parents who were high school graduate and above. When reading ability of the respondents were ascertained, it was found out that they all fell into the frustration category and only one fell to independent.

Thus, it is an urgency to put up a Resource Area to cater the needs of these children with special needs.

### **Materials and Methods**

In view of this problem, descriptive research is applied because the purpose of this problem is to determine the status of children with special needs and the level of their performance. It provides an accurate portrayal of children's present condition and situation to describe the characteristics of the steps in identifying and assessing children with special needs.

Qualitative and quantitative methods were used in this study. The qualitative method used anecdotal records, checklists, surveys, focus group discussions, and doctor diagnoses. It is advantageous to note that we had a smaller number of children, where we could vividly identify children at risk of special education per grade level.

At first, it is the aim of the researcher that all children with special needs will have their diagnosis, but because of the limited time and availability of developmental pediatricians in the area, that seemed impossible to attain. The quantitative method relies on the provision of data from the school. An in-depth study of the given data would make this study more meaningful and relevant.

Quantitative research is the most appropriate for further studies. It will be the baseline of the probability of establishing a SPED class in every district/cluster and later, having a SPED learning center in a division.

**1. Participants**

The participants of this study were pupils together with their parents or guardians from Kindergarten to Grade 6 at the Guanzon-Balagos Elementary School at Purok Sta. Rita, Barangay Dulao, Bago City who were identified as being at risk of special education. The school head, consultation team, adviser, subject teachers, PTA Officers, have contributed to the success of the study.

The data below provide a closer look at the enrolment of the school for three consecutive years and the growing number of children with special needs.

**Table 1:** Guanzon-Balagos Elementary School Enrolment

Grade Level	S.Y. 2015-2016			S. Y. 2016-2017			S.Y. 2017-2018		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Kinder	12	9	21	5	9	14	14	11	25
1	20	8	28	13	9	22	6	11	17
2	17	8	25	13	10	23	12	8	20
3	16	5	21	13	9	22	15	9	24
4	17	10	27	17	7	24	14	6	20
5	16	6	22	16	9	25	17	8	25
6	6	16	22	15	8	23	15	13	28
Total	104	62	166	92	79	171	93	65	159

Since we are the smallest school in the Division of Bago City, the data above indicate that we had very few pupils. Children at risk of special education were included in the regular public school setup. They were all undiagnosed. If this continues, this will affect their academic performance and the entire school since their behavior is different from the rest of the class. They were the same pupils who were at

risk of dropping out. The goal of the Department of Education is to have zero dropouts. It will take an extra mile to "spot" the different needs of every child in a classroom and complete the process of helping a child.

Let us compare the population of children at risk of special education to the original number of children in the school.

**Table 2:** School Year 2016-2017

Grade Level	Number of CARSEP Per Grade Level	Name of the Child	Is the child undergone Diagnosis? (Yes/No)	Original Total Number of Pupils Per Grade Level	Adjusted Number of Pupils Per Grade Level
Kinder	None			14	14
1	None			22	22
2	1	Pupil G	NO	23	22
3	3	Pupil D	NO	22	19
		Pupil J	NO		
		Pupil K	NO		
4	1	Pupil C	NO	24	23
5	4	Pupil O	NO	25	21
		Pupil P	NO		
		Pupil B	YES		
		Pupil A	YES		
6	NONE			23	23
Total	8			171	163

**Table 3:** School Year 2017-2018

Grade Level	Number of CARSEP Per Grade Level	Name of the Child	Is the child undergone Diagnosis? (Yes/No)	Original Total Number of Pupils Per Grade Level	Adjusted Number of Pupils Per Grade Level
Kinder	1	Pupil Q	No	25	24
1	None			17	17
2	2	Pupil E	No	20	18
		Pupil F	No		
3	3	Pupil G	No	24	21
		Pupil H	No		
		Pupil I	No		
		Pupil D	Yes		
4	5	Pupil J	No	20	15
		Pupil K	No		
		Pupil L	No		
		Pupil C	Yes		
5	2	Pupil M	No	25	23
		Pupil N	No		

6	3	Pupil O	No	28	27
		Pupil P	No		
		Pupil B	No		
Total	15			159	146

In the school year 2016-2017 only 2/8 (25%) and in the school year 2017-2018 2/14 (14%) were diagnosed by a developmental pediatrician. We found it difficult to have a consultation schedule with the doctor; it took 6 months to have a final appointment with him. The greatest hurdle was time. The financial instability of the parents hindered them from pursuing their child to have a proper diagnosis and get a special education suited for their child. Removing these children from their classes would greatly affect their education; a resource area or room will play a vital role in solving this school problem together with the collaborative efforts of school personnel.

**2. Data Gathering Methods**

Personal interviews, observations, surveys, and checklists were used to gather the necessary information about the respondents.

Personal Interviews were conducted to collect relevant information from the parents of the child. This is the primary step in assessing children at risk of special education.

Observations reflected on the anecdotal record and intake sheets were used to evaluate and assess the learner’s behavior. This means that the disorder strongly focuses on learners’ behavior. For further studies, we can use a standardized behavioral tool that helps assess such behavior more accurately.

The survey gathered all relevant information on children, especially in a regular public-school setup.

The checklist helps in the identification and scrutinizing of the individual disorder or disability the child possesses.

In future studies, standardized tools will be more appropriate.

In this study, identified and diagnosed children with special needs should be referred to special education class. If not, the teacher can make any intervention such as resource area inside his/her classroom or for a bigger school a resource room where we bring children with special needs and provide them the necessary activities suited for them.



**Fig 1:** The process how to identify children with special needs inside the classroom

Fig 1 shows the process how to identify children with special needs inside the classroom.

There are 6 steps in identifying children with special needs;

1. **Identifying:** This stage means the teacher will identify children with special needs through careful observation inside the classroom. Spot the “differentness” of the child among the group. The teacher must also know the family background of the child. This includes the educational attainment of the parents and their occupation, the nutritional status of the child, if she/he included in the SBFP of the school, and the academic performance of the child. Anecdotal record is completed to determine the behavior of the child inside

the classroom or room. Not all negative actions are recorded in the said form; it may also contain the positive things that the child do, it will motivate him/her to do the right things. A checklist is provided to know the specifications of the child. And to determine the academic performance of the learner, we refer to his/her recent report card. It will lead us to understand his present performance in school.

2. **Establishing:** Establish a parent-teacher conference wherein the teacher will discuss their concerns and the necessary strategies they plan to implement and both should arrive and agree to the final action plan. This action plan must be implemented. If the parent is not available, home visitation is made possible. In this stage, the researcher goes beyond the school premises, she find time to visit suspected children with special needs at home and do some survey for a deeper understandings of the child. She also uses open-ended questions through interview to the parents and provides materials to be able for them to write everything in their journal. This step is quite time and effort spending but it is expedient if the researcher wants a holistic background and understanding her respondent.
3. **Scrutinizing:** If more intervention is needed, the learner would be referred to a consultation team and since we are a small school, our team is composed of the school head, PTA president, school clinic coordinator, the adviser, other subject teachers and the parents of the child. The teacher must inform the parents in advance before doing the referral. The adviser/school counselor coordinates and facilitates the consultation plan. It is the responsibility of the adviser/regular class teacher to sign up on the calendar and schedule time to attend the initial consultation meeting. The adviser/regular class teacher must bring the referral form to be filled out by the parent/s. This consultation meeting is initially made to discuss the necessary intervention/modification plan to meet the needs of the learner. This must be properly documented.
4. **Recommending:** In this stage, since we are all regular teachers in our school, we cannot make an IEP nor an appropriate and accurate innovations and strategies in helping the child. Again, the consultation team will talk to the parent of the child and encourages and advises them to seek a professional help in the person of a developmental pediatrician. The school and the teachers may help the learner and her family financially but in voluntary manner.
5. **Diagnosis:** The final stage is the diagnosis, in this stage, the teacher will accompanied the parent/s and child to a developmental pediatrician but not necessary and as much as possible document everything. Doctor’s diagnosis determines the holistic state or condition of the child. This will be the basis of the teacher/s on what to do and how to help the child with special needs in school and to the parent/s, it is indeed very important to know doctor’s point of view because this will be their anchor in dealing and helping their child at home. Pediatrician’s suggestions play a vital role on guiding

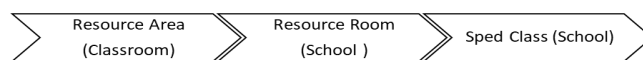
the child for his/her development because if we are receptive to his words, we will gain enough knowledge in leading the child to do the right way and child's progress is inevitable.

- Utilizing: Resource Area-Resource Room –Sped Class  
 Resource Area – in this stage after the diagnosis, the teachers will collaborate with the doctor. They will take immediate actions to help the child while waiting for the right time to be admitted in a SPED Program if necessary. The child must not stop schooling and wait for the next school opening. The child should come to school regularly but this time, he shall be catered at the Resource Area. This area will be his classroom for a while. This will help the child for better accommodation and will do certain tasks at his/her own phase. The researcher does a school-based IEP only, to accommodate the child's urgent needs. She cannot play two-man role that is why, this IEP is not as official as in the SPED Program since the teacher is doing the two things at the same time. She is teaching the grade 5 pupils at the same time assisting children with special needs at the Resource Area.

Since not all children with special needs are diagnosed, it is indeed a need to have a Resource Area in every public classroom. A Resource Area is an area where we can place children with special needs while the class is still going on. It is a big no, no to send out of the classroom a child or children all because he/she/ they are naughty or even they disturb the class. I deeply understand that public classroom nowadays is fully congested due to the number of pupils within a section and a numerous "corner" required by the DepEd such as DRRM, SBM Wins, Health/Personality, Child Protection Policy, Anti-Bullying and Reading Corner. But just in case, we can still put up a "Resource Area/Corner" may we include it in our classroom because it is very beneficial on our part, we can give an activity to a child with special needs suited to his/her level and capacity. But if the school is capable of having a Resource Room so much better. A resource room is a separate, remedial classroom in a school where students with educational disabilities, such as specific learning disabilities, are given direct, specialized instruction and academic remediation and assistance with homework and related assignments as individuals or in groups. Resource rooms are learning spaces where a special education teacher instructs and assists students identified with a disability. It is a plus factor if the place is full of educational toys, bricks, puzzles, clay,

drawing books, coloring book, manipulative things and many other where the child is given opportunity to explore and show her/his hidden potentials. Special education instructors in a resource room focus on particular goals as mandated by an IEP and remedial general education curriculum. Some programs emphasize the development of executive skills, including homework completion and behavior. At least one study has found that resource rooms focusing on homework completion are an effective delivery model to remedial instruction and build academic skills. Depending on individual needs, students usually attend resource rooms three to five times per week for about forty-five minutes per day.

The facilities of the said room will be catered by the teacher's innovative to tapped stakeholders for some donations or get some fund in IGP of the school. This thing will not limit here, there are some stakeholders or group of people who are capable of donating one room or even a school building coming from the national budget intended for Sped Class. Now, when this happened, Special Education Program comes in. The class will have their Sped Teacher and will have their class based on their disability. In short, they have their "little school" within a school.



**Fig 3:** Illustrates the relationship of establishing from a Resource Area to a Sped Class

Actually, space or room is not the real problem; the real problem is the teachers who will teach children with special needs. It is very evident nowadays that there are regular public schools in our country that there is no Sped Teacher in a group, not even one. So, can we help these kind of children if we don't have any person who can understand them. Honestly, there are teachers who are biased with these kinds of children. They are also some who discriminate them. But there are some who are kind-hearted enough that even they don't have any background or knowledge about the child's condition, they are willing to cater them and help them. For some reasons, we need to educate teachers about special education. We need to include them in some of our In-service training for teachers for them to understand these children to know how to deal and guide them properly especially if they have them in their class.

**Results and Discussion**

**Table 4:** The Academic Performance of the Respondents

CARSEP (Children At Risk of Special Education Program)	General Average at the present	Chronological Age	Nutritional Status	4P's Receipts YES/NO	Reading Ability PHIL-IRI Results	Parents' Educational Attainment	Extra-Curricular Activities
Pupil E	77.00	7 y.o.	wasted	NO	Frustration	High School Level	<b>BSP</b>
Pupil F	76.00	7 y.o.	normal	NO	Frustration	High School Level	<b>none</b>
Pupil G	76.00	8 y.o.	wasted	NO	Frustration	High School Level	<b>none</b>
Pupil H	75.00	8 y.o.	normal	YES	Frustration	High School Level	<b>none</b>
Pupil I	75.00	8 y.o.	wasted	NO	Frustration	High School Level	<b>none</b>
Pupil D	75.00	9 y.o.	wasted	NO	Frustration	High School Level	<b>none</b>
Pupil J					Stopped		
Pupil K	75.00	9 y.o.	wasted	NO	Frustration	High School Level	<b>none</b>
Pupil L	75.00	9 y.o.	wasted	NO	Frustration	Elementary Level	<b>none</b>
Pupil C					Stopped		
Pupil M	75.00	11 y.o.	wasted	NO	Frustration	College level	<b>BSP</b>
Pupil N	75.00	11 y.o.	normal	YES	Frustration	High School level	Division Athletic Meet
Pupil O					Stopped		
Pupil P	75.00	13 y.o.	normal	NO	Frustration	High School level	<b>none</b>

The Table shows that the academic performance of children at risk is generally poor with a mean average grade of 75.4; when grouped according to age; 75, 6 were the average grade of children of seven years old; 75, 33 for eight years old; 75 for nine, eleven, and thirteen years old; their nutritional status also revealed that only four of them were normal.

Based on the given data, children at risk of special education programs were those who fell into a Frustration level in their reading ability, and these children had a high chance of dropping out in the middle of the school year. This is inevitable because schools cannot cater to their needs.

Based on developmental pediatricians' diagnostic results and children's anecdotal records, it was found that the respondents seemed to find difficulties in their studies because they were slow learners. Two were found to be bullies: they were caught bullying their classmates, especially their opposite sex. Some were arrogant, thieves, and temperamental, but it is interesting to note that despite being poor in their studies, they generally love to work. Despite their intellectual deficiencies, they can become proficient workers if their skills are well identified and honed by teachers and other authorities.

### **Best Practices of Helping Children with Special Needs inside the Classroom**

These practices have been proven effective. We cannot guarantee that this is the perfect way to help children with special needs in a classroom; however, it works in this school. This encourages active participation and enjoyable learning.

#### **For the Teachers**

In school, we put the word CALM into action. This four-letter word was inculcated in the minds and hearts of all teachers. We remained CALM when things get tough; we stay CALM when pupils show their tantrums, and we cannot stop them; we are CALM with things we cannot change but can improve or minimize when the worst possible happens.

#### **Considering One's Own Limitations and the Child's Interests:**

Dealing with children with special needs is a collaborative effort. Exchanging of ideas among teachers were done on to guide the class. Solicited ideas and shared thoughts can be easily implemented and with that goals can be met.

The child's interests play a vital role, especially when placing him/her in a Resource Room. This is a big help because it will make the work lighter. When a child is happy with what he/she is doing, he/she will stay longer in that place.

#### **Acknowledging and Accepting a Child's Present Condition Will Greatly Help the Situation:**

The child's condition will not improve at a snap of a finger. It requires a great deal of effort, patience, and time. Children's participation depends on the manner in which they are dealt with. Therefore, they should be treated with love, respect and grace.

#### **Loving Children with Special Needs Requires an Extra Mile of Patience and Strength:**

Patience is needed because there will be times when they hurt us unintentionally, and strength when they have a meltdown. We need it to stop

them. Teaching and loving are two different things. Teaching is just doing your obligation and duties, but loving them is understanding their strengths and weaknesses, and extending sacrifices in time, effort, and even money.

**Meditate First Before Doing Anything Else:** Most teachers found it difficult to deal with children with special needs. For them, it is a strenuous thing; they easily get tired and burned out when teaching these kinds of pupils. They lose patience and easily get mad because they cannot understand their instructions and make mistakes. They had to ponder many times before imposing discipline or punishment on these children. This is not to say that teachers should be passive in dealing with them but should be cautious. They need to control their temper and focus on giving them positive reinforcement or praise to ignite their enthusiasm and encourage active participation on their part.

#### **For the Pupils (4E's)**

**1. Exit Only:** When a child disturbs a class, he/she should be escorted to the Resource Area. In this place, the child is given special activities to do, or some things to manipulate or play with. It is a sad thing. However, it is a reality that a child is left behind because of the limited number of teachers.

**2. Energy Booster:** This activity is suitable for children with hyperactive behavior. They can be allowed to run along the ground of the school, jog in place, or perform exercises that could burn their extra energy. This activity should be performed under the supervision of the teacher.

**3. Encourage Pa More:** Children with special needs are encouraged to be involved in school activities. In this study, learners at Guanzon-Balagos Elementary School, who were identified as having special needs, participated in school activities. Pupil A joined the children's choir during the nutrition celebration, Pupil B joined the poster-making contest last National Reading Month, and Pupils C and D joined the marathon during our family day celebration. Their involvement in these activities boosts their morale and self-esteem.

**4. Execute Well:** This activity means that whenever a child with special needs is given an activity, they need to do their best to accomplish the task. For example, Pupil A was given a picture to color. If he/she could not achieve this according to the instructions, he/she must be asked to repeat the task.

Teaching Strategies in Guiding Children at Risk of Special Education Program.

Collaborative efforts and the exchange of good ideas are the two main factors leading to the use of a meaningful strategy. In terms of teaching strategies, there are many strategies that can be applied to help children with special needs, which may depend on the school environment, school conditions, child situation, specific special needs, and other considerations, regardless of the reason. This study suggests that only a few of these strategies are beneficial in a regular public school setting.

#### **1. Curriculum-Based Strategies**

Through the LRMS Portal, regular public school teachers must have access to IEP, books on Special Education Programs, daily updates of SPED, and even training or

seminars. This strategy calls for aid from the Department of Education. Without their intervention, this would be impossible to achieve. Regular public school setups are mixed with children with special needs. This study could serve as an anchor for teachers' knowledge, understanding, and awareness when dealing with pupils with special needs.

## 2. Differentiated Instruction

Differentiated Instruction comes with activities or extra tasks to do. This was done with one of the students in this school. Pupil B was diagnosed with ADHD, but the doctor did not refer him to the SPED program. Activities provided had to be tailored to fit the child's individual needs. Children have different learning styles, particularly those with special needs. They need extra help and guidance to cope.

## 3. Classroom-Based IEP

In a regular public school setup, teachers have lots of workloads and tons of paperwork. Special educators in public schools cannot function as expected and creating an IEP is not an easy task. It requires a lot of time to scrutinize behavior in all areas of a child's life. This could also be done by regular teachers if they are no longer burdened by other administrative tasks.

This will help to monitor and evaluate the progress of children, especially those with learning difficulties. IEP is usually performed while waiting for the child's diagnosis and after the diagnosis is made, and also while waiting for the child's admission to the SPED Program/center. This can help eliminate absenteeism and dropouts among children with special needs. They can continue their schooling while waiting for recommendations for special education programs.

## 4. Shadow/Assistant Teacher or Peer/Pair Teaching

This strategy is usually common in any regular public school setup. One section is composed of at least 40-45 pupils so, it is necessary for teachers to help each other. "Two heads are better than one." This is true when dealing with many children with special needs in one section. It is overwhelming.

Educators can share teaching loads and lighten jobs. They perform best when they are not exhausted.

## 5. Remediation Activity

Remediation is always associated only with reading but it refers to all activities that the child missed out on and needed to be repeated or continued doing. This must be done in order to develop specific skills. Teachers often fail in this regard because they tend to generalize and assume that they already get what they are teaching. Simple remediation can light a spark in a child's mind and ignite it in the latter part of their life.

## 6. Awareness Advocacy

Awareness leads to a deep desire for something. Parents at Guanzon-Balagos Elementary School became aware of special education and their children's condition. Schoolmates and classmates of children with special needs were able to understand their situation and try to help and care for them. The school, teachers, and community are mindful of the betterment and welfare of children at risk of special education.

## 7. PLAY

It Pleases me; I Love doing it, I Accept challenges, and at Your side, always.

Pleases me – means it captures his/her attention

Loves doing it – means there is passion and interest in what they do

Accept challenges – means no matter what kind of difficulties they will encounter, they pursue it

Your side always – means there is interaction; an interaction within himself/herself or his/her fellow playmates

As children, play in whatever form plays a vital role in their growth, especially in children with special needs. In this way, they could fully express themselves and let their minds work. The researcher does not refer to Play Therapy but to a simple play. Through careful observation, we can determine their hidden characteristics and potential.

### Individual Analysis of the Children

In this stage of our study, we vividly described the case of a child from the moment he entered the classroom at the opening of the class until he was diagnosed by a developmental pediatrician.

At school, we already had four boys diagnosed with different cases. Here is the case of Pupil A.

Diagnosis: Intellectual Disability (Pupils A, C, and D): below-average intelligence or mental ability and a lack of skills necessary for day-to-day living.

Characteristics of the child:

- Rolling over, sitting up, crawling, or walking late
- Speech problems.
- Slow in mastering basic necessities like potty training, dressing, and feeding himself/herself.
- Memory retention disorder.
- Inability to connect actions with consequences.
- Behavior problems such as explosive tantrums.
- Difficulty with problem-solving or logical thinking.

Accommodations:

- Educate oneself about Intellectual Disability.
- Encourage a child's independence.
- Involve the child in a group activity and stay involved.
- Get to know others who are working with ID children.
- Scheduling: giving extra time to complete tasks.

Setting: Let pupil work with small groups or partner.

Instruction: breaking up a lesson, working with a tutor.

Student Response: allowing the student to respond orally.

### Summary of the child's case: Pupil A

Pupil A is truant, aggressive, impulsive, defiant, and restless in class. He had difficulty coping with the grade level to which he belonged. He was always being bullied by his peers. According to his parents, when he was in kindergarten, he seemed normal and well-mannered. However, his attitude changed when he entered grade one. One time, the "bihon" was spilled on the floor and his classmate swept it but he acted like a dog and took it with his mouth and ate it. He proudly said to his classmates "I will eat this food like a dog." This situation alarmed his parents, but they did not know what to do at that time. In his 2nd grade, he always experienced seizures; thus, he was forced to stop schooling for a year. His parents were not so well-educated that, instead of bringing him to a doctor, they

brought him to a quack doctor. His seizures worsened, and only a few attacks occurred when he reached grade four. He spoke like a child. He wanted to hurt anybody, because he was always teased in class. He could not read but loved to play. He loved being with younger children rather than his classmates. When somebody bullied him, he would be aggressive and would pick a big stone and try to hit that child or even a group of children.

After months of observing the child, we called the parents' attention and arranged meetings with them. We agreed to seek help from a professional, specifically, a developmental pediatrician.

The doctor diagnosed the patient with mild to moderate Intellectual Disability associated with Seizure Disorder. The doctor described his condition as a bulb that experienced brownouts; the bulb would be fused if it happened often. Likewise, in the case of pupil A, the brain was a bulb that experienced several brownouts. Since it took so long for him to get professional help, his brain was greatly damaged, which led him to become Intellectually Disabled.

After the diagnosis, he needed to undergo MRI to get an accurate analysis of his diagnosis. He was referred to be included in a special education program, and we assisted them in the flow of the process of how to enroll in such a program.

Currently, he is officially enrolled in the Gen. Juan Araneta Elem. Sch. and enjoying the privileges and accommodations given to him by the program.

#### **Summary of the child's case: Pupil C**

This is a troublesome boy who liked to shout and invited everyone to fight. He gets the "baon" of his classmates or the money of his friends. He was always brought to the principal's office. No matter how mad or angry the principal or his teachers would be, he would smile insolently. He would not mind what you say or do to him, and he would never feel sorry for what he did. His classmates, especially girls, would cry because he would tease them with frogs, spiders, or lizards. His teacher had a difficult time taming him. In class, he was talkative and said mean words that could disturb the entire class. He did not want to read or write. The teacher would sometimes pull him out and let him stay in a resource area where he could color pictures, write his name correctly, or play with bricks. At home, sometimes, he cannot eat his meal because he spends time playing with his peers or friends. Due to poverty, food at home was not nutritious, and the parents could not look after his basic needs.

The adviser sent a letter several times but sad to say that his parents were both ill. His mother suffered from nervous breakdown, so we could not talk to her properly. His father was quiet the same after being electrocuted and comatosed for almost a month; when he awoke, he behaved differently. During the home visit, as neither parent was capable of answering the interview, her older sister, who was in high school, became his guardian. Her sister had a difficult time dealing with his younger brother. She was thankful when she knew that there was hope for her brother. After undergoing the process, we visited the doctor and he was diagnosed with Intellectual Disability. He was referred to a SPED Program. According to the doctor, the child is more aggressive because of the lack of guidance from the parents and the surrounding environment (living in a squatter area). He and his sister were assisted in admitting him to a SPED

class in our division.

#### **Summary of the child's case: Pupil D**

He was a shy boy who found it difficult to follow simple instructions. He could not read words appropriate for grade four. He often escaped classes and went to the nursery rooms. He was not interested in classroom discussion. He liked to play and interact with smaller children. His academic performance has not improved since 1st grade. Genes may have had a great influence on the case of Pupil D, as I had a talk with his former teachers who they really knew the family of the child. They said that their parents also had a low IQ. His older brother also required diagnosis by a developmental pediatrician. According to the doctor, Pupils C and D had the same case, but Pupil D was more mannerly than Pupil C because he was guided by his parents. His parents were supportive of him because they saved money for his consultation. We found it easy to deal and talk to them because they were very willing to help their children improve.

These four children had a significant impact on our schools. Parents became educated through special education programs and were aware of their own child/ren. The teachers were motivated and encouraged to help these children. This can be of great help to the child, parents, family members, teachers, schools, and even the entire community. Despite their disabilities, they can still make a difference in their lives, just like the phrase from the movie Temple Grandin, "Different but not less."

#### **Pupil B**

Diagnosis: Attention Deficit Hyperactivity Disorder (ADHD) is a mental condition wherein a person has differences in brain development and brain activity that affect attention, ability to sit still, and self-control.

Characteristics of the child:

- Easily gets distracted and does not follow directions or finish tasks.
- Does not concentrate or has poor listening skills.
- Does not pay attention and is careless.
- Forgets about daily activities.
- Has a problem organizing tasks and often loses things.
- Tend to daydream.
- Does not like doing things that require sitting still.

\* Hyperactivity:

- Often squirms, fidgets, or bounces when sitting.
- Don't stay seated.
- Has trouble playing quietly and is always on the go.
- Talks excessively.
- Is always moving (restless).

\* Impulsivity:

- Has trouble waiting for his turn.
- Blurts out when speaking.
- Interrupts others.

Accommodations:

\* Classroom:

- Let the child sit near the teacher away from windows and doors
- Increase space between desks
- Teachers should stand near the child when teaching

- Provide footrests and seat cushions to help satisfy the need to move

#### \*Organization

- Use an assignment notebook.
- Provide an extra set of books to keep at home.
- Provide folders and baskets of supplies to keep desks organized.
- Color code materials for each subject.
- Provide a written schedule for daily routines.

#### \*Classroom and test

- Give fewer questions and problems .
- Give frequent short quizzes.
- Give extra time and a quiet place to work.
- Allow answering orally.
- Use a computer for word processing.
- Give credit for work done.
- Avoid long assignments.
- Do not grade neatness.

#### \* In-class learning

- Read directions aloud and give instructions in writing as well.
- Use pictures or graphs.
- Have a buddy to take notes for the child.
- Give lesson outline.
- Check for understanding.
- Keep instructions simple and clear.
- Create a signal in getting the child's attention.

#### \* Behavioral\*

- Use a behavioral plan with a reward system.
- Compliment on a good behavior.
- Talk about behavior problems one-on-one.
- Monitor frustrations.

### Summary of the Child's case: Pupil B

Pupil B was active and energetic. Taming him was nearly impossible. His parents were very concerned about Him and. They were willing to receive professional assistance. At this time, the child's assessment process was smooth. The child was so hyper that he could not complete the tasks. He was very smart. He could memorize spelling words quickly but would always get a low score because of his restlessness. The teacher suspected that Justin had mild hydrocephalus because his head was quite large compared with his classmates; however, according to the doctor, this was normal for his age. He was so noisy that it already disturbed the class. He liked to be the center of attention. The teacher would let him jog outside the room or perform some exercises on the playground until he gave up and rested. His classroom wasn't sure if this was the proper way of disciplining him but it worked.

After the necessary steps had been followed, he was diagnosed with Attention Deficit Hyperactivity Disorder, but he was not referred to a SPED program since the child could cope with his lessons and was capable of performing his tasks. The doctor gave him medication to reduce hyperactivity. The doctor referred them to the PCSO. The teacher assisted the parents in what to do. After diagnosis, Pupil B improved significantly. He was now aware of his

frenzied behavior at school.

Parents and teachers understood the child more deeply. Necessary interventions in class whenever he became hyperactive. We could elaborate on the sample seat work or activities given to him. We also engaged him in extra-curricular activities where he could use his extra energy in a meaningful way. He joined the Batang Eskawt 2017 during the Patrol Leaders Training Camp at T. Morada Elementary School, Brgy. Calumangan, Bago City on December 6-8, 2017. He was trained on how to answer the questions during the contest. He won Best in Question and Answer.

He was encouraged to participate in extracurricular activities. He was also engaged in sports because he loved basketball. The parents were motivated to support their child in whatever he was interested in. His parents were advised to always tell his high school teachers about his condition.

### Conclusion

Children at Risk of Special Education Program are common children which need some extra care and patience. They are different but not less. They can achieve what an average children can do, only they are given an opportunity where they can hone their abilities and special skills.

As a researcher, I believed having a "special child" at home or in school is a privilege to exercise my passion, virtues and patience in dealing with them everyday. I could never imagine being me today without them. They made a better person and a better teacher. So, let us give them the chance to excel and a place to hone their potentialities.

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