

## **DISTANCE EDUCATION: A PROGRAM TO ACCOMMODATE DIVERSE CHILDREN WITH DISABILITIES**

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**Abstract:** *Distance Education (DisEd) Program for Children with Disabilities (CWD) is a Special Education (SPED) program initiated and implemented in Nantangalan Elementary School SPED Center, Pozorrubio, Pangasinan, Philippines. It is designed to accommodate all types of learners with diversity in disabilities, values and status in the community. It helps these learners access to education through an alternative delivery mode called Homebound Instruction. It provides intervention to help develop the language, cognitive, motor, socialization and self-help skills of its learners. It supports the “No Left Behind” and “Zero Reject” policies, the Education for All program of the Philippine government and the Inclusive Education program of the Department of Education. It is a strategy to increase the Participation Rate of the school. The learners of this program were those learners with chronic illness ages 9 to 21 years old. They were bed-ridden and with difficulty in mobility which hinder them to go to school and learn. The Portage Guide to Early Education checklist in evaluating the initial, progress and final performance of the learners with the direct observation, parents’ testimony, interview checklists were used to gather data as the research methodology. Findings revealed that learners’ skills had improved. Learners were found to be cooperative and active with their teacher. There was transformation in their faces from sadness to happiness. To conclude, DisEd accommodates all types of learners regardless of their disability, differences and diversity. It makes learning achievable in accordance with the learner’s pace of learning. Inclusion for the bed-ridden learners in the regular class/school is possible. Parents of the learners were benefited from this program. Linkages with and among education stakeholders was strengthened.*

**Keywords:** *Distance Education, Inclusion, Children with Disability*

### **INTRODUCTION**

#### **Background**

The Nantangalan Elementary School, Pozorrubio District I, was approved as SPED Center by the DepED Regional Office on March 19, 2012 serving the 5<sup>th</sup> Congressional District of Pangasinan. It is a non-central school SPED Center. It has an enrolment of 428 learners both in the regular and SPED programs wherein 343 regular and 131 SPED. There were four (4) Children with Physical Disability (bedridden) who were not able to go to school due to their disability. They were the learners of the Distance Education Program.

Distance Education Program (DisEd) is an alternative delivery mode of education serving out-of-school children with disabilities ages 6-19 years old. It is a strategy to address the problems on geographic location of school and handicapping conditions of children with disabilities. The lessons are taught through homebound instruction approach. It addresses the problem of access to quality

education of children with disabilities at elementary level. It is also concerned with basic literacy and livelihood skills making children with disabilities functionally literate and productive members of the community.

#### **Rationale of the Study**

Every individual is unique and special. He is born with talent and capacity/potential which is to be developed and nurtured by his environment. As citizens living in a democratic society, each and every one is provided with equal rights and opportunity to education.

Article XIV, Section 2, of the 1987 Philippines Constitution states that every child should enjoy free education and has the right to receive quality education. Children with Disabilities (CWD) are not exempted to this provision. With this, the Department of Education has reason to its battle cry for the full implementation of Inclusive Education. Alone as it seems, there are, however,

existing related Laws, Orders and Principles pertaining to this study. During the 1994 Conference on Special Education in Salamanca, Spain, the participants issued a statement that special schools alone can NEVER achieve the goal of Education for All. They adopted the policy on Inclusive Education or Schools for all to meet the individual needs of pupils. The Salamanca Statement reads: "All children should learn together, wherever possible, regardless of any difficulties or differences they may have." This policy is the reaffirmation of the right to education of every individual as enshrined in the 1984 Universal Declaration of Human Rights and a renewal of the pledge made by the world community at the 1990 World Conference on Education for All (Jalotjot, 2011). It is in this context that the Department of Education has adopted the policy on Inclusive Education. This policy is adherent to Article XIV, Section 2, of the 1987 Philippines Constitution. The Department of Education reiterates this commitment by issuing DepEd Order No. 72 s. 2009 entitled, Inclusive Education as strategy for Increasing Participation Rate of Children on July 6, 2009. In issuing this order, the urgency to address the problem is recognized and guarantees the right of these children to receive appropriate education within the regular or inclusive setting.

DECS (2009) defines *Inclusion* as the process by which a school attempts to respond to all pupils as individuals by considering its curricular organization and provision. Through this, the school builds capacity to accept all pupils from the local community who wish to attend and, in so doing, reduces the need to exclude pupils. Therefore, the ultimate goal of inclusive education according to UNESCO is to end all forms of discrimination and foster social cohesion. *Inclusive* includes *children with disabilities* and ALL children who are left out or excluded from school. It also includes those who are at-risk of dropping out because they are sick, hungry, or not achieving well; or they belong to a different religion. *Inclusive Education* as an approach seeks to address the learning needs of all children, youth and adults with a specific focus on those who are vulnerable to marginalization and exclusion.

Inclusive Education eliminates *exclusion*. It does not separate children with disabilities to children with abilities and the average, as well. It is not just good for Children with Disabilities (CWD) for inclusion or mainstreaming even the typical or regular children in the class will also learn about the challenges faced by CWD and make lasting friendships among them. They develop a strong sense of equality and fairness, understanding, acceptance and respect for diversity. It embraces the philosophy of accepting all children regardless of race, size, color, ability or disability with support from school staff, students, parents and the

community. Therefore, it increases participation rate of children (DepEd Order No.72, s. 2009) and lessens, if not eradicates, number of *drop-out*.

The Enhanced Basic Education Act of 2013 (RA 10533), Sec. 5 adheres to the principle and standard that a school and its curriculum is learner-centered, inclusive and developmentally appropriate. Therefore, an inclusive school is child-friendly that trains, prepares and transforms CWDs or PWDs ready to be mainstreamed in the regular school and eventually in the society. It provides them better opportunity for employment in a government or non-government agencies and eventually for a worthy independent living. As the end goal, an Inclusive School to produce a holistically developed Filipino with 21<sup>st</sup> Century Skills.

Relatively, Distance Education Program (DisEd) is an alternative delivery mode of education serving out-of-school children with disabilities ages 6-19 years old. It is a strategy to address the problems on geographic location of school and handicapping conditions of children with disabilities. The lessons are taught through homebound instruction approach. It addresses the problem of access to quality education of children with disabilities.

In the researcher's point of view, the case of the CWD, particularly those who are not able to go to school due to their disability, connotes problem that needs attention and solution. It is for this reason that the researcher initiated the *Distance Education-Homebound Instruction* program to be the intervening factor in educating said learners. But, the question is... what is the impact of said project and its relevance in the development of the learners' learning skills? Said question was answered in this study.

### **The Problem**

General : How Distance Education Program accommodate diverse children with disabilities

Specific:

1. What is the strategy and interventions applied to develop the skills of the learners, along: language, cognitive, motor, socialization and self – help ?
2. How inclusion of CWD in a regular class/school works?
3. What is the level of impact of Distance Education in improving the skills of the learners?
4. What are some recommendations to sustain Distance Education program.

**Time Frame:** June - March 2017

### **Target Participants**

The learners and main subjects of this research were the four (4) Children with Disabilities. As per

assessment, they have multiple disabilities. They have high degree of difficulty in mobility, communicating, listening, seeing and hearing. They were bed-ridden. They were the school-age children who were discriminated because of their disability, left behind, neglected and deprived from their rights to education. They were who once upon a time

wished to go out of their shell and see the beauty of the environment, go to school and learn, and play with their peers and age-mates, as well.

Table I – List of Learners

Name	Birthdate	Age	Disabilities	Address
<b>1.Learner A</b>	Dec. 7, 2004	12	Multiple Disability (bedridden)	Haway, Pozorrubio
<b>2. Learner B</b>	Jan. 24, 2004	13	Multiple Disability (bedridden)	Haway, Pozorrubio
<b>3. Learner C</b>	Aug. 14, 1999	17	Multiple Disability (bedridden)	Dilan, Pozorrubio
<b>4.Learner D</b>	May 4, 1998	18	Multiple Disability (bedridden)	Nantangalan, Poz.

### Evaluation Criteria

In this study, there were three (3) ways/instruments used to gather data and to determine the learning development of the CWD, among of these were: observation using the PGEE Checklist, direct observation by the researcher, and parents' testimonies on their personal observations to their children. Likewise, a modified 5-point Likert- Type Questionnaire was used to gather and interpret data on the performance impact of Distance Education – Homebound Instruction in the development of learning skills of the CWDs as observed by the parents, to wit:

5 – Strong Impact 4 – Good Impact 3 – Moderate Impact 2 – Slight Impact 1 – No Impact

### RESEARCH DESIGN AND METHODS

#### Research Design

The main assessment tool in evaluating the progress of the respondents and in determining the performance impact of Distance Education in the development of their learning skills was the *Individualized Education Program (IEP)* of each learner. The Portage Guide to Early Education (PGEE) checklist combined with direct observation and parents' testimony were used and employed to determine the development of the learners. Likewise, a one-on-one interview was done to gather data in addition to the direct observation done by the Teacher-Facilitator who has a day-to-day contact with the learners. He was assisted and supervised by the researcher. The Initial, Progress and Final Tests were administered as scheduled. The findings from each assessment were recorded accordingly. A day-

to-day observation by the Teacher-Facilitator was recorded as well. It was the basis for determining the progress or regress of each learner.

#### RESEARCH METHODS

The teacher traveled and walked about four to five kilometers to reach the houses of the learners in different locations or barangays. It is done from Monday to Thursday. He used teacher-made instructional materials like the big book, cut-outs and others to facilitate learning. He also utilized modules provided by the DepEd for some activities. He provided intervention to the learners for an hour, or depending on the pace of learning and attention span of the learners, applying different strategies, like: SI, ABA, PECS, and others. The teacher applied also the basic physical therapy and sensory integration before teaching the lesson. During Fridays, the teacher and parent assisted the learner for his transportation going to the nearest school for inclusion or mainstreaming. Proper coordination to the persons involved during the inclusion process was observed. Moreover, the researcher took the initiative to coordinate with stakeholders for their support to the learners, like: the municipal Rural Health Unit for the regular medical check-up; Stimulation Therapeutic Activity Center for the physical therapy; NGOs for the feeding programs and gift-giving activities; DSWD for the I.D and wheelchairs; and to all potential stakeholders for the supports. The teacher was a permanent public school teacher who has a big heart for Children with special education needs, particularly Children with Disability.

The teacher attempted to improve the learning skills of the learners by employing the following strategies and interventions:

**1. Applied Behavior Analysis or ABA** – helped the children learn how to learn. Specific skills are taught by breaking them into small steps, teaching each step one at a time, building on the previous one.

**2. Picture Exchange Communication System (PECS)** – a practical communication system applied to allow a learner to express his needs and desires without being prompted by another person. The child first learns to communicate by handling someone a picture of the object he wants.

**3. Facilitated Communication (FC)** – used to assist individuals who had problems controlling or using their muscles such as cerebral palsy sufferers. A facilitator holds the communicator's hand or arm in a certain manner, thus allowing the communicator to point out the letters on a letter board.

**4. Auditory Integration Training (AIT)** – based on the theory that some people have hypersensitivity toward certain sound frequencies, making some common sounds, painful to hear.

**5. Holding Therapy** – based on the belief that body contact and physical contact must be re-established with the child who is refusing to make eye contact with the parent.

**6. Music Therapy** - is motivating and enjoyable. In music therapy, goals are tailored to the needs of each individual which include increasing nonverbal interaction, such as turn-taking and eye contact.

### **Other Factors Contributory to the Development of the Learning Skills of the Learners**

In addition to the strategies applied and regular interventions given, some significant activities were undertaken with the hope that these could contribute to the development of the learning skills of the CWD-learners, among these were:

#### **1. Parenting**

The fact that parents are the best teacher of these children, activities like meeting, orientation, seminars and other related activities were conducted to parents to provide them better understanding in educating, handling and managing their children. Parental involvement was intensified.

#### **2. Participation to the school programs and community activities**

For exposure, for the CWD to gain experience and feel the sense of belongingness, learners were exposed to programs such as: Holy Mass, Christ the King celebration, Municipal Disability week celebration, SPED Fun Day, Recognition Day, Feeding Program and other significant activities.

#### **3. Referral and accompanying them to STAC**

As needed, these children were referred to STAC for their regular Physical Therapeutic Activities to enhance their fine and gross motor development.

#### **4. Health and Nutrition**

These children were given priorities in the provision of health services given by the school through the division medical and dental teams. Activities such as Medical check-up, dental check-up, provisions of Vitamins, provision of wheel chairs, and financial assistance for their health needs.

Likewise, these CWD were given priorities in the conduct of series of feeding programs initiated by the school.

#### **5. Coordinating/ Internetworking with the Community and other Organizations**

The involvement of the LGUs and the whole community in helping these CWD to improve their learning skills were, likewise, important. The acceptance of these children by the community broke the barriers between the two and paved the way for these children to enjoy life like the normal children.

### **Presentation and Interpretation of Results.**

#### **Presentation**

After conducting and studying the initial assessment, it came out with the salient findings that the possible causes of the disabilities of the learners. It was found out in the evaluation that the four learners have in common, like the following:

1. The learners were all eldest among the children in their respective family.
2. Mothers gave birth to these children in their houses with the service of the local midwife.
3. They were called "Blue Babies" because of their blue color when they were born.
4. They suffered from severe physical disability (cerebral palsy) in their early stage of life.
5. They are bed-ridden.
6. At young age, they suffered from convulsion.
7. No intervention given after they were diagnosed of their disabilities.
8. Their mental age after the initial assessment ranged between 0-3 months old.

#### **Results after employing strategies and intervention to the learners**

After applying the different strategies and giving the necessary intervention to address the special learning needs of the participants as mentioned earlier, there were improvements observed in their five learning domains or skills. The three results and findings in three formal assessments and observations conducted by the teacher-facilitator and the researcher were presented and compared in the following tables. The initial performance was recorded during the initial assessment conducted on

June 13, 2016, the progress assessment was conducted on October 20, 2016 and the final assessment which was conducted on March 24, 2017 by the researcher and teacher-facilitator.

The data recorded during the conduct of the three assessments revealed the gradual and little improvement of the learners along the five skills or domains measured using the Portage Guide to Early Education (PGEE). The interest and desire to learn among the learners was observed. The learners were cooperative and active. There was happiness in their

eyes as if they were thankful for they had given opportunity to basic education, like the normal children.

Likewise, parents of the learners found DisEd beneficial to them. They considered it a solution to their problems regarding their child's schooling and education.

*Table 2 – Performance of Learners in the 3 Assessment*

<b>Learner</b>	<b>Language</b>	<b>Progress</b>	<b>Final</b>
<b>Learner A</b>	<b>Initial</b> No utterance of syllables/words.	Respond to gestures with his gestures	Answers simple questions with nonverbal response.
<b>B</b>	Has difficulty in opening his mouth.	Can open her mouth at ease	Can give wide smile.
<b>C</b>	Hardly stretch lips for a smile.	Beginning to smile.	Can smile widely but cannot babble.
<b>D</b>	No babbling	Beginning to smile.	Can smile widely but still cannot babble.
<b>Learner A</b>	<b>Cognitive</b> Cannot respond when asked.	Respond when his name is called	Respond, stare and smile when his name is called
<b>B</b>	Cannot identify a part her body by pointing	Beginning to point out her nose	Can point out her nose and eyes
<b>C</b>	Starting to respond to conversation through her eyes.	Responds to conversation in a tactful manner through her eyes.	Respond to sound heard by quickly smiling.
<b>D</b>	No reaction to any gesture, command, request from the people in her environment.	Smiles to adult talking to her.	Looks object that has been removed from direct line of vision. React to person communicating to her through a smile and cry.
<b>Learner A</b>	<b>Motor</b> Cannot pick small objects. Cannot sit alone.	Learning to pick up small objects. Can sit with minimal support of caregiver.	Can pick small objects. Can sit in the wheelchair. Can stand and walk with 1-2 steps with the support of caregiver.
<b>B</b>	Cannot carry her head.	Begins to carry his head in straight form.	Can sit alone in the wheelchair.
<b>C</b>	Cannot move fingers. Cannot open her palm.	2-3 fingers start to move/open.	Can move five fingers and hold object for a short while.
<b>D</b>	Cannot move her fingers Cannot sit down in the wheelchair even with the full support of caregiver.	Can move her fingers slowly. Can sit down on wheelchair with the full support of caregiver for 3-5 minutes.	Can sit down on wheelchair with the full support of caregiver for 10-15 minutes.
	<b>Socialization</b>		

<b>Learner A</b>	Irritable and make tantrum when exposed to sound	Respond to being in family by smiling or ceasing to cry. Can play with his brothers.	Can be exposed to community or school programs. Manipulates toys or objects.
<b>B</b>	Smiles in response to attention by adult	Smile in response to facial expression of others.	Responds to conversation through smiling.
<b>C</b>	Can sit alone in the wheelchair.	Likes to hear music played by the teacher Smiles to TV sounds.	Wanted to mingle with other children
<b>D</b>	Watching person moving directly in line of vision. Afraid to sound in the environment. <b>Self-Help</b>	Crying when left alone. Smiles in response to attention from adult.	Give response to conversation made by adults through smiling and crying. Likes to be exposed.
<b>Learner A</b>	Cannot hold bottle when drinking	Can hold bottle with two hands when drinking even without support.	Can use her right hand to hold object given to him.
<b>B</b>	No signs given for toileting	Trying hard in showing body gesture for toileting.	Gives signs when toileting.
<b>C</b>	Dependent on spoon-feeding	Eats strained food fed by parent.	Can use her right hand to hold object given to her.
<b>D</b>	Eats mashed table foods fed by parents.	Eats mashed table foods fed by parents.	Drinks from cup held by parent.

### Inclusion Scheme

How inclusion to regular class/school possible for the DisEd learners? The learners were encouraged to go out in their houses and join other children in the school for one or two hours to further develop their socialization skill. They were exposed to school programs and celebrations, like: feeding, Autism Month Celebration, National Disability Prevention and Rehabilitation Week, ADHD Celebration, Deaf Awareness Week, SPED Fun Day and Camp PAG-IBIG. They were also given recognition during Recognition Day at the end of school year.

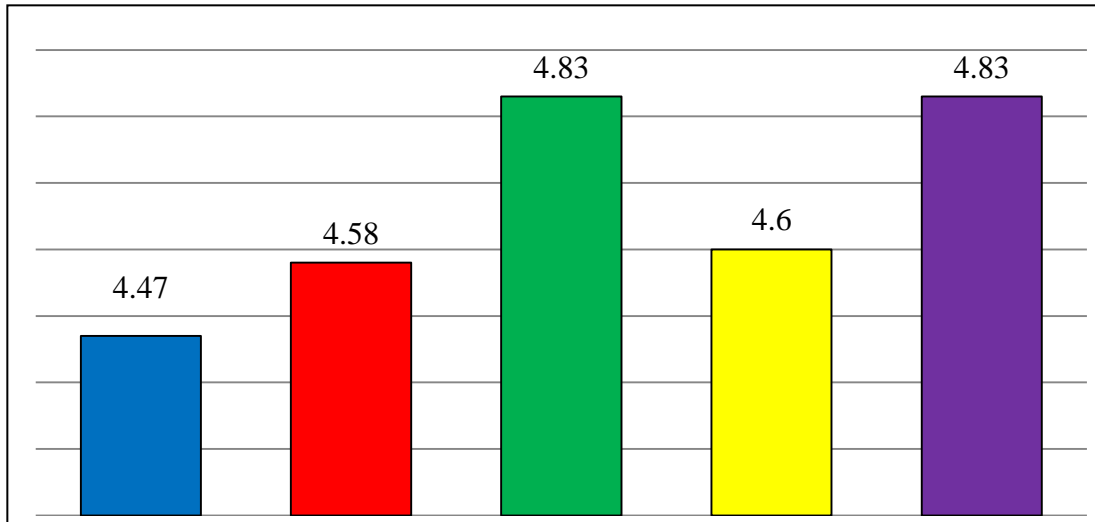
Parents were requested to bring their children every Friday to the school nearest to their residence for their *inclusion* to the regular children. The SPED teacher and receiving teacher coordinated to each other and joined together for the collaborative

teaching in an inclusive class. Experiential and cooperative learning were developed among the CWD and regular children. Partial inclusion of the CWD in the regular class was done every Friday. Inclusion was also made possible in the community by encouraging other children to join the learner while he or she is learning from his/her teacher inside the house or under the tree.

Last March 31, 2017, parents of the learners were interviewed by the researcher asking them questions pertaining to the impact and relevance of Distance Education in the development of the learning skills of their children as well as the benefits they gained.

*Table 3 - Impact of DisEd in the development of the learner as observed by the Parents*

- To the Child/Learner
- To the Parents
- To the Accessibility to SPED Center
- To the Community/Environment
- To the Relationship with Stakeholders Mean



Looking at the level of impact of Distance Education presented in the table above, Parents have the following observations:

#### **On their Child (Learner)**

Parents observed that DisEd has Strong Impact (SI) on the development of their child with a mean of 4.47. They testified that the project had provided equal opportunity to education for their children and privileges for them to enjoy quality education. They also believed that their child's special learning needs were addressed and their exceptionality was given respected and accepted.

Parents have strong faith and hope that their child's learning was still possible.

#### **On the Parents**

Parents of the learners were very thankful to say that DisEd had helped them accept their children as they were. It strengthened their faith in God. Likewise, DisEd taught them how to teach, manage and handle their own child, as evidenced by an average mean of 4.58 (SI).

Parents were also happy to say that DisEd had assisted them to fully understand their roles as parents and remind them of their everlasting love and care to their child.

#### **On the Accessibility to SPED Center**

Parents were not able to send these children to school due to their severe physical conditions. Now, they are happy and appreciate the program for it solved their problems on transportation and financial burden for their child's schooling. They are no longer worried about the education of their child because the teacher-facilitator was the one going to their house and provide the intervention needed by their children. For such reasons, parents gave their common perceptions that DisEd has Strong Impact (SI) on this factor with the average mean of 4.83.

#### **On the Community/Environment**

Parents claimed that DisEd performed big part on the development of the socialization skills of their child as supported by an average mean of 4.6 (SI). It paved the way for the CWD-learners to expose to the community. DisEd made these children feel the sense of belongingness and acceptance of the community.

#### **On the Relationship with School Stakeholders**

Good partnership and relationship between parents and other stakeholders was strengthened as shown by its average mean of 4.83 (SI).

#### **Conclusions and Recommendations**

##### **CONCLUSION**

Distance Education Program makes learning possible for those children with special needs especially those children with severe and multiple disabilities. It makes inclusion works. It addresses the needs of these children in accordance with the policies and guidelines of Special Education.

The application of appropriate strategies, provision of interventions and proper utilization of other contributory factors had helped in the gradual development of the learner.

DisEd has impact on the development of the learning skills of the CWD-learners, to parents, on the accessibility of their geographic location to the SPED Center, on the community where these CWD are living and to their relationship with other stakeholders.

Finally, DisEd had increased the school's participation rate.

##### **Recommendations**

The following recommendations are offered based on the findings of the study:

1. Continue and extend the scope of implementation of the Distance Education.

2. Intensify inclusion in Distance Education.
3. Accept and accommodate all learners with special education needs in school.
4. Seek more support from the stakeholders to sustain the project.
5. Teacher to attend more SPED-related trainings for additional learning.
6. Parents must be open-minded to accept the exceptionality of his/her children.

**Reflections**

The results of the study proved us that Children with Severe Physical Disabilities, even the bed-ridden ones, have the capacity to develop their skills and learn according to their pace of learning if only their special learning needs are properly addressed. Teaching these children is a manifestation of strong advocacy, crusade and passion for SPED.

Learners with special educational needs must be ALL accepted and properly accommodated in school for inclusion.

To God Be the Glory!

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