

# Inclusive education in IEP's Ciwara School in Kati, Mali



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# Inclusive education in IEP's Ciwara School in Kati, Mali

*A community based approach*

## **Research report**

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### *Available in Annex\*:*

Detailed report of activities 2007 – 2012; Overview of cooperation Leiden and Amsterdam Universities of Applied Sciences and IEP Ciwara School Kati, Mali

IEP: Ciwara Centre of expertise for quality education and curriculum development

Activities and costs cooperation IEP – Leiden – Amsterdam 2010-2012

Overview of costs to implement the Community based approach to Inclusive Education at Ciwara School in Kati, Mali

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## **Inclusive education in IEP's Ciwara School in Kati, Mali**

### **Introduction**

For the past six years, the Institute pour l'Éducation Populaire (IEP) in Mali has been developing an educational model for including children with special needs into the « quality education for all » mandate.

Under the terms of IEP's partnership with PHARE<sup>1</sup>, IEP is developing a model for the inclusion of special needs children in regular classrooms. The development process is being carried out and builds on the approach in inclusive schooling that is being tested at the Ciwara School in Kati.

This initiative fits squarely with Mali's education for all initiatives and supports implementation of the new national curriculum within the context of Mali's Rebuilding Education Act (1999), The Salamanca Statement (1994) and the United Nations Convention on the Rights of Persons with Disabilities (2006).

In 2009, IEP initiated an active outreach to invite parents of children with Special Educational Needs (including children with a mental, physical and mixed disability) to send their children to school. In 2010, IEP partnered with a USAID initiative « PHARE » to advance implementation of Mali's education reform curriculum. Since then, 62 SEN children have been served at the Ciwara School in Kati, Mali.

The purpose of this report is to

- document progress towards development of special needs strategy piloted by IEP at the Ciwara school in Kati, Mali;
- assess the current state of the approach used at the Ciwara School in Kati, Mali, including costs;
- provide informal feedback to staff on results of observations and on inclusive education in the context of the current special needs classroom;
- recommend the shape of a strategy for going forward to stabilize the model at the Ciwara school in the next year.

Based on observations and interviews with teachers, parents and IEP management, the progress towards the development of special needs education has been documented in chapter 1. In using open and time-sampling observations and semi-structured interviews the current state of the approach used has been assessed and is described in chapter 2. In chapter 3 a model strategy report is presented including recommendations for going onward to stabilize the model in the next year, based upon the research carried out in February 2012.

Recommendations for developing the IEP strategy to support CAPs in meeting expectations for the education of special needs children will be formulated in chapter 4.

Chapter 5 includes an overview of SEN children. As appendix to this report are attached the Unesco Salamanca statement on inclusive schools, a trip report, a questionnaire for assessment of SEN education, an observation form on qualitative teaching and a checklist on inclusive education.

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<sup>1</sup> The Mali USAID/ PHARE program (Programme Harmonisé d'Appui au Renforcement de l'Éducation) supports the Malian Ministry of Education's efforts to improve the quality of elementary education, with an emphasis on literacy.

## **Glossary**

### *Special Educational Needs:*

The term 'special educational needs' (SEN) has a legal definition, referring to children who have learning difficulties or disabilities that make it harder for them to learn or have access to education than most children of the same age.

*Inclusive education:* education that includes all learners and enables education structures, systems and methodologies to meet the needs of all children. Inclusive education:

- Acknowledges that all children can learn
- Acknowledges and respects differences (age, gender, ethnicity, language, disability, HIV status, etc.)
- Enables education structures, systems and methodologies to meet the needs of all children
- Is part of a wider strategy to promote an inclusive society
- Is a dynamic process that is constantly evolving
- Need not be restricted by large class sizes or shortage of material resources.

### *Salamanca statement:*

In June 1994 representatives of 92 governments and 25 international organizations formed the World Conference on Special Needs Education, held in Salamanca, Spain. They agreed to a dynamic new Statement on the education of all disabled children, which called for inclusion to be the norm. In addition, the Conference adopted a new Framework for Action, the guiding principle of which is that ordinary schools should accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic or other conditions. All educational policies, says the Framework, should stipulate that disabled children attend the neighborhood school 'that would have been attended if the child had not had a disability.' (See appendix I for short summary.)

*UN Convention on the Rights of Persons with disabilities (art.24):* The Convention (2006, in force in 2008) covers the rights of disabled people. Article 5 recognizes the right to equality and non-discrimination; article 7 includes a special provision for children; article 24 asserts the right to inclusive education.

### *Community based rehabilitation / education:*

Community-based rehabilitation (CBR) focuses on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation. CBR was initiated in the mid-1980s but has evolved into a multi-sectorial strategy that empowers persons with disabilities to access and benefit from education, employment, health and social services. CBR is implemented through the combined efforts of people with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other services.

*Solution focused approach:* The Working on What Works (WOWW) approach, which is based upon Solution-focused Brief Therapy, was implemented in a mainstream primary classroom over a 10-week period. The WOWW program has three key stages: 1) observation of positive things to feedback to the pupils and class teacher (three weeks), 2) goal setting through the use of scales, 3) regular scaling of classroom success and amplification.

### *IEP, Individual Education Plan:*

Identifies the student's specific learning expectations and outlines how the school will address these expectations through accommodations, program modifications or alternative programs as well as specific instructional and assessment strategies.

### *IECP, Individual Education and Care Plan:*

Individual Education Plan identifies the student's specific learning expectations and need for Care and outlines how the school and other professionals can address these expectations through accommodations, program modifications or alternative programs as well as specific instructional and assessment strategies, therapies, medication, etc.

*GIC, Group In Classroom:*

A regular classroom with a group of children that are independently placed in a small group due to special educational needs. Special instruction time and/or special assistance is available for instructional or other adaptations to meet the special educational needs of the individual children.

*CIS, Classroom in school:*

Special classroom in a school where children with special educational needs are grouped together and teaching is adapted to their special educational needs through accommodations, program modifications or alternative programs as well as specific instructional and assessment strategies.

*CIC, Child in Classroom:*

Children with special educational needs being individually placed in a regular classroom. Special instruction time and/or special assistance is available for instructional or other adaptations to meet the special educational needs of the individual children.

*SIR, Special Schools in Region:*

Children with SEN placed in special schools in the region. In this case it is about deaf children who are attending lessons at the Bamako Institute for deaf children.



*Quality teaching and Inclusive education are teamwork: Ciwara team is making it work!*

## **Chapter 1**

### **Progress towards development of special educational needs (SEN) strategy piloted by IEP at the Ciwara School in Kati, Mali**

#### **Numbers of SEN children and organizational model**

For the past six years, IEP has been developing an educational model for including children with special needs into the « quality education for all » mandate.

In this chapter different arrangements for inclusion are described and in Table 1 an overview is presented of the development of this inclusion model from 2008 till 2010.

In 2008 5-6 SEN children participated in school, using a model of “group-in-classroom” (GIC) arrangement offering special activities to engage these children in school. Participation in regular classroom activities and differentiated learning was, however, very limited.

From 2009 – 2011 IEP started an active policy to invite more SEN children to participate in school, by creating a special classroom (“classroom-in-school” (CIS) model) for SEN children who cannot (yet) participate in regular classrooms. Exchanges with students and experts from Leiden and Amsterdam Universities of Applied Sciences support the teachers in their teaching practice and materials development. Emphasis is mainly on daily routines, health, hygiene and knowledge about the environment of the children.

From 2011 -2012 a differentiated model for inclusive education has been realized at the Ciwara School, offering 1 special classroom (CIS) for 5-8 severely disabled children who need activation, care and support, 1 special classroom (CIS) for 15-18 lightly to moderately disabled children, 1 special group of 4 SEN children in an integrated regular classroom (GIC) and 8 other children individually integrated in regular classrooms (“child-in-group” (CIG)). 12 SEN children are being monitored by visiting them at home with their families. 6 children with moderate and severe hearing problems attend the special school in Bamako for deaf children (“school-in-region”, SIR). Arrangements for the children are based upon their special educational needs and the learning environment that is available. This is based upon the international approach to inclusive education from the Response To Intervention Approach (see figure 1). Another 50-60 children are waiting to get access to Ciwara or another school within the area. The Ciwara School does not have sufficient space and capacity to teach more SEN children within their school. A group of teachers and high potentials from the community are trained and supported in teaching the SEN children. For this training the model of Professional Development Schools (PDS) is used, offering tailor made, practice based support, co-teaching techniques and on-the-job training in cooperation with Leiden and Amsterdam Universities of Applied Sciences. Inclusive education at Ciwara has started to bring into the classroom practices of differentiated, active learning and assessment of cognitive and physical capacities of all SEN children. It is not only about being part of the school population but about high expectations and active learning for all learners.

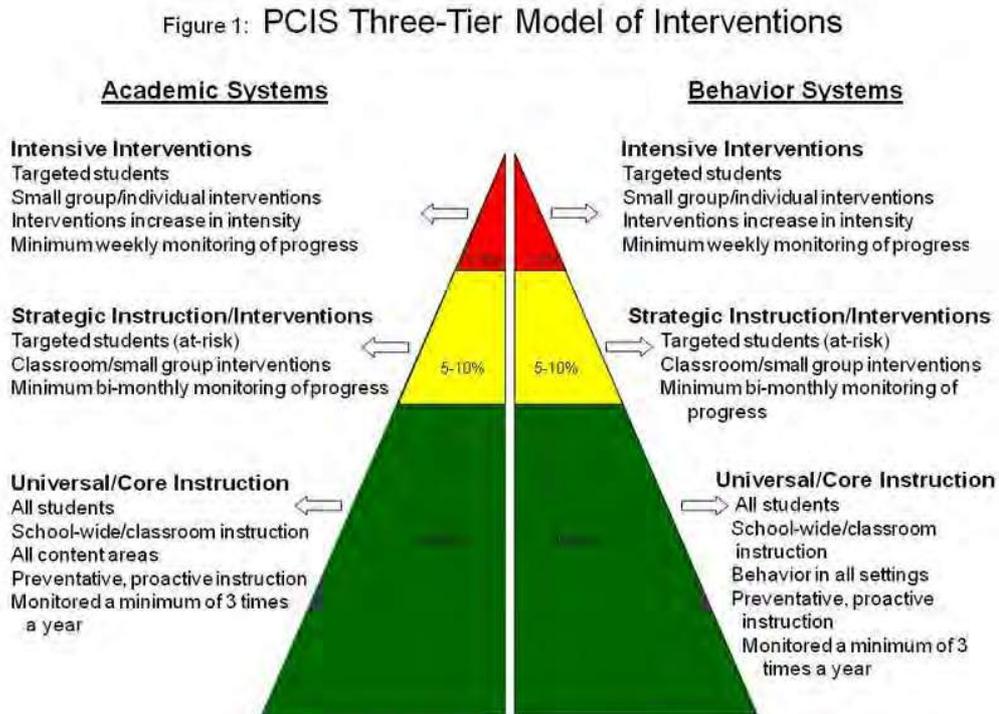
*Table 1: Children with Special Needs in Inclusive arrangements at Ciwara School (IEP)*

| 2008 | 2009 | 2010 | 2011  | 2012 | arrangement   |
|------|------|------|-------|------|---|
| 5-6  | 4    | 2    | 4     | 4    | (special) Group in regular Classroom (GIC)                |
|      | 5    | 8    |       |      | Special mixed group                                       |
|      |      |      | 6     | 8    | Special Group in School (GIS 1): severely demanding       |
|      |      |      | 7     | 15   | Special Group in School (GIS 2): moderately demanding     |
|      |      |      | 4-10  | 15   | Individual special Children in regular Groups (CIG)       |
|      |      |      | 5     | 12   | Home care, visits + educating the parents at the families |
|      |      | 4    | 6     | 8    | Children in Special schools in Region (SIR)               |
| 5-6  | 9    | 14   | 39-45 | 62   | Total of special needs children in Ciwara                 |



*The 12-15 special students in this classroom are learning at very different levels. They really love to learn, like all the other kids!*

Figure 1: Response To Intervention approach. Model based on Pulaski County Schools model for Response to intervention



The inclusive arrangement depends upon the special needs of the child, especially RTI. This is a regular classroom with a group of special children who have their individual programs within the regular classroom.

## Chapter 2

### Current state of the approach at the Ciwara School in Kati, Mali

#### Quality of teaching SEN children (state of the art in February 2012)

A team of 4 active (SEN) teachers is in charge of daily teaching activities, 4 other teachers from preschool and other regular classrooms are involved in the program and work with the SEN teachers on preparing lessons and developing materials for the SEN children. Since November 2011 the 15 SEN children in the special class are challenged to really participate in basic learning activities. Based on the results obtained by interviews and observations (Appendix III) and the checklist for inclusive schooling (Appendix IV), the organization and the quality of teaching SEN children have been assessed.

Instruments are based upon the leading international tool for the assessment of inclusive schools (Index for Inclusion, Booth, Ainscow & Kingston, 2009) and adapted for use in this specific situation.

From this point on the term Special Educational Needs will be used instead of using disability terms. Focusing on needs instead of on medical deficits is in line with Inclusive Education policies and is guiding the effective organization of inclusive schooling. For example, some children with Down disorder can be included in a regular classroom with only a few adaptations while others may need more. Instead of using terms like "severely disabled" we speak in terms of highly demanding Special Educational Needs (SEN).

#### Results from quantitative research on involvement of SEN children in active learning and teaching, using time-sample-sheets

To get a picture of the involvement of SEN children in the different classrooms time-sample observations have been carried out in the 3 classrooms that have a special emphasis upon teaching SEN children in the classroom. During 30 minutes of observation, every 5 minutes the number of SEN children were actively involved in the teaching process, the number of teacher-SEN child interactions, the number of active learning and teaching strategies used by the teachers and the differentiation in classroom activities as linked to the specific needs of the children were observed and scored.



*The special classroom for the children who need very intensive care and intervention:*

*A lot of stimulating activities and special materials are needed.*

*Table 2: Effective teaching and learning by SEN children in inclusive classrooms as observed (time-sample-sheets) in Children with Special Needs in Inclusive arrangements at Ciwara School (IEP)*

classroom 1 = 5-6 highly demanding SEN (GIS 1)

classroom 2 = 12-15 moderately- highly demanding SEN (GIS 2)

classroom 3 = 4 moderately to light demanding SEN. (GIC)

| <b>Classroom</b> | <b>Activity</b>                     | <b>Children involved</b> | <b>Child-teacher interactions</b> | <b>Active learning</b> | <b>Differentiated teaching</b>                                   |
|------------------|-------------------------------------|--------------------------|-----------------------------------|------------------------|--|
| 1                | Motoric                             | 3                        | 5                                 | 4                      | Individual needs   |
| 1                | Singing & Music                     | 5                        | 5                                 | 4                      | Individual competences   |
| 1                | Eating                              | 2                        | 2                                 | 2                      | Individual competences   |
| 1                | Singing                             | 5                        | 5                                 | 4                      | Individual competences   |
| 2                | Counting - whole group              | 3                        | 2                                 | 3                      | Individuals addressed, rest of the group not attending           |
| 2                | Counting - individual               | 1-2                      | 1-3                               | 3-5                    | Individuals addressed, some of the others attending              |
| 2                | Colors -whole group                 | 8                        | 6-7                               | 9-12                   | Individuals addressed (circle time), almost all others attending |
| 2                | Independent                         | 10                       | 2-4                               | 10                     | Small groups and individuals. Differentiated                     |
| 3                | Reading lesson -whole group         | 1                        | 0                                 | 0                      | SEN children are not involved, no special materials for them     |
| 3                | Counting/ Math lesson - whole group | 1                        | 0                                 | 0                      | SEN children not involved, no special materials for them         |



*Adaptations for classroom management, differentiated teaching and developing learning materials by teachers supports child-centered learning for ALL children.*

### **Summary of the results from quantitative research**

These results show that in both special classrooms in school (CIS 1 and CIS 2) the active involvement of the children show different results also depending upon the classroom arrangement at that time. Most active involvement was observed during activities that were clearly meaningful and pleasant for the children (music, colors, counting with concrete materials (stones), etc.). The grouping of the children was also found to be an important factor. Being grouped together, close to the teacher, generated more active involvement, more individual and group interactions and more active learning.

Due to lack of time it was not possible to carry out more observations in Classroom 3 (Group in Classroom (GIC)) where 4 SEN children were included in a regular classroom. The observations that were carried out show little to no active involvement of the SEN children at that time. However, these observations were shorter than 30 minutes and may not reflect reality. Communication with the teacher reveals that she does not have enough tools and materials to serve the SEN of the children in her room. Only when the special assistant is available, the SEN children become actively involved.

### **Results from qualitative research, using semi-structured interviews and observations**

In order to obtain more information about the actual situation in the classrooms and the challenges and needs as experienced by the teachers, 6 observations and 4 interviews with the special needs teachers have been carried out at different times of the day.

## **Observations in Classroom In School (CIS) 1**

*5-6 children with highly demanding SEN who need a caring and stimulating environment*

Children arrive in time and are well dressed and clean. Some of the children are not well nourished due to eating difficulties (swallowing food) and/or lack of appropriate nutrition/ food. All children love to come to school. Most of them have started to be part of a social and stimulating environment since they joined the school two years ago. Amazing improvement can be observed for example in Oumou who could only move her eyes two years ago. Now she can sit, move her body and head and engage in activities. Since July 2011 therapists, teacher and mother are stimulating relaxation and free movement of Oumou's hands. This has had a significant impact on Oumou's development.

Activities are organized to stimulate motoric activities, attention and non-verbal communication skills. The teacher makes use of music, singing and dancing to involve all children. Repetition is important for these children.

Most of the time 4-5 children are actively engaged. Binta seems not to attend, but is difficult to follow.

The teacher is interacting with as many children as possible, using child-centered activities with individual children, small groups and the whole group.

Differentiated teaching is based upon the capacities of the children insofar as the teachers are informed about these capacities.

There is not one entire group or individual instruction on cognitive tasks.

3- 4 parents are actively engaged in the development of their child.

Materials available are 2 special chairs, blankets and some toys to stimulate activity.

No adaptations of Read Learn Lead are present.

Integrated activities with children from the regular classroom are limited. The teacher often invites children to join them for musical activities and traditional storytelling. The "regular" children are becoming familiar with the children, they ask a lot of questions and start to play with them. There is much interaction with the children from the other special class who used to be part of this group before.

### Needs (stated by the teachers)

- More knowledge about the SEN
- Teacher training in teaching SEN
- More materials to activate the children, such as
  - Therapy
  - Toys
  - Special equipment to exercise and to stimulate activities with music and songs
  - Napkins
  - Nutritious food and drinks for the children.

### Recommendations from the observer

- Involve more parents in daily routines at school.
- Use songs etc. that are rich of learning activities (body, counting, movements, names etc.).
- Provide professional training about the possibilities for developing motoric, cognitive and social competences in these children in multi disciplinary teams.
- Find a special pillow that helps Binta to keep her head up during some times of the day.

- Provide nutritious food at school and involve parents to prepare this food and to help the teachers feed the children.
- Produce a video about the competences and the progress in the development of the children to share with the parents.



*The severely disabled children also need a special program to feed the children.*



*The young girl on the right could only lie down and open her eyes in 2010. Since she is in the special class, she has been stimulated to move, to interact and she is really enjoying school. Her mother is able to earn some money to take care of the family, now that her daughter is safe in school.*

## **Observations in Classroom in School (CIS) 2**

*12-15 children with moderate to highly demanding SEN who need structure and cognitive challenges*

Most children arrive on time and are fairly clean and well dressed. Most faces are clean and there are almost no flies around them, thanks to the tissues they use and the fan in the room. They love school and stay near the school and close to the teachers even after school is over.

In the classroom materials are available to stimulate basic learning in numbers, counting, colors, recognition of their names and simple tasks. Some of the lessons that are delivered in preschool are also used in the special class. These lessons are organized around specific themes in their daily life about healthy food, dental care, the world around the children etc. In order to structure their day and to stimulate autonomy and active engagement in the lessons, activity boards have been introduced. The environment and the activities are predictable for the children and daily routine is integrated in a clear structure.

Most of the children are actively involved when the activity is stimulating and they are able to be involved in the lesson. There is more involvement when the children sit together at the big table where the teacher can touch and see each child. During activities where the children have to be on their own, awaiting their turn, there is still a lot of disturbing behavior. When the teacher is interacting with one single child, most of the others are trying to follow and become engaged in the same task too, indicating their interest and drive to learn!

The teachers are very actively engaged in meaningful and positive interactions with the children. Individual attention is provided to each child.

Almost all activities are child-centered and there is a lot of active teaching and learning.

Classroom management is clearly structured, using the activity planning board and working with clear rules.

The teacher allows for several levels of functioning, promoting differentiated learning.

Instructions are given in the whole group, in small groups and individually.

Half of the parents are little to moderately engaged. They are beginning to ask more questions about how they themselves can stimulate the development of their children. Especially challenging are the children from families that feel helpless, single parent families, poor families and very big families. One of the main problems is the non-acceptance and even the abandoning of children with a disability.

Materials available are tables and chairs, learning materials like numbers on the wall, pictures and names of the children, an activity board, some learning materials (produced on the computer), concrete materials for learning and experimenting like small stones, beads etc.

No adaptations of Read Learn Lead.

No special equipment for SEN.

Integrated activities mainly take place during breaks and school-wide activities such as sports, celebrations etc.

### Needs (stated by the teachers)

- Teacher training for knowledge and skills to teach SEN
- More space to teach the children in a quiet and structured environment,

- Activities with sports and music
- Specialized professionals
- After-school activities
- Education for the parents of the SEN about the disability and what they can do to stimulate development and help them to teach daily routines and hygiene, healthy behavior etc.
- "Boutique" and ateliers to train vocational skills
- Assistance in the classroom (15 SEN children are quite a challenging situation since they need a lot of individual interactions with the teacher).
- Specific equipment and materials for the SEN, like
- Clevy Keyboards for the computer
- Wheel chairs
- SEN learning materials,

#### Recommendations from observations

- Introduce more structured classroom management about rules on independent learning, staying in the classroom, making use of bathrooms.
- Develop materials to stimulate (individual) reading and counting/ math activities.
- Develop materials on elementary skills that the children can use individually while the teacher works with small groups or individual children (independent learning time).
- Promote autonomy in making the children responsible for their "own materials". Every child needs a box or basket with his/her name, some personal materials, blackboard etc.
- Develop meaningful materials that help children with a limited capacity of attention and memory. Like linking name, taste and color of fruit to a color. Stimulating the comprehension and memory of the children considering declarative knowledge (Marzano).
- Develop materials and activities to follow- up the development of the children and their individual "zone of approximate development" (Vygotsky).
- Develop assessment tools to measure individual development.
- Start with Individual Educational Plans (IEP) and Individual Educational and Care Plans (IECP).



*High expectations and creating new learning activities like peer-teaching.*

### **Results from qualitative research**

The research shows promising results for the Ciwara community based model of inclusive education. In the two special classes, most of the time the SEN children are actively involved in the school activities and teachers are engaged in meaningful interactions with the children, providing positive feedback and stimulating a safe learning environment for the children. The two classes are organized differently. Based upon the different SEN, one classroom offers structure and cognitive challenges to the 12-15 children. In the other classroom 5-6 children are included who need warmth, intensive one - one interaction, basic care and stimulation. As compared to the development of the SEN education it is obvious that the school has made clear and significant improvements in meeting the SEN of their pupils. The children are enjoying school, are part of the school community and are starting to learn more than "just" simple tasks. Teachers indicate that they have experienced that every child can learn and that they are continuously experimenting to achieve higher goals with their pupils. They also indicate that they need more knowledge and practical skills to work with the children.

Sometimes simple interventions, such as using the activity planning board and creating independent learning time and differentiated instruction can make a big difference. The teachers also indicate that they need more space, assistance and materials in order to improve their teaching practices. Working together with the teachers from the preschool/ kindergarten turns out to be an effective strategy in the development of materials and practices for SEN. The practical examples demonstrated by the Dutch students in their classrooms and working together with them on the development of materials has been very stimulating.

Teachers also consider the active involvement of parents helpful for their teaching process. The meetings with parents help them to stimulate their children at home and to work on behavioral and cognitive development. The fact that their children are attending school creates time and opportunities for them to work and to take care of the other children while their child is safe and happy at school. It also helps them to free themselves from their situation of isolation and exclusion and offers them possibilities to share experiences and exchange knowledge with other parents and with the teachers.



*Models and practice developed at Ciwara "labschool" can be expanded to other schools, like this community school in the region.*

A final but not unimportant conclusion is that the teachers from the regular classrooms become inspired by the effectiveness of activating and child-centered differentiated teaching in the SEN groups and the preschool.

**Recommendations to shape a strategy for going forward, stabilizing the model in the next year.**

First a very big compliment should be made to the whole team and management of IEP's Ciwara School. The Ciwara community based model for inclusive education is an international important example of Good Practice!

In order to stabilize the model in the next year, the SEN team from the Ciwara School needs a clear strategy and reflection upon the goals reached and the priorities for the coming school year. In sharing successes and discussing what teachers can learn from each other, reflective practitioners design their own development.

The SEN team needs a clear focus to work on more differentiated teaching to meet the high expectations from the SEN pupils. In order to do this they can start working with observations in the classrooms, share and discuss the results and work together on further improving their teaching practice. Time observations on tasks can be a first start, using for example the model that has been developed at the Ethiopian "Basic Education Quality Improvement Program (BEQIP) (Hoeksma & Sieswerda, 2010).

Using video to increase teaching and learning can be an important tool as recent studies show that video contributes to the quality of reflection and the formation of a professional identity in teacher education (Maclean & White, 2007; Mol Lous, 2007). Selecting video fragments is done by the criterion of good practice. Witnessing this practice in detail creates fruitful ground to discuss pedagogical didactical techniques in depth and in a practical way.



*Co-teaching and assessment for individual plans are core activities in achieving quality education for all.*

Working with Individual Educational (and Care) Plans can help to get a clear picture on the development of the children and the educational interventions from the teachers (see also the specific recommendations made above). IE(C)P's can also help to decide about the appropriate placement/arrangement of individual SEN children.

Parental involvement can be used to discuss topics on education and behavioral management as "case studies". The meetings can also be used to educate the parents and to raise awareness. Furthermore, high potential parents, suitable to become the future leaders in this process, can be identified and invested in.

Improving the teachers' computer skills will enable them to help design and produce materials for Preschool and SEN. Find a leader for this goal.

Extra support in the classrooms should be arranged, especially in those classrooms where the regular teacher has no experience in working with SEN children. Materials and meaningful activities for the SEN children in the regular classroom have to be developed. SEN teachers could be appointed to monitor this development and function as consultants for the regular teachers.

It is recommended to develop materials for Preschool and SEN children that support early learning as preparing them for the Read-Learn-Lead program and basics in math education.

Teachers from regular classrooms need to be engaged in effective strategies from SEN and preschool and discuss possibilities to use them in regular classrooms too. This will enhance the development of regular classrooms and prepare teachers for teaching to a diverse SEN population.

Connecting to other institutions and players in the field of special educational needs will facilitate access to schools or other institutions for those children and young people in Kati who do not yet have access to education and care.

## Chapter 3

### Model strategy report

#### Introduction

Based on the observations, interviews and research in February 2012 regarding the effective approach to create a Ciwara community based inclusive school, a short outline of their strategy is listed below.

It should be noted that the teachers from Ciwara School have been supported by students and experts from the Dutch University of Applied Sciences from Leiden and Amsterdam, who have been cooperating with IEP for the last 4 years. Teacher training students from The Netherlands have been working directly with the teachers on more child-centered, active learning in using co-teaching strategies and developing materials together. Since 2009 the clear scope of IEP's Ciwara School on including more children with SEN in the school has been supported and competences (knowledge, skills and attitudes) have been developed to teach the SEN children in a child-centered approach based on high expectations of all learners.

Currently IEP and the Dutch partners are developing a Ciwara Center of Expertise in Early Learning and Special Educational Needs. Teachers, parents, people from the local community, teacher trainers and (para) medical professionals together exchange knowledge and teach it forward (train the trainers) to their peers and to all people involved in the process of creating inclusive schools.

#### Community based - solution focused – local language

The community based approach focuses on working with highly engaged people from within the community, thereby including the whole community in the process of inclusion and using the existing potential, experience and knowledge within the community to create an inclusive school and an inclusive community from the inside. This "bottom-up" approach has been very successful but has at times also been a challenging experience.

The solution focused approach to "work on what works" and to be the guide and owner of your own success is a key principle of how IEP's Ciwara School has achieved their goals in creating this inclusive school.

IEP's Ciwara School teaches young children and SEN children in the local language. This is an important tool in creating inclusive education, as language is one of the most important tools for access to education and schools (UNESCO (1994), EENET (2006)).

#### Short outline of the Ciwara approach to community based Inclusive Education

##### *1. Create an Inclusive community inside and in cooperation with the community*

Assess resources within the school and within the local community for teaching SEN kids (teachers, relatives, people from the community who are feeling responsible and sensitive to these children). Create a learning community and identify high potentials in the group who can be offered a job (and training) in special needs education.

Organize a SEN team by engaging a group of active teachers and people in the local community to set up classrooms for teaching SEN kids, to teach and to assist teachers.

##### *2. Organize physical environment*

- observational classroom
- structured classroom
- safe classroom
- integrated classroom
- outside play and project space



*It is important to create access to the school.*

### *3. Find, see and get to know the children*

Identify the children who are not attending school because of their disability (through brothers or sisters who do attend school).

Visit the families and convince them to send the child to school.

- Assess the possibilities for the child to have access to the school.
- Assess resources available within the family.
- Assess needs and challenges within the family.

### *4. Observe, assess and document*

Report the assessments and start a portfolio of the child.

Start working with Individual Educational Plans (IEP) and Individual Educational and Care Plans (IECP) in assessing the actual condition of the child and identifying specific educational needs and goals for the child by means of strengths and challenges considering:

- Autonomy
- Social development
- Emotional development
- Cognitive development
- Motoric development
- Health condition and risks
- Medications/ special prescriptions
- Special equipment needed

### *5. Just start*

Based on this assessment the child can be placed in one of the special or regular classrooms. Start school with small groups of children.

### *6. Empower families*

Involve the community and use capacities within the community.

Arrange a team of family members to take responsibility for taking children to school.

Organize weekly meetings with parents to

- share experiences
- inform and educate about disabilities and SEN
- inform and educate about guidance, care and nutrition of the child

Identify high potential parents and involve them in school and in the SEN team.

Find some tasks for parents of SEN children (cleaning, providing food, assistance in classrooms, cooking, taking care of special equipment and materials etc.). Involving parents will result in more engagement with the school and with the activities that SEN children are involved in at school and will help to contribute to educational partnership between school and parents.

If possible find a way to pay parents for the tasks they perform at school, in order to generate a small income for these parents who often are not able to work on a regular base because of the care their child requires.

#### *7. Health care and prevention*

- early intervention and information for pregnant women
- information about prevention of malaria, simple treatments in case of infections
- kitchen and machines to provide special food for children who cannot eat normal food

#### *8. School as an inclusive community*

Identify and work with relatives of the child on making school a daily routine.

Basic rules on how to behave as a student:

- Be in time
- Be properly dressed
- Wash hands
- Take off shoes
- Take care of your own belongings
- Respect belongings of other children
- Listen to the teacher
- Eat properly
- Respect others
- Use of available items to improve hygiene (faucets, etc.)
- Behave properly during breaks

Stimulate peers and other teachers to help children stick to the rules.

Involve all teachers and students in welcoming the SEN kids and engage them by organizing story telling, music, singing and dancing activities in the special classroom. Invite other children to join them. (As one of the SEN teachers stated: "Just open classroom doors and let them join in, ask and help" (Valerie, SEN teacher at IEP's Ciwara School, February 22th, 2012).

When moving to a new building, try to avoid that the special needs children will be isolated from the "mainstream" children.

- organize activities together with mainstream children (traditional storytelling, vocational training, cooking lessons, music, theatre, projects, etc.) in both buildings;
- involve mainstream children in teaching and caring for the SEN children;
- integrate SEN children in regular classrooms when possible, special teachers can support the regular teachers and can support the children within the classroom and in special classrooms.

#### *9. Learning community: create ownership, use competences, learn together*

Develop knowledge, teaching strategies and materials with the SEN team.

Connect with professionals, universities and local experts to work together in multidisciplinary teams.

Start meeting on a regular base and create consulting and treatment facilities.

10. *Teach from the essentials of effective teaching (Hattie (2011), Marzano (2009 )*

- Classroom management: Plan and organize independent learning, whole classroom activities, small groups and individual learning time.
- Make use of clear structures and routines.
- Make use of symbols to provide a predictable time schedule.
- Adopt a positive feedback approach (compliments, smiles, gestures and applause....)
- Focus on autonomy and responsibility of the children.
- Share "natural" teaching strategies like singing songs, storytelling, dancing, drama and music.
- Develop lessons and materials about "life skills".
- Teach in and with the natural environment
- Make use of existing materials and teaching strategies that are available in preschool.
- Develop teaching strategies and materials together with preschool teachers to teach
  - a. autonomy
  - b. self-esteem
  - c. respect
  - d. basic communication and behavior skills
  - e. early math and reading skills.
- Identify core declarative and procedural knowledge (Marzano, 2009) in the curriculum and develop a differentiated approach.
- Thematic approach to make learning meaningful and effective (Declarative knowledge, Marzano 2009).
- Systematic repetition and exercising in basic skills (Procedural knowledge, Marzano, 2009).



## Chapter 4

### Recommendations for developing the IEP strategy to support CAPs in meeting expectations for the education of special needs children

IEP's Ciwara School in Kati, Mali, is a shining example of Community based Inclusive education which is based upon the following principles and strategies:

General:

- Start with experts from the community (family etc.)
- Build upon and create knowledge and skills within the community
- Start with small groups
- Involve and educate parents from the start
- Teach in the local language
- Work with teacher assistants
- Small steps
- Develop a learning community
- Invest in human capital and access
- Provide training and support for teachers, parents and professionals
- Develop a system of differentiated child-centered teaching
- Systematic assessment and follow-up of development (IEP and IECP)
- High expectations

Start sharing the knowledge and experiences and create a Ciwara Center of Expertise in Early Learning and Special Educational Needs where teachers, parents and other professionals can meet, consult and share knowledge together. Invite professionals to reflect with them, to gain knowledge and to train them in specific skills for working with SEN children.

Connect with the Ministry in charge of special education (MINISTERE DE L'EDUCATION DE L'ALPHABETISATION ET DES LANGUES NATIONALES REPUBLIQUE DU MALI). Their objectives, strategies and planned actions are very much in concordance with the strategy that IEP has implemented at the Ciwara School and that IEP has been working on for the last six years. Sharing and empowering each other is an important strategy for achieving the goal of Inclusive education for all. The Ciwara School can be seen as a "shining example" in Inclusive education in Mali. Together with the Ministry it will be possible to plan and act for a broader application of this model and to expand more "good practices" that will inspire people to work on the important but difficult task of developing an education system that is really reaching out to all learners.

The goals and strategies for promoting special education as described in the document of Direction Nationale de l'Education Prescolaire et Speciale "POLITIQUE NATIONALE EN MATIERE D'EDUCATION SPECIALE" and the action plans described are important to enable the expansion of the Ciwara model and to work on further development and improvement of the model. The actions described in the paper mentioned above for promoting awareness (information, awareness and mobilization of human resources in the community, including parents (actions 1, 2, 4, 9), training and development of professionals and professional teacher training in special educational needs education (actions 3, 5 and 11), systematic research and evaluation (actions 8 and 10) and improving access (action 12) are important steps in the process towards inclusion. Linking the actions directly to the Ciwara School can be an important first step to reform the Ciwara School experience into the Ciwara Center for Early Learning and Special Educational Needs.

A video documentary on how to organize special needs education and how this changes the lives of families could start at the Ciwara School. This video can be used to mobilize national and international forces towards expansion of the model.



*The teachers of Ciwara School make their own materials now. They model active teaching strategies like this SEN student who models the researcher, showing a high capacity to learn from real life situation!*

**Chapter 5**  
**Care plans SEN children**

A start has been made to describe the problems and needs of the SEN children at Ciwara School, both in terms of physical and/or mental handicaps as in terms of practical and social circumstances. Based on their individual situation, care and schooling needs are defined for each child. Work to complete this inventory is still ongoing, but in this chapter a number of available care plans is presented.

|  |  |   |
|--|--|---|
| <b>Personal details</b>  | <b>Date of intake: 22-07-2011</b>  |   |
| Name<br>Date of birth<br>Disabilities<br>Official or estimated diagnosis<br>Medicine<br>Vaccinations<br>Main goals | <b>Alasane (mesi)</b><br><br>Both mentally and physically<br><br>Yes, from the hospital<br>Yes<br>A treatment to make it possible for Alasane to be more self-sufficient   |  |
| <b>Overall information</b>   | <b>Questionnaire</b>   |   |
| Disabilities   | <ul style="list-style-type: none"> <li>- He can't walk long distances.</li> <li>- He can't hold his neck stable.</li> <li>- He has a problem with grabbing things with both hands.</li> <li>- He has a speaking problem, but his mother can understand him.</li> <li>- But he can do a lot himself.</li> <li>- He can walk, but running is difficult.</li> <li>- He can play with his friends.</li> <li>- Eating is difficult but sometimes he can eat on his own.</li> </ul>  |   |
| Disorders  | <ul style="list-style-type: none"> <li>- He was born with the disability.</li> <li>- The disease is a little bit visible, you can see that his arms are not normally placed.</li> <li>- Disability of the neck.</li> <li>- Stiffness of his legs.</li> <li>- He has a problem with his hands, particularly in grabbing something.</li> <li>- Sometimes he shakes.</li> <li>- He has a speaking problem, but his mother can understand him.</li> <li>- He also understands what somebody is saying to him and he can reply (in action or in words).</li> <li>- His situation has been improving because of the school. He learned to read and type.</li> <li>- He gets along very well in a group. He goes to class with the special needs and the "normal" children (integrated).</li> </ul> |   |

|                       |  |
|-----------------------|--|
| Participation problem | <ul style="list-style-type: none"> <li>- He gets along very well in a group. He goes to class with the special needs and the "normal" children.</li> <li>- He can understand and reply to other people.</li> <li>- The mother is regularly interacting with Alasane, and also his brother does this a lot!</li> </ul>  |
| Possible causes       | <ul style="list-style-type: none"> <li>- Mother took medicine against Malaria during pregnancy, also in the first 4 months.</li> </ul>   |
| Other information     | <ul style="list-style-type: none"> <li>- She has 5 children; Alasane is a twin (he has a twin brother).</li> <li>- None of them are disabled. Neither is anyone in the family.</li> <li>- Malaria is the most occurring illness in the family.</li> <li>- The mother suffers from chest pain because of carrying her children on her back.</li> <li>- There are 10 people living in the household.</li> <li>- They wash their clothes twice a week with soap.</li> <li>- Alasane gets washed on a regular basis.</li> <li>- They prepare their food, which is regularly rice and meat, on coal and woodstoves.</li> <li>- When they are ill they can go to a doctor.</li> <li>- She didn't get any advise from the doctors for Alasane, neither from her mother who also has special needs children.</li> <li>- She gets a good reaction from other people who see Alasane and she sometimes also gets advice.</li> <li>- Alasane's treatment is expensive, but so far the family was able to afford this.</li> <li>- She doesn't get any aid from the community or government.</li> </ul> |
| <b>School</b>         | <b>Program</b>   |
| <b>School</b>         | <b>Teachers special needs</b>  |
| Goals 2012            | Needs IECF   |

|                                 |   |  |
|---------------------------------|---|--|
| <b>Personal details</b>         | <b>Date of intake: 01-07-2011</b>   |  |
| Name                            | <b>Araba</b>  |  |
| Date of birth                   | June 2004   |  |
| Disabilities                    | Mentally  |  |
| Official or estimated diagnosis | Down Syndrome, not diagnosed  |  |
| Medicine                        | No  |  |
| Vaccinations                    | Yes, all the routine  |  |
| Main goals                      |   |  |
|                                 |    |  |
| <b>Overall information</b>      | <b>Questionnaire</b>  |  |
| Disabilities                    | <ul style="list-style-type: none"> <li>- She can't read or write –she is now starting at school!</li> <li>- She has problems speaking clearly.</li> <li>- She can do anything like running, moving, playing.</li> </ul>   |  |
| Disorders                       | <ul style="list-style-type: none"> <li>- After her birth, Araba turned yellow, the doctor diagnosed Malaria.</li> <li>- She had a perforation in her heart and couldn't lift her head.</li> <li>- During the pregnancy the mother had stomach problems; she got medication for it, which helped.</li> </ul>   |  |
| Participation problem           | <ul style="list-style-type: none"> <li>- Sometimes the other children can be aggressive towards Araba.</li> <li>- She sometimes gets aggressive because she has problems expressing herself.</li> </ul>   |  |
| Possible causes                 | <ul style="list-style-type: none"> <li>- The mother of Araba was 42 years of age at her birth.</li> <li>- Medication during pregnancy.</li> <li>- Problems after the birth.</li> </ul>  |  |
| Other information               | <ul style="list-style-type: none"> <li>- The mother has problems with breathing on one side of her body. She also has problems with lifting in that side.</li> <li>- She brings Araba to school every day even though they live quite far away.</li> <li>- She has 9 children, none of the others have problems. Araba is the last child.</li> <li>- The birth of Araba was an easy birth.</li> <li>- Araba has had no illnesses, apart from a cold then and again.</li> <li>- Malaria is the most occurring illness in the family.</li> <li>- There are 18 people living in the household.</li> <li>- The drinking water is from the tap and they treat it.</li> <li>- Washing and cooking water is from a well.</li> <li>- They regularly eat fruit and vegetables.</li> <li>- They wash their clothes every day.</li> <li>- And twice a day body wash.</li> <li>- They can't always afford to go to the doctor when someone in the family is ill.</li> </ul> |  |
| <b>School</b>                   | <b>Program</b>  |  |
| -                               | <ul style="list-style-type: none"> <li>- Araba improved a lot because of the school. She can understand much better what people want from her. She now indicates when she wants to go to the toilet.</li> <li>- She can read and count basically.</li> <li>- She finds it difficult to concentrate</li> </ul>   |  |
| <b>School</b>                   | <b>Teachers special needs</b>   |  |
| Goals 2012                      | Needs IECP and special behavioral programme.  |  |

|                                 |   |
|---------------------------------|---|
| <b>Personal details</b>         | <b>Date of intake: 26-07-2011</b>   |
| Name                            | <b>Atorro</b>   |
| Date of birth                   | 1992  |
| Disabilities                    | He isn't stable, he is a bit aggressive and he doesn't do anything himself  |
| Official or estimated diagnosis |   |
| Medicine                        | Yes, Laroxyl Roche; Artasane Trihexphenidyle; Tegretol; Nozisan   |
| Vaccinations                    |   |
| Main goals                      | They want him to be cured   |
|                                 |    |
| <b>Overall information</b>      | <b>Questionnaire</b>  |
| Disabilities                    | <ul style="list-style-type: none"> <li>- He can't do anything himself, daily routine is very difficult.</li> <li>- He can sometimes wash himself but he refuses to do this.</li> <li>- He sometimes sings for himself.</li> <li>- He can say single words.</li> <li>- He can hear.</li> <li>- He has no problems with eating or drinking.</li> </ul>  |
| Disorders                       | <ul style="list-style-type: none"> <li>- He is a very unstable child.</li> <li>- He can suddenly react very aggressive.</li> <li>- He doesn't do anything by himself.</li> <li>- He has a nerve problem with his hands, the parents don't know what the problem is, but he was treated for this in the hospital.</li> <li>- He hurts himself but never other people.</li> <li>- No physical disabilities apart from shakes, the medical centre advised to give him milk to stop this, which helped.</li> <li>- They noticed the problem eight weeks after the birth; he had problems sitting.</li> <li>- They removed a sixth finger on one hand, the shakes started after the finger was removed by tightening it off.</li> <li>- He was treated for 4 months for his nerve problem in the hospital.</li> <li>- His situation was improved with medication but because of financial reasons they had to stop giving it to him and it got worse again.</li> </ul> |
| Participation problem           | <ul style="list-style-type: none"> <li>- If he does things wrong he reacts in a difficult way.</li> <li>- He tries to escape all the time from their land.</li> <li>- There are more people necessary to do his daily routine.</li> <li>- They sometimes bribe him to do things, this works.</li> <li>- He can understand when people ask him things.</li> <li>- He doesn't know when things are dangerous to him.</li> <li>- He can recognize himself in the mirror.</li> <li>- He plays with the children who come to visit the house.</li> <li>- Those who don't know him are afraid, the others chase him.</li> </ul>   |
| Possible causes                 | <ul style="list-style-type: none"> <li>- He suffered from meningitis.</li> </ul>  |
| Other information               | <ul style="list-style-type: none"> <li>- He spends all day walking through the yard, his mother sometimes interacts with him but it is not her main priority.</li> <li>- The second wife of her husband also has a disabled child which died at 9 months.</li> <li>- She followed all the advice that was given for pregnant women.</li> <li>- She sometimes felt dizzy during the pregnancy.</li> </ul>  |

|               |  |
|---------------|--|
|               | <ul style="list-style-type: none"> <li>- After the birth she suffered from stomach ache.</li> <li>- She gave birth in the reference centre.</li> <li>- It was a difficult birth, the baby did not cry so the doctor had to hit him to make him breath.</li> <li>- There are 9 people and 5 children living in the household.</li> <li>- They wash his hands 4 times a day.</li> <li>- They use water from the well but they treat it with chemicals to make the water drinkable.</li> <li>- His mother had advise from people not to beat him, to have affection for him.</li> </ul> |
| <b>School</b> | <b>Program</b>   |
|               | <ul style="list-style-type: none"> <li>- He did go to the school but they moved further away from the school so transportation is difficult.</li> <li>- There also is a financial burden.</li> <li>- Teachers special needs come to support the mother in teaching him some basic skills.</li> </ul>   |
| <b>School</b> |  |
| Goals 2012    | Needs: <ul style="list-style-type: none"> <li>- IECP</li> <li>- Help to regulate his behaviour</li> <li>- Some vocational training</li> </ul>  |

|  |  |
|--|--|
| <b>Personal details</b>  | <b>Date of intake: 01-08-2011</b>  |
| Name<br>Date of birth<br>Disabilities<br>Official or estimated diagnosis<br>Medicine<br>Vaccinations<br>Main goals | <b>Basekou</b><br><br>1992<br>Nerve problem, he's stiffening up bit by bit<br><br>Yes<br>Yes, all the routine vaccinations   |
| <b>Overall information</b>   | <b>Questionnaire</b>   |
| Disabilities   | <ul style="list-style-type: none"> <li>- He has problems with walking and the fine motoric skills.</li> <li>- He has speaking problems.</li> <li>- He can't read or write because he never went to school before.</li> <li>- He can eat and drink by himself.</li> <li>- He can't wash himself.</li> </ul>   |
| Disorders  | <ul style="list-style-type: none"> <li>- His feet and hands seem to be deformed, he uses a wheelchair because he can't lift his own body weight.</li> <li>- His problems seemed to start when the boy was one year old, it started with a headache, when he grabbed a chair the stiffness started.</li> <li>- He had acupuncture by Chinese doctors, this helped.</li> <li>- Treatment didn't continue because they don't have means of transportation.</li> <li>- He also got treated with medicine.</li> </ul>   |
| Participation problem  | <ul style="list-style-type: none"> <li>- He interacts well with other people, he hasn't had any bad experiences.</li> </ul>  |
| Possible causes  |  |
| Other information  | <ul style="list-style-type: none"> <li>- There are 8 people living in the household.</li> <li>- The mother lives somewhere else.</li> <li>- The pregnancy went well.</li> <li>- Malaria is the most occurring disease in the family.</li> <li>- If someone is ill they can't always afford to go to the doctor.</li> <li>- They never had any advice from any doctor how to treat the muscles of Basekou.</li> <li>- They use well water for everything, they purify it before drinking.</li> <li>- They eat fruits and vegetables.</li> <li>- They wash themselves twice a day.</li> <li>- It is very difficult for the sister to bring him to school.</li> </ul> |
| <b>School</b>  | <b>Program</b>   |
|  | The transportation is very difficult. He can often not attend school because of this transportation problem.<br>Once a week a teacher visits him at home.  |
| <b>School</b>  | <b>Teachers special needs</b>  |
| Goals 2012   | He starts to speak better and has some basic skills in reading and counting.<br>Needs IECF   |

|                                 |  |
|---------------------------------|--|
| <b>Personal details</b>         | <b>Date of intake: 25-07-2011</b>  |
| Name                            | <b>Bourama</b>   |
| Date of birth                   | 08-04-1997   |
| Disabilities                    | Physical problems  |
| Official or estimated diagnosis | No   |
| Medicine                        | Yes, all   |
| Vaccinations                    |  |
| Main goals                      |  |
| <b>Overall information</b>      | <b>Questionnaire</b>   |
| Disabilities                    | <ul style="list-style-type: none"> <li>- He can walk and run.</li> <li>- He can hear, speak, see, play and sit.</li> <li>- He can eat and drink.</li> <li>- It is difficult to listen.</li> <li>- He has problems with writing.</li> </ul>   |
| Disorders                       | <ul style="list-style-type: none"> <li>- He has a disability on his right wrist.</li> <li>- His right foot is 85 degrees exorotated.</li> <li>- Sometimes he visits the physiotherapist at his normal school, not on a regular basis.</li> </ul>   |
| Participation problem           | <ul style="list-style-type: none"> <li>- He hasn't got any friends anymore, he used to play with friends.</li> <li>- He used to play soccer in the weekend.</li> <li>- He knows what you're saying to him and he can react to that.</li> <li>- Other children won't play with him because they are afraid.</li> <li>- He is able to participate in his own way.</li> <li>- All the family members can understand him but it is unknown if all his classmates can understand him.</li> <li>- He gets very angry if he is not understood.</li> <li>- He is motivated to be the best, and he gets aggressive with his brother when he is better then himself.</li> <li>- He likes to play on the PlayStation</li> </ul>   |
| Possible causes                 |  |
| Other information               | <ul style="list-style-type: none"> <li>- There are 2 brothers and 3 sisters, none of them is disabled.</li> <li>- The mother wasn't sick during the pregnancy.</li> <li>- When he was a baby he used to go to the medical centre for research.</li> <li>- They don't know the exact amount of the visits.</li> <li>- Daily routine: brush his teeth, pray, breakfast, school, he rests, lunch, watching television, pray again, go to school again.</li> <li>- They don't have a personal doctor. But the mother is a nurse so she sends him to the medical centre when necessary.</li> <li>- She had some advice concerning the disability of the child; she is trying to understand the child.</li> <li>- There are 9 people in the household, living in 7 rooms.</li> <li>- Clothes get washed twice a week.</li> <li>- His father was really engaged in getting help for the child to make his life easier.</li> </ul> |
| <b>School</b>                   | <b>Program</b>   |
|                                 | He is going to a regular school.   |
| <b>School</b>                   | <b>Teachers special needs</b>  |
| Goals 2012                      | Needs IECF.  |

|                                 |  |   |
|---------------------------------|--|---|
| <b>Personal details</b>         | <b>Date of intake: 07-2011</b>   |   |
| Name                            | <b>Demba</b> (with his sister Maria)   |  |
| Date of birth                   | 11-09-2008   |   |
| Disabilities                    | He can't sit by himself  |   |
| Official or estimated diagnosis | Yes, Nootropyl Piracetam A20%;   |   |
| Medicine                        | Rivotril Clonazepam  |   |
| Vaccinations                    | Yes  |   |
| Main goals                      |  |   |
| <b>Overall information</b>      | <b>Questionnaire</b>   |   |
| Disabilities                    | <ul style="list-style-type: none"> <li>- He can't sit by himself.</li> <li>- He can't walk.</li> <li>- He can't grab things.</li> <li>- He can hear.</li> <li>- He can't eat and drink by himself because of his age, no swallowing problems.</li> <li>- He plays.</li> </ul>  |   |
| Disorders                       | <ul style="list-style-type: none"> <li>- The doctor said that there is a possibility that he will be able to walk.</li> <li>- Before the medication he was crying a lot, but the crying stopped after the medication. Also his hands were tensioned, now they are not any more.</li> <li>- He is born this way.</li> <li>- IMOC (cerebral palsy (IMOCA), the newborn brain damage).</li> <li>- Tetraplegia Spastique.</li> </ul>   |   |
| Participation problem           | <ul style="list-style-type: none"> <li>- He can see and laugh but he can't participate, he is passive.</li> <li>- He can reply to things you say</li> </ul>  |   |
| Possible causes                 |  |   |
| Other information               | <ul style="list-style-type: none"> <li>- Labour was extremely long (9 days).</li> <li>- Mother and children have been heavily abused.</li> <li>- Mother was also heavily abused during pregnancy.</li> <li>- There are no other relatives in the family with a disorder.</li> <li>- She got advise from a doctor who said that there is a bad evil spirit in her son, so she changed doctor.</li> <li>- They would like to have some more information about what is wrong with him. And how to handle a child like this.</li> <li>- There are 25 people in the household, they have 6 sleeping rooms.</li> <li>- Mother has got a job as a cook with a family where she lives now.</li> <li>- The mother changes him 3 a 4 times a day.</li> </ul> |   |
| <b>Overall information</b>      | <b>Physiotherapist</b>   |   |
|                                 | In a swimming pool he can move his left leg.   |   |
| <b>School</b>                   | <b>Program</b>   |   |
|                                 | He is in the special needs class where the physical therapist and the teacher try to stimulate his development and train his muscles. He needs a wheelchair or Buggy to take him to school. He is too heavy to be carried by his sister who usually takes him to school.   |   |
| <b>School</b>                   | <b>Teachers special needs</b>  |   |
| Goals 2012                      | Needs IECP<br>Swimming therapy will help him to develop his muscles.   |   |

|                                 |   |
|---------------------------------|---|
| <b>Personal details</b>         | <b>Date of intake: 22-07-2011</b>   |
| Name                            | <b>Fatoumata</b>  |
| Date of birth                   | 01-09-2000  |
| Disabilities                    | She lost hearing, speech and sight  |
| Official or estimated diagnosis | No  |
| Medicine                        | The mother thinks that she had vaccinations but is not confirmed  |
| Vaccinations                    |   |
| Main goals                      | Improvement of bathroom situation and better communication  |
|                                 |    |
| <b>Overall information</b>      | <b>Questionnaire</b>  |
| Disabilities                    | <ul style="list-style-type: none"> <li>- She can't speak, she can make noises.</li> <li>- She has trouble hearing and seeing.</li> <li>- She can't do daily hygiene routines by herself, she also doesn't go to the toilet but wets herself.</li> <li>- She can eat by herself.</li> <li>- She is self-sufficient.</li> <li>- She has problems standing up.</li> <li>- She can walk and run.</li> <li>- She plays on the piano.</li> </ul>  |
| Disorders                       | <ul style="list-style-type: none"> <li>- The child was born healthy.</li> <li>- She got malaria.</li> <li>- She lost hearing, speech and sight.</li> <li>- Now she has a bad hearing and sight, no speech.</li> <li>- But she does make noises.</li> <li>- There is a visible disability, dull facial expression. Her eyes don't open fully.</li> <li>- She had convulsions in the beginning, these have not occurred in the last Malaria attack.</li> <li>- She can't stand by herself during the morning and at night time.</li> <li>- There are no known allergies.</li> <li>- The problems with hearing and sight have improved.</li> <li>- She still doesn't speak, just cries.</li> </ul> |
| Participation problem           | <ul style="list-style-type: none"> <li>- No speech, but she is able to express emotion through facial expression.</li> <li>- She doesn't understand what is said.</li> <li>- She does understand when she is disciplined.</li> <li>- She gets slapped as part of the discipline.</li> </ul>   |
| Possible causes                 | <ul style="list-style-type: none"> <li>- Malaria</li> </ul>   |
| Other information               | <ul style="list-style-type: none"> <li>- During the pregnancy the mother was treated with Malaria medicine.</li> <li>- The child did not get treated against Malaria because she refused to take the medicine.</li> <li>- There is no contact with a doctor.</li> <li>- It is not known how the child got infected with Malaria, the mother wasn't there at the time.</li> <li>- Hygiene routine gets performed frequently.</li> <li>- The food gets washed before consumption.</li> <li>- Water is taken from the river.</li> <li>- She likes rice and milk with coffee.</li> </ul>  |

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|               | <ul style="list-style-type: none"> <li>- There are 22 people in the household, 9 adults and 13 children.</li> <li>- There are 10 rooms and a backyard.</li> <li>- They have a bin at the door, it gets picked up every 3 days.</li> <li>- She got advise from an institution about hygiene.</li> <li>- The mother likes the bathroom situation to be improved. Fatoumata needs to learn to recognize the bathroom and to go to the toilet on her own initiative.</li> <li>- And the mother would like a better communication with the community.</li> </ul> |
| Actions       | <ul style="list-style-type: none"> <li>- Sign language and pictogram</li> <li>- Tactile sign language</li> <li>- Feeling gestures</li> </ul>  |
| <b>School</b> | <b>Program</b>  |
| <b>School</b> | <b>Teachers special needs</b>   |
| Goals 2012    | Needs IECP and advice from specialists for blind and deaf people.   |

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| <b>Personal details</b>         | <b>Date of intake: 23-07-2011</b>  |
| Name                            | <b>Godefrey (Ibe)</b>  |
| Date of birth                   | 23-09-1998   |
| Disabilities                    | He doesn't speak   |
| Official or estimated diagnosis | No   |
| Medicine                        | He had antibiotics and he has medication against Sickle Cell anaemia   |
| Vaccinations                    | Yes, tetanus   |
| Main goals                      | To understand what goes on in the boy and for him to have a normal life. Better expression of his feelings and understanding what people want from him.  |
| <b>Overall information</b>      | <b>Questionnaire</b>   |
| Disabilities                    | <ul style="list-style-type: none"> <li>- He has a problem with swallowing.</li> <li>- He can't speak.</li> <li>- He has no fine motor control in his hands.</li> <li>- He can't wash his hands.</li> <li>- He needs help to go to the toilet.</li> <li>- He can sit, walk and run.</li> </ul>  |
| Disorders                       | <ul style="list-style-type: none"> <li>- It seems to be a problem with the tongue, based on visual observation by the father.</li> <li>- Foetal distress.</li> <li>- His umbilical cord was wrapped around his neck, so he didn't get enough oxygen.</li> <li>- He was hospitalized for a week</li> <li>- He was given antibiotics</li> <li>- He started walking late, with 5 years of age</li> <li>- He has improved in the last three years</li> <li>- Ultrasonic investigation was normal</li> <li>- He has sickle cell anaemia, he has medication for it but doesn't take it regularly.</li> </ul>   |
| Participation problem           | <ul style="list-style-type: none"> <li>- He has a problem to understand and follow what people say, especially if it's complicated.</li> <li>- He has no means of communication.</li> <li>- In school he is quiet, he interacts with all the other children.</li> <li>- The group reacts well towards him.</li> <li>- He often goes and plays with his friends.</li> </ul>   |
| Possible causes                 | <ul style="list-style-type: none"> <li>- Problems at birth.</li> <li>- He has sickle cell anaemia.</li> <li>- It might be genetically.</li> </ul>  |
| Other information               | <ul style="list-style-type: none"> <li>- His daily routine: washes, goes to school, he is in the same class with other, younger pupils.</li> <li>- The father has arranged for a private teacher to give him extra lessons.</li> <li>- The father is very educated, studies in the US (he has his masters in microbiology).</li> <li>- The mother took alternative medication against abdominal pains.</li> <li>- It was an easy pregnancy but a difficult birth.</li> <li>- He lives with his grandparents; there are 6 people in the household.</li> <li>- He drinks tap water.</li> <li>- He gets washed twice a day.</li> <li>- The family uses a trashcan, which is brought to the skip.</li> <li>- He just recently started eating fruits, he prefers liquid foods.</li> <li>- A specialized centre gave them advise about suitable</li> </ul> |

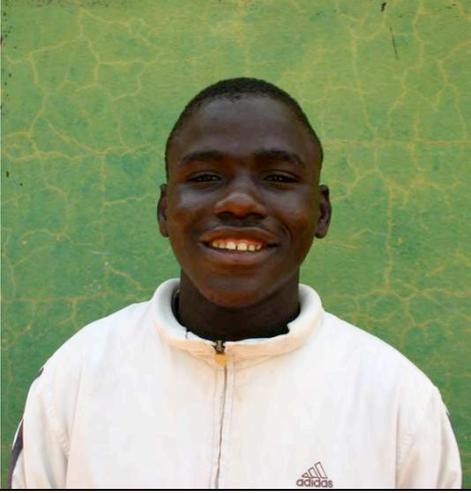
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|               | <p>exercises for the boy.</p> <ul style="list-style-type: none"> <li>- The father was very frustrated about the situation; it was hard for him to accept.</li> <li>- He wishes for more learning materials to teach the special needs children.</li> <li>- Some people avoid the father because they think his son's disorders are infectious.</li> <li>- The people think it is genetic or fate.</li> </ul> |
| <b>School</b> | <b>Program</b>   |
| Goals 2012    | In special needs classroom.<br>Needs IEP for more challenges.  |

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| <b>Personal details</b>         | <b>Date of intake: 22-07-2011</b>  |
| Name                            | <b>Ibrahim</b>   |
| Date of birth                   | 07-04-2002   |
| Disabilities                    | Mental problem   |
| Official or estimated diagnosis | He got medication for Malaria  |
| Medicine                        | Yes, all. The mother has the papers at home  |
| Vaccinations                    | That the child will be healthy   |
| Main goals                      |  |
| <b>Overall information</b>      | <b>Questionnaire</b>   |
| Disabilities                    | <ul style="list-style-type: none"> <li>- He can't walk or run.</li> <li>- He can hear.</li> <li>- He can't speak.</li> <li>- He can't see, only has a small focus.</li> <li>- He can't reply in sound or action.</li> <li>- When he was 2 years old he could eat by himself but now he can't anymore because he had Malaria</li> </ul>   |
| Disorders                       | <ul style="list-style-type: none"> <li>- When the child was 2 months old, the mother found that the child had a problem and she took him to the hospital.</li> <li>- They made a scan of his brain.</li> <li>- For the first 3 months he could move by himself. After 3 months he wasn't able to move by himself anymore.</li> <li>- They made another scan when he was 6 months old, she has the results at home.</li> <li>- He has had Malaria.</li> <li>- He can sit and move now, after 3 months he went to the pediatrician and now he can move almost everything.</li> <li>- He moves a lot, he can't sit still.</li> <li>- Problem was in the brain; he has no medication at this moment. It is too expensive to see a doctor.</li> </ul>   |
| Participation problem           | <ul style="list-style-type: none"> <li>- He can't reply to a question in words or actions.</li> <li>- He can't play in the other group, the other children are afraid of his movements.</li> <li>- He doesn't recognize himself in the mirror.</li> <li>- The child is completely dependent of his mother.</li> </ul>  |
| Possible causes                 | <ul style="list-style-type: none"> <li>- Brain problem.</li> <li>- Worsened by Malaria.</li> </ul>   |
| Other information               | <ul style="list-style-type: none"> <li>- The mother was pregnant for 3 months then she became sick, she suffered from Malaria.</li> <li>- She got medicines during her pregnancy.</li> <li>- There was no problem during labour.</li> <li>- There is contact with the doctors.</li> <li>- After his father died he didn't visit a doctor for about 6 months</li> <li>- They are living in a big family, the mother doesn't know the exact amount, about 25 members are constantly at home.</li> <li>- There are 10 rooms, 6 rooms to sleep.</li> <li>- None of the other relatives are disabled.</li> <li>- He likes milk with coffee, in the afternoon and evening they eat rice.</li> <li>- The mother is very interested in more information on how to handle a child like this.</li> </ul> |
| <b>School</b>                   | <b>Program</b>   |
| <b>School</b>                   | <b>Teachers special needs</b>  |
| Goals 2012                      | He can read and count at a basic level with concrete materials.<br>No speech.<br>Needs IECP  |

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| <b>Personal details</b>  | <b>Date of intake: 22-07-2011</b>   |
| Name<br>Date of birth<br>Disabilities<br>Official or estimated diagnosis<br>Medicine<br>Vaccinations<br>Main goals | <b>Oesman</b><br><br>06-06-1998<br>Mental problem   |
| <b>Overall information</b>   | <b>Questionnaire</b>  |
| Disabilities   | <ul style="list-style-type: none"> <li>- He has trouble with speaking, but it is getting better slowly</li> <li>- He can do all the other things like walking, sitting, hearing, eating and drinking.</li> </ul>  |
| Disorders  | <ul style="list-style-type: none"> <li>- The child had a yellow skin during birth, this is a sign of Malaria.</li> <li>- The child has 2 disabilities: speech problems and mentally retarded.</li> </ul>  |
| Participation problem  | <ul style="list-style-type: none"> <li>- He plays with his brother and sister at home.</li> <li>- Sometimes they play together, but sometimes they try to get rid of him.</li> <li>- 'friends' like to make fun of him.</li> </ul>  |
| Possible causes  |   |
| Other information  | <ul style="list-style-type: none"> <li>- During the pregnancy the mother had Malaria, for which she took medicines (also in the beginning of the pregnancy).</li> <li>- She still had Malaria after giving birth.</li> <li>- Anaemia daily.</li> <li>- The mother has 5 children, this is her only disabled child.</li> <li>- Disabilities occurred in the past; her sister who couldn't sit by herself and her uncle, who died.</li> <li>- She can't afford to take the child to the doctor.</li> <li>- Her husband isn't helping her.</li> <li>- There are 7 people in the household, there are 3 rooms.</li> <li>- There is no contact with a doctor.</li> <li>- She was advised to take him to school.</li> </ul> |
| <b>School</b>  | <b>Program</b>  |
| <b>School</b>  | <b>Teachers special needs</b>   |
| Goals 2012   | Improving behaviour and learning after he started to go to school.<br>Needs IECF  |

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| <b>Personal details</b>         | <b>Date of intake: 22-07-2011</b>   |   |
| Name                            | <b>Oumar</b>  |  |
| Date of birth                   | (they have this at school)  |   |
| Disabilities                    | Hearing problem   |   |
| Official or estimated diagnosis | Doctor thinks it is a nerve problem   |   |
| Medicine                        | Yes, he had Malaria medicine  |   |
| Vaccinations                    | Yes, all  |   |
| Main goals                      | That he can hear so he can go to college  |   |
| <b>Overall information</b>      | <b>Questionnaire</b>  |   |
| Disabilities                    | <ul style="list-style-type: none"> <li>- He can write and speak a little bit.</li> <li>- He can't hear very well, a little bit with one ear.</li> <li>- He can do the rest like walk, run, see, eat and drink.</li> </ul>   |   |
| Disorders                       | <ul style="list-style-type: none"> <li>- He has a hearing problem, he can hear a little bit. If you talk loud he can hear with one ear.</li> <li>- The problem has probably developed after birth, but that is not certain.</li> <li>- In the beginning he could say mom and dad.</li> <li>- He got Malaria right after birth and was treated for it.</li> <li>- They took him to different doctors to analyse his head nerves to find out why he couldn't hear. The doctor thinks it is a nerve problem.</li> <li>- If you look at the last years he is improving a bit.</li> <li>- Doctors told her that he needs a hearing device but it is too expensive, ~ 500.000 Malian Frank (~800 euro).</li> <li>- The doctor tested how much he could hear.</li> </ul> |   |
| Participation problem           | <ul style="list-style-type: none"> <li>- If he can't make himself understood he uses his arms.</li> <li>- The mother interacts with him. He likes to sit close to her and he is interested in comics.</li> <li>- He participates well in a group and the group responds well to him.</li> <li>- In the group they use sign language.</li> </ul>   |   |
| Possible causes                 | <ul style="list-style-type: none"> <li>- Malaria right after birth.</li> </ul>  |   |
| Other information               | <ul style="list-style-type: none"> <li>- Daily routine: in the morning he asks them if he goes to school, they tell him to wash and go to school.</li> <li>- In the family only malaria is the only occurring illness.</li> <li>- She was advised by some people to keep him close to her.</li> <li>- The mother has 4 other children, none of them disabled.</li> <li>- There were no problems during the pregnancy.</li> <li>- There are 15 people living in the household.</li> <li>- They cook on wood and coal.</li> <li>- They drink water from the tap.</li> <li>- Food: fruit is the main problem because they can't afford it.</li> </ul>  |   |
| <b>School</b>                   | <b>Program</b>  |   |
|                                 | He is in the school in the special needs class.<br>He learns quickly and needs more challenges in education.  |   |
| <b>School</b>                   | <b>Teachers special needs</b>   |   |
| Goals 2012                      | Needs IECF and advice from school for the deaf in Bamako  |   |

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| <b>Personal details</b>                     | <b>Date of intake: 25-07-2011</b>   |   |
| Name  | <b>Rosalie</b>  |  |
| Date of birth                               | January 2010  |   |
| Disabilities                                | Mental problem and something wrong with her body  |   |
| Official or estimated diagnosis<br>Medicine | Doctors are working on a diagnosis  |   |
| Vaccinations<br>Main goals                  | Finding help because the mother can't take care of her alone  |   |
| <b>Overall information</b>                  | <b>Questionnaire</b>  |   |
| Disabilities                                | <ul style="list-style-type: none"> <li>- She can't sit by herself, she can't keep her head steady/stable.</li> <li>- She follows the playing children but can't participate.</li> <li>- She can interact with the other children.</li> <li>- Her spine is very fragile.</li> <li>- Her ankles are slightly turned inwards.</li> <li>- She needs to wear special shoes, it is not clear if she has these kind of shoes.</li> </ul>   |   |
| Disorders                                   | <ul style="list-style-type: none"> <li>- The mother thinks the main problem is her body, Rosalie has no control.</li> <li>- She also has a mental problem.</li> <li>- Doctors don't know what is wrong with her yet, they are working on a diagnosis (for three months now).</li> </ul>   |   |
| Participation problem                       | The child is too young to analyse.  |   |
| Possible causes                             | <ul style="list-style-type: none"> <li>- It was a difficult birth, the mother wasn't strong enough to give birth so the doctors forced the baby out.</li> <li>- She has no financial aid to get the things she needs for Rosalie.</li> <li>- It could be genetic, from her husband's family.</li> </ul>   |   |
| Other information                           | <ul style="list-style-type: none"> <li>- The mother was 16 when she gave birth to Rosalie.</li> <li>- She wasn't ill during pregnancy.</li> <li>- There were problems with the birth of the child.</li> <li>- There is no disability in the family.</li> <li>- There have been other cases like this in her husband's family/ house. But in these cases the babies died during labour or after birth.</li> <li>- The brother of the husband had 1 disabled child but the child died.</li> <li>- She is living in the house of the husband's brother, there are 8 persons in 4 rooms.</li> <li>- She doesn't have a doctor and she has a big financial problem. That's why she can't take her to the hospital.</li> <li>- Sometimes she has to stop working to take care of her child.</li> <li>- In the past she has received donations from people in her neighbourhood.</li> <li>- Some people thought that the child isn't a human being.</li> <li>- The I.E.P. is her only hope.</li> </ul> |   |
| <b>School</b>                               | Physical therapist visits her at home to activate her and to support the family.  |   |
| <b>School</b>                               | <b>Teachers special needs</b>   |   |
| Goals 2012                                  | Needs ICP.  |   |

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| <b>Personal details</b>  | <b>Date of intake: 30-07-2011</b>  |  |
| Name   | <b>Sekouba</b>   |  |
| Date of birth<br>Disabilities<br>Official or estimated diagnosis<br>Medicine<br>Vaccinations<br>Main goals | 1998<br>Mental and physical disability<br><br>Yes, all the routine<br>His father wants him to become more self-sufficient and that people can understand him more  |  |
| <b>Overall information</b>   | <b>Questionnaire</b>   |  |
| Disabilities   | <ul style="list-style-type: none"> <li>- He can wash, prepare his breakfast and get dressed all by himself.</li> <li>- He has no problem with any movements, but he sometimes has an infection on his foot, which make it impossible to walk, it hurts a lot. This infection keeps coming back.</li> <li>- He has a hearing problem and can't speak properly</li> <li>- He can however communicate with his parents and teachers at school.</li> </ul>   |  |
| Disorders  | <ul style="list-style-type: none"> <li>- He has a communication problem, difficulty with hearing and speaking.</li> <li>- His father thinks the situation has improved because he can understand him better.</li> <li>- The teachers at school told him that the boy's tongue is a little big and that is why he has trouble pronouncing words.</li> <li>- They are planning on operating his ear, but this is too expensive.</li> <li>- Sekouba had Malaria when he was 8 months old.</li> <li>- He was treated for it with both traditional medication and medication prescribed by the doctor.</li> </ul>                   |  |
| Participation problem  | <ul style="list-style-type: none"> <li>- The parents interact with the child on a regular basis.</li> <li>- He can communicate with his parents and teachers at school.</li> <li>- He gets along very well with other people.</li> <li>- When he is outside his normal environment, children sometimes treat him like an ill person.</li> <li>- He can react a little bit aggressive.</li> </ul>   |  |
| Possible causes  | <ul style="list-style-type: none"> <li>- He had a lot of ear infections as a little boy, this might have caused the hearing problems.</li> <li>- He had Malaria.</li> </ul>  |  |
| Other information  | <ul style="list-style-type: none"> <li>- The mother had Malaria and she was treated during pregnancy, she also suffered from Malaria at the time of his birth.</li> <li>- The mother has 8 children, all other children are healthy.</li> <li>- They go to the doctor if someone is sick.</li> <li>- There are 10 people in the household.</li> <li>- They try to eat as healthy as possible, they know that it is important to have daily hygiene routines, they try to follow that.</li> <li>- The father did get advice from the school and from his relatives to do something about his condition, to treat him</li> </ul> |  |

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|               | <p>and to give him some tasks to do.</p> <ul style="list-style-type: none"> <li>- His father wants him to be more self-sufficient; he hopes that the operation on Sekouba's ear will help with that, so people can understand him.</li> <li>- His father has problems to raise the funds for Sekouba's treatment .</li> <li>- The operation would cost about 200.000 CFA (~300 euro).</li> </ul> |
| <b>School</b> | <p>He always attends school and interacts with pupils and teachers. He usually is in the classroom with the older children but he also stays from time to time in the special needs classroom.<br/>He likes to do practical activities like working with beads.</p>  |
| <b>School</b> | <b>Teachers special needs</b>  |
| Goals 2012    | Needs IEP and perhaps also vocational training.  |

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| <b>Personal details</b>  | <b>Date of intake: 26-07-2011</b>  |
| Name<br>Date of birth<br>Disabilities<br>Official or estimated diagnosis<br>Medicine<br>Vaccinations<br>Main goals | <b>Soloman</b><br><br>Nine years old<br>Mental problem<br><br>Yes, medication for epilepsy<br><br>More help to deal with her son and make him more self sufficient   |
| <b>Overall information</b>   | <b>Questionnaire</b>   |
| Disabilities   | <ul style="list-style-type: none"> <li>- His hands are always tightened, he has little strength in both hands.</li> <li>- He can't lift heavy things such as a bucket water.</li> <li>- He can't speak, he expresses himself with loose words.</li> <li>- He needs help with dressing and daily routine.</li> <li>- He can form simple sentences.</li> <li>- He often falls because he has reduced leg strength.</li> <li>- He has no sense of orientation.</li> </ul>   |
| Disorders  | <ul style="list-style-type: none"> <li>- The problem started to be noticeable at the age of 3.</li> <li>- He had a tantrum and he started to cry. The family took him to the doctor, where he received medicine. He continued to go to the hospital. They hospitalized him, in this week the doctors said that he could not feel anything because he didn't react to anything.</li> <li>- He sometimes lays down and isn't able to move, this can take a couple of minutes or an hour. It comes suddenly and he falls in that position.</li> <li>- The mother waits until it goes away, and also massages Solo's limbs.</li> <li>- After that he is very weak and tired for a couple of days.</li> <li>- He has medication for epilepsy, which does not stop the paralysation. He has been taking this for 3 years now.</li> <li>- He took another medicine, which made him aggressive so the parents stopped with it, this was Depakine.</li> <li>- The doctor advised to do exercises and let him play with other children.</li> </ul> |
| Participation problem  | <ul style="list-style-type: none"> <li>- First he didn't play but that changed because of the school.</li> <li>- The parents have now started to play and interact with him. This is a result of the sensibility training the parents had at school.</li> <li>- He does recognize himself and other objects as known objects.</li> <li>- He plays with other children.</li> <li>- He is boisterous with other children.</li> </ul>   |
| Possible causes  | <ul style="list-style-type: none"> <li>- Could be genetic, 2 other relatives in his father family have such a disability.</li> </ul>   |
| Other information  | <ul style="list-style-type: none"> <li>- There are 2 cases of disabilities like Solo's in the family of the father.</li> <li>- There was no illness during the pregnancy.</li> <li>- On the date of birth the mother was very tired.</li> <li>- She meant to get an operation, but this didn't happen.</li> <li>- She followed the medication plan for pregnant women and during the pregnancy she had stomach pain. She took medicine for that.</li> </ul>  |

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|               | <ul style="list-style-type: none"> <li>- The family uses tap water, which doesn't get treated before drinking.</li> <li>- She has not been to any meeting with other special needs children but she is planning to do so.</li> </ul> |
| <b>School</b> | <b>Program</b>   |
|               | His development has improved since he comes to the school.   |
| <b>School</b> | <b>Teachers special needs</b>  |
| Goals 2012    | Needs IECF and behavioral program.   |

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| <b>Personal details</b>         | <b>Date of intake: 26-07-2011</b>  |   |
| Name                            | <b>Souri</b>   |  |
| Date of birth                   | 16-03-1994   |   |
| Disabilities                    | Not able to walk   |   |
| Official or estimated diagnosis | Yes  |   |
| Medicine                        | Yes  |   |
| Vaccinations                    | Get help to make things easier for the mother, to help him   |   |
| Main goals                      |  |   |
| <b>Overall information</b>      | <b>Questionnaire</b>   |   |
| Disabilities                    | <ul style="list-style-type: none"> <li>- He can't walk or run.</li> <li>- He can't grab anything with his left hand.</li> <li>- He can dress himself and ask for things.</li> <li>- He can sit.</li> <li>- He can speak but only his family can understand him, he doesn't use words, only sounds.</li> <li>- He can hear.</li> <li>- He can eat and drink.</li> <li>- He can play.</li> </ul>   |   |
| Disorders                       | <ul style="list-style-type: none"> <li>- He can't walk but he has a bicycle to move around and he's got a wheelchair.</li> <li>- They didn't notice the disability when he was a baby but when he grew older they noticed he was different and he wasn't able to walk.</li> <li>- They think he was born with the disability.</li> <li>- He did get medication or treatment in the past, she doesn't know which medicine.</li> <li>- The disability is visible, the limbs are not completely how they should be. Left hand wrist stands to the inside, his feet aren't completely straight.</li> <li>- Right leg has a problematic movement, he can't walk with it.</li> <li>- There has been some improvement, aggression has decreased.</li> </ul> |   |
| Participation problem           | <ul style="list-style-type: none"> <li>- He can ask for things.</li> <li>- Sometimes he is aggressive.</li> <li>- At the beginning when he was playing with the children he was a little bit aggressive this has improved.</li> <li>- The grandmother is sometimes interacting with him.</li> <li>- He can communicate and tell people if he needs something, like go to the bathroom.</li> <li>- He knows what you're saying and he can reply.</li> <li>- He has a lot of interaction.</li> <li>- The child does recognize himself in the mirror.</li> <li>- They treat him like someone with a disability, not like he is sick. Sometimes they distance him.</li> </ul>  |   |
| Possible causes                 | -  |   |
| Other information               | <ul style="list-style-type: none"> <li>- The grandmother doesn't know the reason of the handicap.</li> <li>- The mother has 4 children, he was the first child. None of the others are disabled.</li> <li>- The mother left the child with the grandmother, she has been taking care of him for 17 years.</li> </ul>   |   |

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|               | <ul style="list-style-type: none"> <li>- The mother preferred the grandmother to take care of the child after he was born. This was not the grandmother's own decision.</li> <li>- The grandmother has no information about the pregnancy.</li> <li>- Daily routine: he gets up and out of the house, he is sitting in his chair and he has interaction with people who pass by.</li> <li>- The grandmother is spending the day selling things, to take care of him.</li> <li>- She doesn't know how many people live in the household.</li> <li>- She washes the clothes herself in a bucket with soap.</li> <li>- When he wants something to eat he tells her, and she prepares it for him when there is money to buy it. She cooks with coals.</li> <li>- She regularly does the hygiene routine and she uses soap.</li> <li>- They drink water from a well, they don't treat it before drinking.</li> <li>- They eat rice and use millet to make bread. Vegetables are too expensive, sometimes she buys them.</li> <li>- They have contact with a doctor in Kati, also he gets treated by the physiotherapist sometimes.</li> <li>- She didn't get any advice.</li> <li>- Here advice to other special needs children is to treat them well.</li> <li>- She would like to know more about the causes of the disability.</li> <li>- She doesn't receive any aid, except from the school.</li> <li>- She doesn't have access to the internet and she doesn't use it.</li> </ul> |
| <b>School</b> | Program at home: the teachers and physical therapists visit him at home and teach him basic skills.  |
| <b>School</b> | <b>Teachers special needs</b>  |
| Goals 2012    | Needs vocational training  |

|                                 |  |  |
|---------------------------------|--|--|
| <b>Personal details</b>         | <b>Date of intake: 22-07-2011</b>  |  |
| Name                            | Kamisa   |  |
| Date of birth                   |  |  |
| Disabilities                    | Nerve problem  |  |
| Official or estimated diagnosis |  |  |
| Medicine                        | Yes, all vaccinations up-to-date   |  |
| Vaccinations                    | For Kamisa to be self-sufficient, to help Kamisa be independent  |  |
| Main goals                      |  |  |
| <b>Overall information</b>      | <b>Questionnaire</b>   |  |
| Disabilities                    | <ul style="list-style-type: none"> <li>- She can sit and walk.</li> <li>- She can run but not for long.</li> <li>- She can hear, see and speak, but very slowly.</li> <li>- She can eat and drink on her own.</li> <li>- She can play.</li> <li>- She is starting to recognize words.</li> <li>- She is also starting to write.</li> </ul>   |  |
| Disorders                       | <ul style="list-style-type: none"> <li>- Nerve problem, no problem with the mental condition of the child.</li> <li>- The child was born with the disability.</li> <li>- They went to Bamako and got prescriptions for muscle and nerve development twice a month, this improved the conditions a lot.</li> <li>- Kamisa is very active, she does everything herself and even wants to help in the household.</li> <li>- The disability isn't really visible, maybe a slight change in her right hand.</li> <li>- The right side is hard to move, head, arm, leg.</li> </ul>   |  |
| Participation problem           | <ul style="list-style-type: none"> <li>- The mother interacts with Kamise whenever this is possible.</li> <li>- The child knows what someone is saying.</li> <li>- She can reply in words and in action.</li> <li>- The child functions very well within a group.</li> <li>- She likes to play with other children.</li> </ul>   |  |
| Possible causes                 |  |  |
| Other information               | <ul style="list-style-type: none"> <li>- The pregnancy was no problem, the mother wasn't sick, there were complications at birth.</li> <li>- The mother has 3 children, Kamisa is the oldest.</li> <li>- None of them are disabled.</li> <li>- Vaccinations and all advised medication were taken by the mother.</li> <li>- Her husband's brother has a mentally disabled child.</li> <li>- The mother of her niece doesn't want to take care of the child, she doesn't want to take the child to a special school.</li> <li>- Malaria is the most occurring illness in the family, the father is the one affected most.</li> <li>- There have been some changes due to medication.</li> <li>- There are 5 people in the household.</li> <li>- They wash their clothes with soap.</li> <li>- She cooks on wood, sometimes on coal, she washes her</li> </ul> |  |

|               |  |
|---------------|--|
|               | <p>food before eating.</p> <ul style="list-style-type: none"> <li>- Daily hygiene routine: Kamisa takes a bath, brushes her teeth, and brushes her hair regularly. All by herself.</li> <li>- Water is from the tap (drinking) and from a well (washing).</li> <li>- They eat vegetables, millet, rice and also meat as often as possible.</li> <li>- They don't have any contact with a doctor.</li> <li>- The neurologist was too expensive so with more money it would have been possible to improve the situation even more.</li> <li>- The child does recognize herself in the mirror</li> <li>- The mother would do anything necessary to help Kamisa to be independent..</li> </ul> |
| <b>School</b> | <b>Program</b>   |
|               | <p>She attends school, the special needs class.<br/>She is improving a lot, learning quickly.</p>  |
| <b>School</b> | <b>Teachers special needs</b>  |
| Goals 2012    | Needs IECP and more challenges at school   |

|                                 |   |
|---------------------------------|---|
| <b>Personal details</b>         | <b>Date of intake: 22-07-2011</b>   |
| Name                            | <b>Yves</b>   |
| Date of birth                   | 14 years  |
| Disabilities                    | Epilepsy  |
| Official or estimated diagnosis | Yes, Tegretol, dosage   |
| Medicine                        |   |
| Vaccinations                    |   |
| Main goals                      |   |
|                                 |  |
| <b>Overall information</b>      | <b>Questionnaire</b>  |
| Disabilities                    |   |
| Disorders                       |   |
| Participation problem           |   |
| Possible causes                 |   |
| Other information               |   |
|                                 |   |
| <b>School</b>                   | <b>Program at home</b>  |
|                                 | Teachers special needs visit him to teach him some basic skills.                    |
| <b>School</b>                   |   |
| Goals 2012                      | Needs IECF  |

|  |  |  |
|--|--|--|
| <b>Personal details</b>  | <b>Date of intake: 22-07-2011</b>  |  |
| Name<br>Date of birth<br>Disabilities<br><br>Official or estimated diagnosis<br>Medicine<br>Vaccinations<br>Main goals | <b>Aba</b><br><br>Mother says it is neither mentally nor physically, it is difficult for him to speak → probably mentally<br><br>Yes<br>Improve his speaking   |  |
| <b>Overall information</b>   | <b>Questionnaire</b>   |  |
| Disabilities   | <ul style="list-style-type: none"> <li>- He has problems with speaking.</li> <li>- He can dress himself.</li> <li>- He can play with the other kids without fighting.</li> <li>- He can sit, run, hear, eat and drink.</li> </ul>  |  |
| Disorders  | <ul style="list-style-type: none"> <li>- When he was born they didn't notice anything. But when he was starting to reply and develop they noticed that it was difficult for him to learn and speak.</li> <li>- The disability isn't really visible.</li> <li>- There are no problematic body movements.</li> <li>- The speaking is improving.</li> </ul>   |  |
| Participation problem  |  |  |
| Possible causes  | <ul style="list-style-type: none"> <li>- He had a bad case of Malaria; he became unconscious and they took him to the hospital. He was 10 years old when this happened.</li> </ul>   |  |
| Other information  | <ul style="list-style-type: none"> <li>- The mother has 4 children, a twin and two other children.</li> <li>- None of them are disabled</li> <li>- Neither in their family. His father is sometimes ill, he suffers from Malaria. This is the most occurring illness in the family.</li> <li>- The mother had treatment for malaria during her pregnancy, she doesn't know if this was in the first 4 months.</li> <li>- The mother had a back pain, but at that moment she also had a stomach and chest pain.</li> <li>- She doesn't have much time to interact with the child, so he plays a lot with his brothers and sisters and he likes to watch television.</li> <li>- The child does recognize himself in the mirror.</li> <li>- There are a lot of people in the household, they live in a complex.</li> <li>- They wash their clothes.</li> <li>- Sometimes he can wash himself and brush his teeth. They do this every day.</li> <li>- They get the water from a tap, the water for dishes and laundry is from a well.</li> <li>- There is no regular contact with a doctor but when he is sick they take him to a hospital.</li> <li>- They got the advice from the hospital in Bamako to buy coloured games so he can separate the colours and</li> </ul> |  |

|               |  |
|---------------|--|
|               | <p>practise with this. It helped him to improve.</p> <ul style="list-style-type: none"> <li>- Other people make fun of him, she would like to stop this.</li> <li>- It is also sometimes really hard to buy the medicine.</li> </ul> |
| <b>School</b> | <b>Program</b>   |
| <b>School</b> | <b>Teachers special needs</b>  |
| Goals 2012    | Needs IEP and behavioral support to deal with others teasing him.  |



|                   |  |
|-------------------|--|
|                   | her children help her, especially her only sister.   |
| Possible causes   | <ul style="list-style-type: none"> <li>- It was a very difficult pregnancy; the mother was in labour for 9 days.</li> <li>- After this she couldn't feed Binta for 5 days, she only drunk water.</li> <li>- The mother didn't bring her to hospital when she was very ill.</li> <li>- Hygienic conditions are not optimal; the mother lets Binta do what and when she has to, after this she cleans up. She doesn't use any diapers.</li> <li>- She had Malaria twice and from meningitis twice, which only worsened the conditions.</li> </ul>  |
| Other information | <ul style="list-style-type: none"> <li>- The mother took no medication during the pregnancy.</li> <li>- Binta is the 11th child, 3 children have died at birth.</li> <li>- All these births took very long – 9 to 20 days.</li> <li>- The oldest child has also a nerve problem, the head is moving in the wrong direction, he has a nervous tick.</li> <li>- The mother washes Binta twice a day, with soap and water, more if the weather is very hot.</li> <li>- Binta doesn't get any special diet.</li> <li>- Water comes from a well which is closed off. Mother purifies the water (it could be that this is purified with something chemical which is very bad!).</li> <li>- The mother has very bad back pain.</li> <li>- She doesn't go regularly to a doctor. She has a 5 year prescription for Binta. The mother also changed doctor once because the medication caused an allergic reaction.</li> </ul> |
| <b>School</b>     | <b>Program</b>   |
|                   | Binta goes to school as often as possible, but transporting her is difficult because she has to be carried. Also, her mother is with her during the day because she can't leave her alone. She is in the class during the day and follows, together with the other special needs, the program. However, they can't test if she is learning anything because she can't participate in the lessons and she can't interact in an active way.  |
| <b>School</b>     |  |
| Goals 2012        | Binta is not participating in the group. She needs individual attention. Since mother doesn't have enough money to feed the child, she has become weaker. She needs help to keep her head up. Very much at risk because of swallowing problems.  |
|                   |  |

|   |  |
|---|--|
| <b>Personal details</b>   | <b>Date of intake: 22-07-2011</b>  |
| <p>Name</p> <p>Date of birth</p> <p>Disabilities</p> <p>Official or estimated diagnosis</p> <p>Medicine</p> <p>Vaccinations</p> <p>Main goals</p> | <p><b>Duzou (La)</b></p> <p>Unknown – 13 years of age</p> <p>Mentally</p> <p>Down Syndrome, not diagnosed</p> <p>Yes, all vaccinations</p> <p>Her mother wants her daughter to have a normal life and improve her social skills</p>   |
| <b>Overall information</b>  | <b>Questionnaire</b>   |
| Disabilities  | <ul style="list-style-type: none"> <li>- She can do all activities.</li> <li>- She loves playing in water and dancing.</li> <li>- She eats well.</li> <li>- She can speak but has problems with finding the right words and pronunciation.</li> <li>- She is very active.</li> <li>- She imitates people.</li> <li>- She washes her hands but needs help with the bathroom.</li> <li>- She dresses by herself, she is very independent.</li> </ul>   |
| Disorders   | <ul style="list-style-type: none"> <li>- They think she is born with the disability.</li> <li>- She could not go to the toilet for the first 40 days.</li> <li>- After that she could not control her muscles, that has improved now.</li> <li>- An Arabic doctor diagnosed the disability, she only then realized that the child had a disability because they treated her like a curiosity.</li> <li>- The child started talking at six years of age.</li> <li>- The child always has a cough and breathing problems.</li> </ul>   |
| Participation problem   | <ul style="list-style-type: none"> <li>- The mother interacts strongly with the child, she never leaves her to do things she can't do on her own.</li> <li>- The child interacts well with the environment.</li> <li>- She interacts within a group.</li> <li>- The other children sometimes take advantage or beat her, then she gets nervous.</li> </ul>   |
| Possible causes   | <ul style="list-style-type: none"> <li>- Mother was 42 years of age when La was born.</li> </ul>   |
| Other information   | <ul style="list-style-type: none"> <li>- The child was overweight, 4 kg, which was lost within a week.</li> <li>- She is the 11<sup>th</sup> child, 5 children died. All other children are healthy.</li> <li>- 1<sup>st</sup> child died 9 days after birth, the others later in life.</li> <li>- She washes the food but not regularly or thoroughly.</li> <li>- She eats everything and much of it.</li> <li>- They burn their rubbish.</li> <li>- The mother takes the child to the doctor on a regularly basis.</li> <li>- She didn't get accepted within the family.</li> <li>- She didn't get any advice from a doctor how to deal with the disability.</li> <li>- There are 15 people in the household, 9 adults and 6 children</li> <li>- They use water from the tap.</li> </ul> |
| <b>Notes</b>  | <ul style="list-style-type: none"> <li>- She wants to cook, she would like some kind of instruction on how to cook rice.</li> <li>- Maybe teach the mother how to make recipes.</li> </ul>   |

|               |  |
|---------------|--|
|               | - Which ways are there to improve Down syndrome?   |
| <b>School</b> | <b>Program</b>   |
|               | Her behavior has improved since she is attending at the Ciwara School. She is communicating more and is adapting better to her peers and the rules in the school and at home. She has some good friends at school and likes to go to the school.   |
| <b>School</b> | <b>Teachers special needs</b>  |
| Goals 2012    | La improved a lot, she now has basic counting and reading skills.<br><br>Needs IECF.<br><br>Advice for Maria: Make agreements with marked vendors. If the mother sends La, then they give her an agreed amount of rice or other things for an agreed amount of money. So La can do shopping and makes herself more useful. |

|                                 |  |  |
|---------------------------------|--|--|
| <b>Personal details</b>         | <b>Date of intake: 22-07-2011</b>  |  |
| Name                            | <b>Oumaou</b>  |  |
| Date of birth                   |  |  |
| Disabilities                    |  |  |
| Official or estimated diagnosis |  |  |
| Medicine                        |  |  |
| Vaccinations                    |  |  |
| Main goals                      |  |  |
|                                 |  |  |
| <b>Overall information</b>      | <b>Questionnaire</b>   |  |
| Disabilities                    |  |  |
| Disorders                       |  |  |
| Participation problem           |  |  |
| Possible causes                 |  |  |
| Other information               |  |  |
| <b>School</b>                   | <b>Program</b>   |  |
|                                 | Teachers special needs come to visit her at home and teach her basic skills.       |  |
| <b>School</b>                   |  |  |
| Goals 2012                      | Very much at risk because of lack of food and swallowing problems.                 |  |

|   |  |
|---|--|
| <b>Personal details</b>   | <b>Date of intake: 22-07-2011</b>  |
| <p>Name</p> <p>Date of birth</p> <p>Disabilities</p> <p>Official or estimated diagnosis</p> <p>Medicine</p> <p>Vaccinations</p> <p>Main goals</p> | <p><b>Adam</b></p> <p>Mentally</p> <p>Down Syndrome, not diagnosed</p> <p>Yes, all</p> <p>Get her child better or cured so she can do a study</p>   |
| <b>Overall information</b>  | <b>Questionnaire</b>   |
| Disabilities  | <ul style="list-style-type: none"> <li>- She can't walk on her own, but she can walk when both hands are supported (her twin can walk).</li> <li>- She can't speak, but she can produce sound.</li> <li>- She can hear but sometimes her ear hurts, the mother doesn't know why.</li> <li>- She can't eat or drink by herself because of her age but there is no swallowing problem.</li> </ul>  |
| Disorders   | <ul style="list-style-type: none"> <li>- After the birth there were problems with laughing and talking.</li> <li>- She couldn't grab anything. Since 5 months she can grab things.</li> <li>- She was born with the disability.</li> <li>- Her situation is improving; she can grab things now, which she couldn't do before. Also she didn't like to play with other people and she didn't make any sounds, now she does.</li> </ul>  |
| Participation problem   | <ul style="list-style-type: none"> <li>- The child doesn't know what others are saying, but she can tell the difference between good and bad through the tone of the mother's voice and her face. In a bad situation she starts to cry, and in a good situation she starts to laugh.</li> <li>- The child can reply, there are no specific sounds for her different moves/actions.</li> </ul>  |
| Possible causes   | <ul style="list-style-type: none"> <li>- The mother doesn't know what caused the disability.</li> <li>- In 1997 the mother was sick: Lupus erimatis erymtri, she still takes medication every day: Korntaniel 5 mg. Without it she can't do anything.</li> <li>- She also took the medicine during her pregnancy.</li> </ul>   |
| Other information   | <ul style="list-style-type: none"> <li>- She is a twin, the other child is fine.</li> <li>- She likes to watch television and when she hears a song she starts to dance on her buttocks.</li> <li>- The mother sings to the child and she starts to dance.</li> <li>- The twins don't get along very well.</li> <li>- The disorder doesn't occur in other members of the family.</li> <li>- They live with 9 people in the household.</li> <li>- They get their water from the tap (drinking) and well (washing).</li> <li>- She doesn't have any contact with a doctor.</li> <li>- She got a lot of advice from doctors and other people, to</li> </ul> |

|               |   |
|---------------|---|
|               | <p>take good care of her.</p> <ul style="list-style-type: none"> <li>- The mother says it is not easy being the mother of a child like this, you have to have a lot of courage, because of the reactions of others.</li> <li>- She doesn't receive any aid from the community or the government.</li> <li>- The child is happy and smiling according the mother.</li> </ul> |
| <b>School</b> | <b>Program</b>  |
| <b>School</b> | <b>Teachers special needs</b>   |
| Goals 2012    |   |

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## Appendix I

### Salamanca statement on inclusive schools (UNESCO, 1994)

(Short summary from Centre for Studies on Inclusive Education (CSIE, 2008))

This report from the UN's education agency calls on the international community to endorse the approach of inclusive schools by implementing practical and strategic changes. In June 1994 representatives of 92 governments and 25 international organizations formed the World Conference on Special Needs Education, held in Salamanca, Spain. They agreed a dynamic new Statement on the education of all disabled children, which called for inclusion to be the norm. In addition, the Conference adopted a new *Framework for Action*, the guiding principle of which is that ordinary schools should accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic or other conditions. All educational policies, says the Framework, should stipulate that disabled children attend the neighborhood school 'that would be attended if the child did not have a disability.'

Education for all

The Statement begins with a commitment to Education for All, recognizing the necessity and urgency of providing education for all children, young people and adults 'within the regular education system.' It says those children with special educational needs 'must have access to regular schools' and adds:

Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system.

Call to governments

The World Conference went on to call upon all governments to:

- give the 'highest policy and budgetary priority' to improve education services so that all children could be included, regardless of differences or difficulties.
- 'adopt as a matter of law or policy the principle of inclusive education' and enroll all children in ordinary schools unless there were compelling reasons for doing otherwise.
- develop demonstration projects and encourage exchanges with countries with inclusive schools.
- ensure that organizations of disabled people, along with parents and community bodies, are involved in planning decision-making.
- put greater effort into pre-school strategies as well as vocational aspects of inclusive education.
- ensure that both initial and in-service teacher training address the provision of inclusive education.

Inclusive schooling

The Statement also calls on the international community to endorse the approach of inclusive schooling and to support the development of special needs education as an integral part of all education programs. In particular it calls on UNESCO, UNICEF, UNDP and the World Bank for this endorsement.

**Appendix II**  
**Trip report**

| Activity |  | Dates     |
|----------|--|-----------|
| 1        | Travel to Mali and stay.   | Feb 17    |
| 2        | Consultations with PHARE and IEP; Strategy Review: Interviews with IEP staff and Ciwara teachers involved with the model   | Feb 18    |
| 3        | Continuation of interviews with IEP staff and Ciwara teachers; observations at Ciwara School<br>Meeting with Dutch Embassy   | Feb 20-22 |
| 4        | Meetings with Ministry Special Needs Directorate, AE, CAP education officials regarding inclusive schools approach<br>Observations and interviews with parents and teachers from Ciwara school | Feb 23    |
| 5        | Drafting of recommendations with EDC and IEP staff and Ciwara teachers and end of mission debrief with PHARE<br>Interview High Potential mothers of SEN children                               | Feb 24-25 |
| 6        | Report writing (trip report and model strategy paper)  | Feb 27-29 |

### **Appendix III**

## **State of the Art and Inventory of Special Needs Education at IEP's Ciwara School in Kati, Mali**

February 2012  
Annemieke Mol Lous  
Professor Inclusive Education  
University of Applied Sciences Leiden  
Leiden, The Netherlands

### **INTERVIEW**

1. How many children with SEN are in the special class?
2. How many in regular classrooms?
3. How many moved to special schools?
  - What schools
  - Experiences
  - Challenges
  - Needs
4. How many children waiting to be in school?
  - Characteristics
  - Challenges
  - Needs
  - Recommendations
5. Description of the children.
6. How many children have Individual Educational Plans (IEP) or Individual Educational Care Plans (IECP)?
  - Needs in current IECP's?
  - How many IECP's needed?
7. How many teachers are involved?
  - Training provided?
  - Training needed?
  - Materials needed?
  - Organization needed?
  - Dissemination of knowledge and experiences?
8. How many other teachers involved?
  - Challenges
  - Needs
9. Management involved?
  - Challenges
  - Needs
10. How many assistants?
  - Training provided?
  - Training needed?

Materials available  
Materials needed?  
Organization needed?  
Dissemination of knowledge and experiences?  
Dissemination needed?

11. How many parents?

Training provided?  
Training needed?  
Materials / Equipment available?  
Materials / equipment needed?  
Organization needed?  
Dissemination of knowledge and experiences?  
Dissemination needed?

12. How many paramedicals?

Training provided?  
Training needed?  
Materials available  
Materials needed?  
Organized?  
Organization needed?  
Dissemination of knowledge and experiences?  
Dissemination needed?

13. Other professionals?

Training provided?  
Training needed?  
Materials/ equipment available  
Materials needed?  
Organization needed?  
Dissemination of knowledge and experiences?  
Dissemination needed?

14. How many children can profit from the education as now delivered?

Characteristics of these children  
Challenges  
Needs  
Recommendations

15. How many children do not profit from the situation?

Characteristics  
Challenges  
Needs  
Recommendations

16. Experiences and needs

**Appendix IV**  
**Observations Ciwara School in Kati, Mali**

|                   |                  |
|-------------------|------------------|
| <b>School:</b>    | <b>Date:</b>     |
| <b>Classroom:</b> | <b>Activity:</b> |

Time sheet: check during 30 minutes every 5 minutes how many children/activities can be observed.

| <b>Observation:</b>                           | <b>Time:</b> |  |  |  |  |
|---|--------------|--|--|--|--|
| Children actively involved                    |              |  |  |  |  |
| Interactions teacher – children               |              |  |  |  |  |
| Child-centered activities                     |              |  |  |  |  |
| Active learning and teaching                  |              |  |  |  |  |
| Differentiated teaching                       |              |  |  |  |  |
| Organization                                  |              |  |  |  |  |
| Instructions                                  |              |  |  |  |  |
| Whole group                                   |              |  |  |  |  |
| Small groups                                  |              |  |  |  |  |
| Individual                                    |              |  |  |  |  |
| Materials                                     |              |  |  |  |  |
| Available                                     |              |  |  |  |  |
| Needed  |              |  |  |  |  |
| Adaptations of Read Learn Lead                |              |  |  |  |  |
| Available                                     |              |  |  |  |  |
| Needed  |              |  |  |  |  |
| Special equipment for SEN                     |              |  |  |  |  |
| Available                                     |              |  |  |  |  |
| Needed  |              |  |  |  |  |
| Integrated activities with “regular” children |              |  |  |  |  |

## Appendix V

### Checklist for the effectiveness of Inclusive Education

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Based on "Index for Inclusion" (Booth, Ainscow & Kingston), Salamanca Statement (UN, 1994). Evidence based teaching strategies as reported by Marzano (2010) and Hattie (2011) and UNESCO EFA policy.

- 1 = minimal
- 2 = reasonable
- 3 = good
- 4 = excellent

|  | 1<br>minimal | 2<br>reasonable | 3<br>good | 4<br>excellent |
|--|--------------|-----------------|-----------|----------------|
| <b>Acceptance of SEN kids (attitude)</b>         |              |                 |           |                |
| Special needs teachers                           |              |                 |           |                |
| Regular teachers                                 |              |                 |           |                |
| Management                                       |              |                 |           |                |
| Other professionals                              |              |                 |           |                |
| Peers  |              |                 |           |                |
| Community  |              |                 |           |                |
|  |              |                 |           |                |
| <b>Strategies developed and documented</b>       |              |                 |           |                |
| Region   |              |                 |           |                |
| School   |              |                 |           |                |
| Special classrooms                               |              |                 |           |                |
| Integrated classrooms                            |              |                 |           |                |
| Inclusive classrooms                             |              |                 |           |                |
| <b>Professional training</b>                     |              |                 |           |                |
| Knowledge about SEN                              |              |                 |           |                |
| Practical skills                                 |              |                 |           |                |
| Assessment of training effects                   |              |                 |           |                |
|  |              |                 |           |                |
| <b>Parental involvement organized</b>            |              |                 |           |                |
| Parents interact with teachers                   |              |                 |           |                |
| Parents share knowledge                          |              |                 |           |                |
| Parents educated about SEN                       |              |                 |           |                |
| Parents develop skills                           |              |                 |           |                |
|  |              |                 |           |                |
| <b>Organization of working with IEP and IECP</b> |              |                 |           |                |
| Model of IEP and IECP                            |              |                 |           |                |
| Every SEN IEP or IECP                            |              |                 |           |                |
| Monthly Follow- up of IE (C)P                    |              |                 |           |                |
| Evaluation with parents                          |              |                 |           |                |
| Evaluation with partners in school               |              |                 |           |                |
| Evaluation with partners outside school          |              |                 |           |                |
|  |              |                 |           |                |
| <b>Differentiated teaching</b>                   |              |                 |           |                |
| Organization of independent learning time        |              |                 |           |                |

|  | 1<br>minimal | 2<br>reasonable | 3<br>good | 4<br>excellent |
|--|--------------|-----------------|-----------|----------------|
| Differentiated instructions  |              |                 |           |                |
| Materials available for different levels of learning                                     |              |                 |           |                |
| Choice of activities   |              |                 |           |                |
| Working with (individual) day and/or week plans  |              |                 |           |                |
|  |              |                 |           |                |
| <b>Child- centered teaching</b>  |              |                 |           |                |
| Age – appropriate  |              |                 |           |                |
| Special needs adapted  |              |                 |           |                |
| Child actively involved  |              |                 |           |                |
|  |              |                 |           |                |
| <b>Positive approach</b>   |              |                 |           |                |
| High expectations expressed by teachers  |              |                 |           |                |
| Positive feedback on work and behavior   |              |                 |           |                |
| Solution focused approach  |              |                 |           |                |
|  |              |                 |           |                |
| <b>Management of behavior</b>  |              |                 |           |                |
| Rules are clear  |              |                 |           |                |
| Rules are positively formulated  |              |                 |           |                |
| Everyone knows the (same) rules  |              |                 |           |                |
| Everyone responsible to live the rules   |              |                 |           |                |
| Everyone feels safe  |              |                 |           |                |
|  |              |                 |           |                |
| <b>Cooperative working</b>   |              |                 |           |                |
| Children work together   |              |                 |           |                |
| Special needs work/ play with peers from regular classes                                 |              |                 |           |                |
| All children meet each other on a regular base   |              |                 |           |                |
| <b>Planning, sharing and evaluation</b>  |              |                 |           |                |
| Teachers plan their activities   |              |                 |           |                |
| Teachers share activities  |              |                 |           |                |
| Teachers evaluate their teaching and outcomes at least every month                       |              |                 |           |                |
|  |              |                 |           |                |
| <b>Materials</b>   |              |                 |           |                |
| Materials available for children with SEN individual                                     |              |                 |           |                |
| Equipment available for children with SEN to participate in general classroom activities |              |                 |           |                |
|  |              |                 |           |                |
| <b>Access</b>  |              |                 |           |                |
| All children have access to the school   |              |                 |           |                |
| All children can access the school physically  |              |                 |           |                |
| All children can move around in school   |              |                 |           |                |





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