

## **Physical Education subject and the teacher's role, primary factor for the development of children with special needs.**

Msc.Jorida<sup>1</sup>, Marsida Bushat<sup>2</sup>

<sup>1</sup>(Lecturer, University of Sports of Tirana, Albania)

<sup>2</sup>(Lecturer, University of Sports of Tirana, Albania)

### **I. INTRODUCTION**

The observation presented, reflects one aspect of the teaching process performed with students of the age 6-10 years old, from elementary schools of Tirana. The number of students taken for the study, in total is 437, of whom 227 are females and 210 are males. It result that children with special needs in these schools are 98 of whom 44 are females.

The survey studies a part of the teaching process for the developments of kids with special needs.

It analyses the teaching activity for *the observations period September 2016- January 2018*.

The main purpose of the survey is to know the condition of the kids with special needs in our elementary schools and the physical education teacher's role in their development.

To achieve this goal there are some objectives.

1. How to distinguish kids with special needs and the problems they have.
2. The physical education teacher's role and efforts for their development.

### **II . METHODS USED FOR THE STUDIE'S DEVELOPMENT:**

**Observations**-Purpose: The evidention of kids with special needs that are not easily noticed, their motivation in physical education class. The observations were concentrated over the definition of missbehaviour, lack of attention, disability in learning etc. The students were observed in different sportive activities, different weekdays and different task situations. Evidences were taken for every positive or negative behaviour and their relations with the teachers and other students. Observations were made on the participation in physical education class, the motivation used and did it work or not.

**Questionnaire 1- Kids with special needs and the teacher.** Purpose: How good do our teachers know the class' condition, are they qualified, the right means and condition for treating these kids. 30 teacher's of Tirana's elementary schools (of whom only 6 were physical education teachers, others were primary cycle teachers), participated in the questionnaire. The questionnaire was given to the teachers whom were asked to not put a name, only the class where they taught. The questionnaire's content in the supplement.

**Test 1 – General motoric development.** Purpose : Defining the generic motoric development. I performed the test with the help of the teacher of the subject for the designated class. 437 students performed test 1. The students were tested in groups according to the class. Test's 1 content in the supplement. After the test's results were taken, with the students that resulted under the specific level, with a non complete general motoric development, we made test 2.

#### **Questionnaire**

##### **Kids with special needs and the teacher**

**Do you have kids with special needs like below and how many are there?**

- a) Missbehaviour
- b) Lack of attention
- c) Lack of coordination
- d) Disability in learning
- e) Motoric disability
- f) Eye-sight damage
- g) Obese

**1. These students in the game stages look?**

- a) Lonely (spectator or ignore the others)
- b) Parallell (plays near or with similar games)
- c) Sociable (follow the leader)
- d) Collaborative (social collaboration)

**2. How do you think is the affective element from the teachers and students?**

- a) Very important
- b) Important
- c) Not important

**3. How do you act in the classroom?**

- a) You include them?
- b) You distance them?

**4. Do you have the right qualification to treat these kids?**

- a) Yes
- b) No

**5. Do you have the right condition and material base for these kids' treatment?**

- a) Yes
- b) No
- c) Partially

**Test 2 –The barrier indicators of the motoric development.** Purpose- The evidention of the indicators which prevent the motoric development. The test was made with 98 students with a non fully motoric development, 44 of whom were females. The students were weighted and height measured , from their squared report results that the body mass' index. Test's 2 content in the supplement.

**TEST 2**

**The barrier indicators of the motoric development**

**1- Body weight( weight/height in sqaure)**

- 20-below \_\_\_\_\_
- 20-25 \_\_\_\_\_
- 27-30 \_\_\_\_\_
- 30 and above \_\_\_\_\_

**2-Musculat tonus' condition** (check those you apply)

**a- Low tonus**(propioceptive problems)

- Difficulty in keeping the head up \_\_\_\_\_
- Keeping the body slouched \_\_\_\_\_
- The tendency to keep the legs in a W-form when sitting down \_\_\_\_\_

**b-High tonus** (exorbitance/tension)

- Stiff in body movements \_\_\_\_\_
- Punch with one or two hands \_\_\_\_\_
- Grimaces when concentrarting \_\_\_\_\_

**3-Power and stability**-shows any of the following

- Tiredness during the game before the other kids \_\_\_\_\_
- Remains breathless before other kids \_\_\_\_\_
- Sometimes has difficulty in breathing \_\_\_\_\_

**4-Balance/control of the extensor muscles** (check those you apply)

**a-Doesn't rise or control the head when:**

- Lays stomach-first \_\_\_\_\_
- Balances hands and knees \_\_\_\_\_
- Sits \_\_\_\_\_

**b-Doesn't spin front to back** \_\_\_\_\_

**c-Doesn't stand on forearms** \_\_\_\_\_

**d-Doesn't reach for a toy when:**

Lays stomach-first \_\_\_\_\_

Balances hands and knees \_\_\_\_\_

Sits \_\_\_\_\_

**e-Can't stop moving without support \_\_\_\_\_**

**5-Balance/control of shrinking muscles** (check those you apply)

**a-Has difficulty on the following movements:**

Rotate from back to stomach \_\_\_\_\_

Rising from sitting position \_\_\_\_\_

Rising in standing position \_\_\_\_\_

Reaching to take a toy \_\_\_\_\_

**6-Balance in movement** (check those you apply)

Doesn't use the following movements when turns ( head, shoulders, **tazin**) \_\_\_\_\_

Doesn't stand/ walk, tiptoes while running \_\_\_\_\_

Uses a wide based support while walking/running \_\_\_\_\_

Loses balance when changing direction \_\_\_\_\_

Doesn't open arms and hands sideways to prevent the fall \_\_\_\_\_

Deflects walking on tight lines( balance joist) \_\_\_\_\_

**7-Eye-sight condition** (indicator of deep perceptive problems) shows one of the following

Both legs aren't risen from the ground when running \_\_\_\_\_

Doesn't jump down rashly \_\_\_\_\_

Watches legs when walking on different pavements \_\_\_\_\_

Spends time when climbs up and down the stairs \_\_\_\_\_

Avoids holding things up \_\_\_\_\_

Turns head when catching the ball \_\_\_\_\_

Can't catch and dribble the ball with both hands \_\_\_\_\_

Misses the ball when kicking it \_\_\_\_\_

(Note: Kids that show 3 or more of the 8 previous behaviours should be referred to a specialist of the visual development for an orthopedic visual examination).

**8-Coordination** (check those you apply)

**a-Doesn't bring both hands at the mid-line when:**

Is laying down \_\_\_\_\_

Is sitting down \_\_\_\_\_

**b-Doesn't show the following movement:**

Dyagnosis	1 <sup>st</sup> class teachers	2 <sup>nd</sup> class teachers	3 <sup>rd</sup> class teachers	4 <sup>th</sup> class teachers	5 <sup>th</sup> class teachers	Total
Missbehaviour	-	-	1 student	2students	3 students	6 students
Lack of attention	1 student	1 student	2 students	2students	3 students	9 students
Lack of coordination	6 students	7 students	8 students	8 students	9 students	38 students
Learning disabilities	-	1 student	1 student	1 student	2 students	5 students
Motoric disabilities	1 student	1 student	-	2 students	2 students	6 students
Eye-sight damage	4 students	4 students	5 students	6 students	7 students	26 students
Obese	2 students	2 students	3 students	3 students	4 students	14 students
Nr of students with SN	14	16	18	24	37	104 students

Use arms in the opposite of legs when crawling \_\_\_\_\_

Use arms in the opposite of legs when walking \_\_\_\_\_

Use arms in the opposite of legs when running \_\_\_\_\_

Arms are folded into elbows when running \_\_\_\_\_

Uses both arms to do a jump \_\_\_\_\_

Slides straightening only one side of the body \_\_\_\_\_

Gallops \_\_\_\_\_

**c-Dosen't show the following movements when kicking:**

Sways ahead the kicking leg while preparing to kick \_\_\_\_\_

Puts the kicking leg infront after kicking \_\_\_\_\_

At the end of the study some of the results that were obtained that are shown in the table and graphic.

**Tabel 1**-Shows the data calculated from the questionnaire made with the teacher, in connection with the evidention of the kids with different abilities, the contingent in the elementary schools.

**Tabel 2** . Shows the calculated data from the questionnaire done with the teachers, according to the behaviour that students with special needs show in the game's stages, also the teacher's training and qualification for these kids' education in physical education class and the condition they have for the activization during physical activities.

Clases where the teachers teach	Kids' behaviour in the game's stages				SN Affective Element			Teacher's reaction in class		Qualificati on		Material Base		
	L	P	S	c	VI	I	Ni	I	D	Yes	No	Ye	No	Parially
I	66.6%	33.4%	-	-	50%	33.4%	16.6%	33.4%	66.6%	33.4%	66.6%	33.4%	33.4%	33.2%
II	33.4%	66.6%	-	-	50%	50%	-	16.6%	83.4%	66.6%	33.4%	16.6%	33.4%	50%
III	33.4%	66.6%	-	-	33.4%	50%	16.6%	16.6%	83.4%	66.6%	33.4%	33.4%	16.6%	50%
IV	66.6%	33.4%	-	-	50%	50%	-	33.4%	66.6%	50%	50%	16.6%	50%	33.4%
V	50%	50%	-	-	33.4%	66.6%	-	66.6%	33.4%	100%	-	16.6%	-	83.4%
Gjit hsej	50%	50%	-	-	43.4%	50%	6.6%	33.3%	66.7%	63.3%	36.7%	23.3%	26.7%	50%

L-lonely VI-very important D-distance  
 P-parallell I-importamt  
 S-sociable NI-not important  
 C-collaborative I-include

**Tabela 3.** Shows the information taken from *test nr 1*, according to the determination of students with locomotor capacities and the ability to controll the objects under the age stage, also the percentage of the members of this class.

Age	Nr of students total	Females	Nr of students with locomotor abilities		Nr of students with controlling abilities under the norm		% of students under norm
			Total	Females	Total	Females	
6 year old	92	48	13	6	15	7	16.3%
7 year old	88	46	15	7	16	8	18%
8 year old	84	43	16	7	17	7	20.2%
9 year old	85	45	20	9	20	9	23.5%
10 year old	88	45	26	12	30	13	34%
Total	437	227	90	41	98	44	22.4 %

**Tabela 4.** Shows the calculated data from test 2, connected with the evidention of the indicators that prevent the fully motoric development of the students and the number of students that are prevented by the indicators of the motoric development.

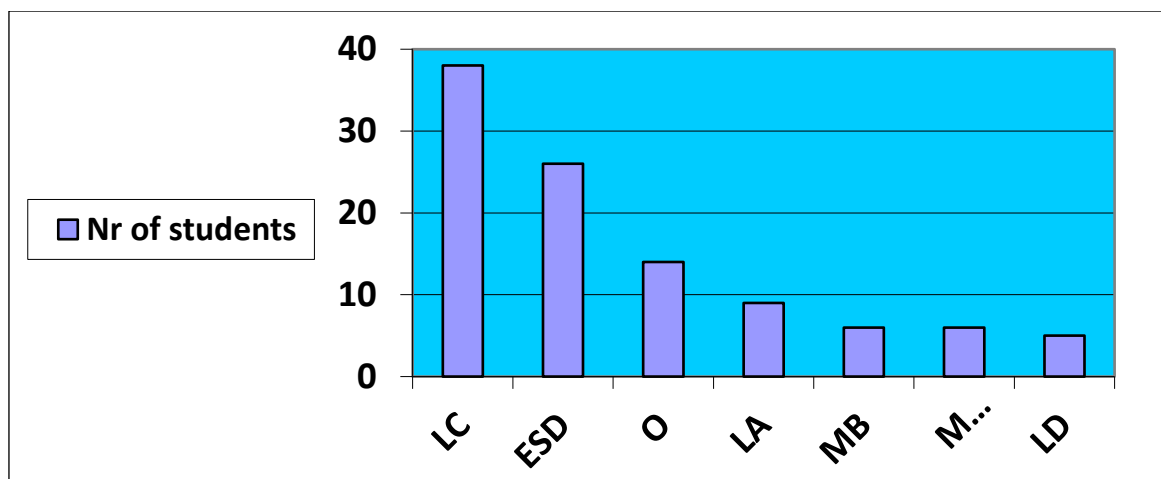
Age	Nr of students in total	Obese	Muscular tonus condition		Eye-sight problems	Force and stability problems	Balance		Movement balance problems	Coordinative problems
			LMT	HMT			EMC problems	SHMC problems		
6 y/o	15	1std	2std	1std	4std	4std	3std	3std	5std	6std
7 y/o	16	2std	1std	4std	4std	5std	5std	5std	6std	7std
8 y/o	17	2std	2std	3std	5std	5std	5std	6std	6std	8std
9 y/o	20	3std	3std	4std	6std	7std	7std	8std	8std	8std
10 y/o	30	4std	6std	6std	7std	9std	12std	13std	12std	12std
Total	98	12std	14std	18std	35std	20std	32std	35std	37std	41std

**LMT**- low muscular tonus  
**HMT** – high muscular tonus  
**EMC**- extensor muscle control  
**SHMC**- shrinking muscular control

The study shows that there's a percentage of kids with special needs in different levels. This results as from the observations, questionnaire and the tests made, as well from the teacher's own knowledge.

1-) According to the questionnaire, results that 38 students have lack of coordination(LC), 26 with eye-sight damage(ESD), 14 students are obese(O), 9 students with lack of attention(LA), 6 students with missbehaviour(MB), 6 students with motoric disabilities (MOD) and 5 students with learning disabilities (LD). It is noted that the biggest number of students have coordinative problems, then the one with eye-sight damage, obese etc, and at the end those with learning disabilities.

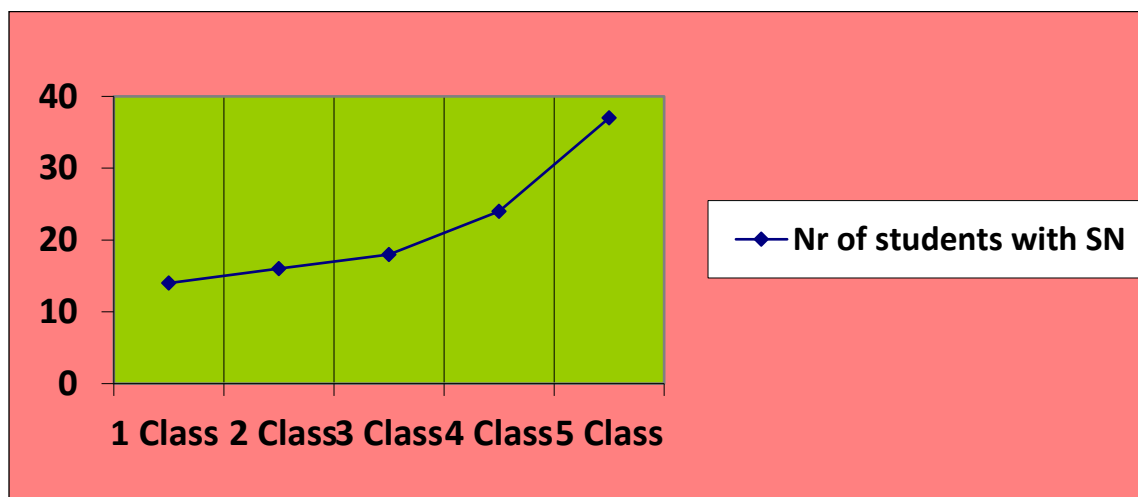
The clasification of the most problems we come accross in these schools is clearly shown in figure 1.



It results that the teachers mix up overweight kids with obese kids, because from the calculations made obese kids result to be 12 and the teachers have declared 14.

Also the teachers were not clear how to record students with missbehaviour or disabilities in learning and lack of attention. For this fact, even in this case, teachers have declared wrong conclusions: MB-6 students, meanwhile from the surveys this number is smaller, 5 students, LA 9 students, from the survey this number is smaller, 7 students, LD 5 students, from the survey this number is bigger, 6 students. According to students with eye-sight damage the elementary grade teachers have declared only the students with glasses and 2 cases of not treated strabismus, while students with non-evident eye-sight problems have not been noticed. Physical education teachers have detected 11 students with eye-sight problems from 15 that resulted in test 2.

For the coordinative problems, teachers have included in the declared number kids with MB, LA, LD etc. Also besides facts it is noticed a considerable growth in the number of students with special needs in the higher classes. This fact is reflected in figure 2.



This phenomenon shows that the condition in lower classes it's not bad and for this reason is necessary a special attention from the physical education teachers, to try to prevent the aggravation of the conditions with growth. Regarding the behaviour that the kids with SN show during the game's stages, 50% of the teachers answered that these kids stay alone and 50% are parallel. Non of the teachers think that these kids are sociable or collaborative. And in fact, if you see the characteristics of the necessities that they have and surveys, it is verified that in this case the teachers have identified right the situation. 43.4% of the teachers consider the affective element very important, 50% important and 6.6% think that this element doesn't matter at all. The last one think that the only way of teach is the authority way. Having these kids with different needs in classes, teachers react with involving and distancing students with SN, results shows that 33.3% involve them and 66.7% distance them. 63.3% of the teachers think that they have the right qualification to treat these kids and 36.7% think they don't. The teachers that declared that they didn't have the right qualification were elementary grade teachers not physical education teachers. 23.3% of the teachers thought that they had the material base to treat these kids, 26.7% thought that they didn't have the material base and 50% thought that they had it partially.

2-)According to test 1 it results that from all 6 years old students, 13 of them resulted with locomotor abilities (LMA) under the norm and 15 with object controlling abilities (OCA) under the norm

7 years old students resulted 15/16, 8 years old 16 /17, 9 years old 20 / 20 and 10 years old 26/30. It is noticed that students have difficulty with the object controlling ability, it's a fact that the students that resulted with locomotor ability under the norm, were all under the norm even in the ability of controlling objects, plus 8 more students. From the results it is seen a big difference between males and females, the number of these last ones it's smaller an in LMA where females are 8 less then male as OCA 10 less.

From 26 kids with glasses only 6 of them resulted on the age norm, with a good general motoric development.

Between 6- years old 16.3% resulted with an non full motoric development

Between 7- years old 18% resulted with an non full motoric development

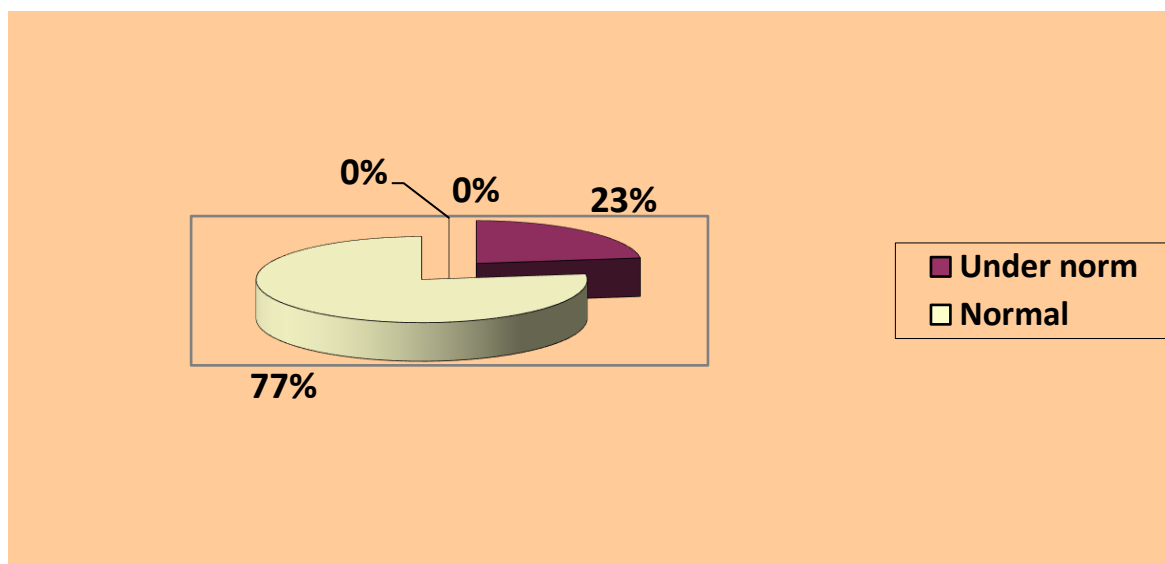
Between 8- years old 20.2% resulted with an non full motoric development

Between 9- years old 23.5% resulted with an non full motoric development

Between 10 years old 34% resulted with an non full motoric development

It is clearly noticeable that the percentage grows with the age growth.

From the calculated data neraly 22.4% of the tested students resulted with an non full motoric development



3-)According to test 2 and the notes taken from the students that were tested it results that there are 12 obese kids, 14 with low muscular tonus and 18 with high muscular tonus. Making a simple summary it is calculated that from 98 students with SN , 44 have a problem with the muscular tonus weigh, so nearly 44%.

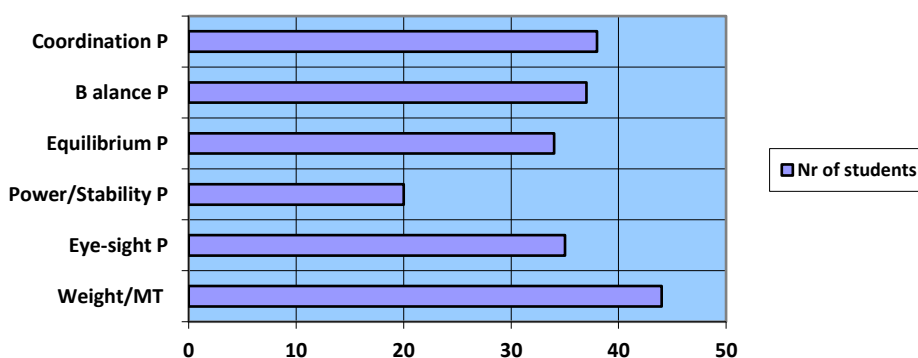
Regarding the stability force 20 students result with a problem of this kind including them with muscular tonus weight, so nearly 20.4% of them have a full motoric development preventer, lack of stability force.

According to test 2 it is shown that the kids with stability problems, whom are splited in two groups EMC and SHMC are regardinly 32 students and 35 students. It is ascertained how kids with LMT and them with HMT, had problems with the control of both muscles, due to this reason was calculated the arithmetic average, to define the percentage of these kids in the SN group. From the calculations it results that 34.6% of the kids have difficulty in the full motoric development.

With movement stability/balance, more than 1/2 of the students has such problem, from the results it is shown that 37 student, around 37.7% of whom had difficulty with the full motoric development ability of missbalance.

Kids with eye-sight problems result 35 of whom 20 kids with glasses and 15 neither treated nor diagnosed. While the students with coordinative problems result to be 38.

It is clear from the figure below that kids encounter problems in equilibrium, coordination, power/stability, balance.



It was noticed that from 98 students with special needs 49 of them didn't have problem with muscular tonus weight. Whereas students that had problem with the eye-sight only 30 of them didn't have a problem with W/MT, there were only 2 obese students with this problem, 1 low muscular tonus dhe 2 with high muscular tonus.

**In conclusion:**

- 1- There is a percentage of students whom result with special needs, where it is included: coordination, muscular tonus, balance, lack of attention, missbehaviour, eye-sight problems etc.



The most widespread problem among kids, is lack of coordinatoion, we noticed around 38% of them. Same thing with muscular tonus, some are with a LMT which result 14.2% and the others with HMT 18.3%.

Particulary remarkable is the large number of kids with eyesight problems 36%, of whom almost 1/3 weren't treated. The numbers shown are to worry about, thinkig of how much kids stay infront of the television or the computer.

As for coordinative and balance problems the percentage is even higher.

Kids with motoric disabilities are 6%. Also there are kids that have behaviour problems like missbehaviour 6.1%, lack of attention 9.1% learning disabilities 5.1%.

- 2- It results that in the ages 6,7,8,9,10 there's a growth in percentage of kids with special needs from 1,7% to 10.5%.
- 3- The teachers find it hard to understand students with special needs and don't have a clear concept of this category of kids, also the hard work needed with them. It is a small percentage of teachers (33%) that include kids with special needs in the class's group of physical education. While 66.7% don't include them and don't have aclear idea about the work that is needed with them. These kids are left aside or engaged with work, with different objectives, taking them furthermore away from the class's group. There is a not based proclaim from the elementary grade teachers that they don't have the right qualification to treat these kids.
- 4- A real problem are obese and overweight kids. They result to be 12.2% obese and 13.3% overweight, it is however a percentage worth worrying due to the conditions of the sedenatism growth.

#### **BIBLIOGRAPHY :**

1. Arditi A & Rosenthal, B. (1998), Visual Impairment, "Developing an objective definition of visual impairment."
2. Atwell TA.(2005), Adaption and Task Analysis for Children with Special Needs, Leadership Activities Diverse Populations
3. Auxter D, Pyfer J, Carol H (2001), Principles and Methods of Adapted Physical Education & Recreation, USA, McGraw-Hill.
4. Cangonji E,(2002), Psikiatria e fëmijëve dhe adoleshentëve, (Psychiatry of children and adolescents )Tirana, GENTIGRAFIK
5. Cobb RB,Tochterman S, Lehmann J, (1999), "Diagnostic and Statistical Manual of Mental Disorders" (3rd ed., rev.) ,American Psychiatric Association
6. Del Nista P L, Parker J, Tasselli A,(1999), Educazione Fisica, Messina-Firenze, Casa editrice G D'Anna.
7. Godo A,(2009), Autizmi, Minister of Health and Socials
8. Goga A, (2009), Obeziteti, Minister of Health and Socials
9. Harring N, (1997), Developing effective individualized programs for severely handicapped children and youth, Washington, DC, Office of Education, Bureau of Education for the Hendicapped.
10. Homme L, (1970), How to use contingency contracting in the classroom, Champing, IL, Research press
11. Judith Heumann, (2008), Së bashku duke përfshirë fëmijët me aftësi të kufizuara (Together, including children with disabilities), Arsimi për të Gjithë Banka Botërore(Education for All World Bank)
12. Keller A, (2002), "Mainstream Teaching of Science: US Department of Education
13. Kelly LE, (2006), Adapted Physical Education National Starndarts, Washington, DC, Department of Education, Office of Special Education Programs.
14. Leblanc LA, Matson JL, (2004), A social skills training program for children with developmental delays, New York, Academic Press.
15. Lewis RB, Doorlag DH, (1998), Teaching special students in the mainstream, OH, Columbus.
16. Lombardi T, (1999), Learning Strategies for Problem Learners, American Association of Health, Physical Education, and Recreation.
17. Lumpkin A, (2001), Physical Education and Sport, USA, McGraw-Hill.
18. Mahon M J, (2004), Adapted Physical Activity, US Department of Education
19. Martens R, (2000), Turning kids on to physical activity for a lifetime, USA, Quest.
20. McKenzie TL, (1999), School health-related physical activity programs, USA, JOPERD.
21. Metts RL, ( 2000), Special needs, American Association of Health, Physical Education, and Recreation.
22. Morris RJ, (2003), Behavior modification with exceptional children, IL, Glenview.
23. Peters S, (2003), Fëmijët me aftësi të kufizuara,( Children with special needs) INSTAT
24. Përmbledhje autorësh (Summary of authors), (2007), Mjeksia Sportive (Sports Medicine), Tirana, albPAPER.
25. Redl F, (1995), Managing surface behavior of children in school,CA, Eëadsëorth.
26. Rose L,(2003),Motivation in Physical Education,Journal of Educational Psychology



27. Subashi G, Duri J,(2004), *Didaktika e Edukimit Fizik (Didactics of Physical Education)*, Tirana, SHBLU.
28. Taylor-Greene S, Brown D, Nelson L, Longton J, Gassman T, Cohen J, Swartz J, Horner R, Sugai G, Hall S,(1997), Schoolwide behavioral support, starting the year off right, *Journal of Behavioral Education*.
29. Taylor HR, Pezzullo ML, Keeffe JE.(2006), "The economic impact and cost of visual impairment in Australia." *Australi,Br J Ophthalmol*.
30. Walker JE, Shea TM, (1999), *Behavior management, a practical approach for educators*, OH, Columbus.
31. Zhurda Y,(2001), *Psikologjia (Psychology)*, Tirana, SHBLU.
32. Internet