A COMPARATIVE STUDY ON THE LEVEL OF ACQUISITION OF SCHOOL READINESS SKILL AMONG CHILDREN WITH MULTIPLE DISABILITIES IN VARIOUS SERVICE DELIVERY MODELS

Das, Himangshu	Director, National Institute for Empowerment of Persons with Multiple Disabilities, Chennai, Tamil Nadu
Ramachandran, Rajesh	Rehabilitation Officer, Faculty, B. ED SE Course Co-ordinator (i/c National Institute for Empowerment of Persons with Multiple Disabilities, Chennai, Tamil Nadu

ABSTRACT   A study on the Level of school readiness skill among children with Multiple Disabilities was undertaken, the objectives was to assess the nature of school readiness skills among children with MD. The research design undertaken to complete the study was exploratory research. By using stratified sampling technique 36 children with multiple disabilities under various service delivery models were undertaken for the study. Self developed checklist (SRSCMD) was used for the study. The data was collected through the checklist and computed using one tailed and two tailed T test. Due to financial limitation the study was restricted to very few samples; hence many variables could not be taken up for the study.

Finding of this study indicates that there is a poor readiness skill among children with multiple disabilities which needs to be enhanced through various service delivery models. The result further indicates that children attending Rehab clinic are having better acquisition level of School readiness skills as compared to the children attending school services and home bound programme. As this research study gives promising results towards the need for acquisition of school readiness skills among children with Multiple Disabilities, it is believed that a more extensive study over time may generate further ideas and possibilities.

KEYWORDS :

Introduction

School readiness is the foundation of equity and quality education. It is gaining global support and has emerged out as a viable means to help young children so as to reach their full developmental potential and engage in lifelong learning. School readiness is linked to improved academic outcomes in primary and secondary school and positive social and behavioural competencies in adulthood. While adhering to UNICEF's human rights-based focus on the individual benefits of education, school readiness is important as it builds human capital which o addresses economic development.

Many definitions and conceptualizations of school readiness have been used in past decades; however, with recent advances in science and knowledge a growing consensus on the definition has emerged. School readiness is currently defined by three interlinked dimensions: a) ready children; b) ready schools; and c) ready families. Children, schools and families are considered ready when they have gained the competencies and skills required to interface with the other dimensions and support smooth transitions. School readiness is embedded within holistic development. Holistic development is essential to prepare the child for school, it also moulds the preparation of the child to participate in different learning environments. The strong link between holistic child development and school readiness underscores the importance of integrated, multisectoral ECD programmes that unite health, education and protection, guaranteeing all children a strong start to life.

Multiple Disabilities means a combination of two or more disabilities as defined in clause of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996). They result in substantial limitation in three or more of following areas: self care, comprehension, and language skills, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, or ability of function independently without coordinated services

Generally children are not ready for school. Their skills and development are strongly influenced by their families and through their interactions with other people and environments before coming to school. So readiness skills should include all areas: physical, cognitive, social, and emotional competence as well as positive attitudes toward learning. The concept of readiness includes much more than children's readiness. So readiness skill includes ready children, ready families, ready communities, ready early care and education, and ready schools and all these are necessary so that all children will experience success.

Review of literature

Kreider (2002) suggested practices such as peer networking, routine meetings and materials, reassurance to parents which provide information, boost parents' efficacy, create involvement opportunities, and begin to build trusting relationships. Schools and early childhood programs can employ practices like these to respond to parents' feelings of anxiety and excitement, promote their sense of welcomeness and familiarity with schools, provide valuable information about their child and how to support his or her transition, and bolster parents' sense of confidence in themselves as parents and their ability to recognize involvement opportunities.

Hair E (2006) studied patterns of school readiness in children at school entry and how these patterns predict first-grade outcomes in a nationally representative sample of first-time kindergartners from the Early Childhood Longitudinal Study—Kindergarten Class of 1998–1999 (N = 17,219). The researchers concluded how the multiple dimensions of development co-occur within individuals at kindergarten entry, and how these aspects of development collectively predict to later academic and social adjustment. The results of the present study confirm that language and cognitive skills, although important components of school readiness, are not the only relevant factors that predict later school success

Jeon (2011) examined school readiness at kindergarten entry for low-income children whose disability indicators were identified before age 3. Data were collected. Results highlighted the importance of early intervention for low-income children who have suspected developmental delays to enhance their school readiness skills.

Objectives
The following are the objectives of the study
- to compare the level of acquisition of SRS among children with MD who are attending school services, home bound programme and rehabilitation clinic
- to compare the level of acquisition of SRS among children with

amongst categories of MD - Intellectual disability having additional disabilities
- to compare the level of acquisition of SRS among children with amongst categories of MD - sensory disability having additional disabilities
- to compare the level of acquisition of SRS among children with amongst categories of MD - Locomotor disability having additional disabilities

Hypothesis
- There is no difference amongst service delivery model in school services, home bound programme and rehabilitation clinic towards acquisition of SRS among children with MD
- There is no difference in level of acquisition of SRS amongst categories of MD with Intellectual disability having additional disabilities
- There is no difference in level of acquisition amongst categories of MD with sensory disability having additional disabilities
- There is no difference in level of acquisition amongst categories of MD with Locomotor disability having additional disabilities

Research Design
Exploratory method is the research design undertaken in this study.

Sampling
The sample size of 36 (N=36) was taken through Stratified random sampling methodology. This is a method of sampling that involves the division of a population into smaller groups known as strata. In stratified random sampling, the strata are formed based on members' shared attributes or characteristics. These subsets of the strata are then pooled to form a random sample.

The size of the sample is depicted as follows

	School Services Male	Female	Home Bound Programme Male	Female	Rehab Clinic Male	Female
Intellectual Disability with Additional Disability-	2	2	2	2	2	2
Sensory Disability with Additional Disability-	2	2	2	2	2	2
Locmotor Disability with Additional Disability	2	2	2	2	2	2

Tool
A Self developed checklist school readiness skill for children with multiple disabilities (SRSCMD) was developed by the researchers. The checklist consisted of two major areas. Area 1 is Adaptive behaviour and Area 2 is maladaptive behaviour. But for the present study, only adaptive behaviour was taken. Adaptive behaviour consisted of five sub areas; self care classroom behaviour, communication, socialization and academics. Each of the sub areas consisted of 5 items. The following table depicts the scoring under each sub areas

The scoring of the Area 1 (adaptive Behaviour)

Totally Dependent	1
Physical Prompt	2
Verbal Prompt	3
Clue	4
Totally Dependent	5

In each area there are five sub items

Procedure
The first step towards the study was the development of A Self developed checklist school readiness skill for children with multiple disabilities (SRSCMD). The following steps were used to develop;

- Formation of Item Pool
- Selection of items
- Initial try out of selected items
- Validity

The initial item pool was done by undertaking an exhaustive review of the available assessment tools in the country, then by obtaining comments from teachers and other professionals working with children having multiple disabilities.

Categories of MD	School Services (scores)	Home Bound Programme (scores)	Rehab Clinic (Scores)
Intellectual Disability with Additional Disability-	44	41	48
Sensory Disability with Additional Disability-	54	50	64
Locomotor Disability with Additional Disability	68	65	70

A consent form was developed to be taken from NIEPMD where the study was conducted, parental consent form was also undertaken.

An orientation programme was organised for teachers/ caregiver and parent about using the checklist.

Data Collection
Information collected were tabulated and scores were entered;

Results and Discussions
The data analysis is done using simple percentage method as the size of the sample is very small.

TABLE 1 : OVERALL ADAPTIVE BEHAVIOURS

	Self Care	Classroom Behaviour	Com m	Social isation	Acad emics	Total
Intellectual Disability with Additional Disability						
School Services (scores)	6	13	7	9	8	44
Home Bound Programme (scores)	10	5	8	11	7	41
Rehab Clinic (Scores)	12	7	10	8	11	48

GRAPH 1
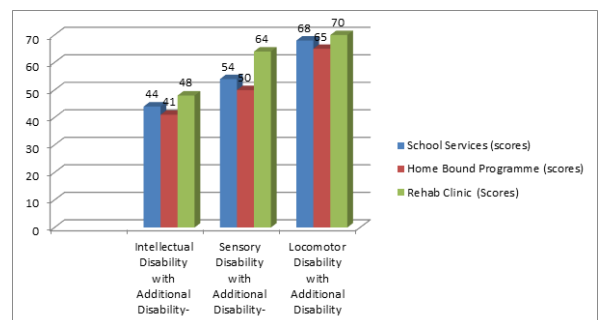
The graph indicates that children with Intellectual disability associated with additional disability scored less (44, 41, and 48) as compared to children having sensory disability associated with additional disability (54, 50 and 64) and children having locomotor disability associated with additional disability (68, 65 and 70)

TABLE 2: OVERALL ADAPTIVE BEHAVIOURS WITH REGARD TO SERVICE DELIVERY MODELS
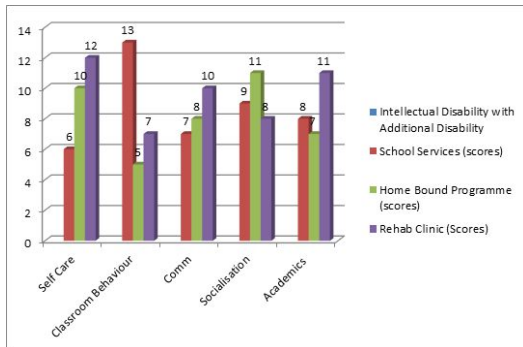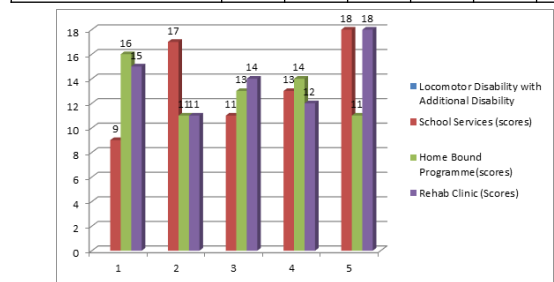
GRAPH 2

TABLE 3: OVERALL ADAPTIVE BEHAVIOURS WITH REGARD TO SERVICE DELIVERY MODELS

The children had better scores under self care, communication and Academics in the Rehab clinic as it is one to one intervention as compared to home bound programme and school services, in homebound programme they scored better in self care, communication and socialisation. Under school services the children scored better in classroom behaviour and academics.

GRAPH 3

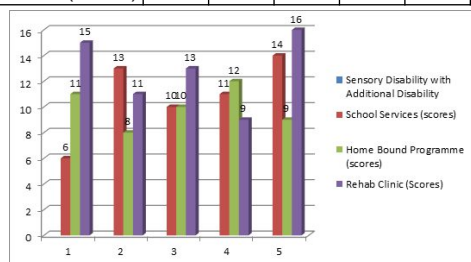|	Self Care	Classroom Behaviour	Com m	Socialisation	Academics	Total
Sensory Disability with Additional Disability						
School Services (scores)	6	13	10	11	14	54
Home Bound Programme (scores)	11	8	10	12	9	50
Rehab Clinic (Scores)	15	11	13	9	16	64

TABLE 4: OVERALL ADAPTIVE BEHAVIOURS WITH REGARD TO SERVICE DELIVERY MODELS

The children had better scores under self care, communication and Academics in the Rehab clinic as it is one to one intervention as compared to home bound programme and school services, where as in homebound programme they scored better in self care and socialisation. Under school services the children scored better in classroom behaviour and academics.

GRAPH 4

	Self Care	Classroom Behaviour	Com m	Socialisation	Academics	Total
Locomotor Disability with Additional Disability						

School Services (scores)	9	17	11	13	18	68
Home Bound Programme (scores)	16	11	13	14	11	65
Rehab Clinic (Scores)	15	11	14	12	18	70

Discussions

The Overall score of children in the service delivery indicates that children with Locomotor disability associated with additional disabilities have better scores as compared to children with other disabilities; the fact is that children with locomotor disability and additional disability may not have poor cognition and their learning is also much faster than other categories of children with disability. Under the service delivery model of Rehabilitation clinic, children with locomotor disability with additional disability scored better than the other two service delivery models (Table 1).

Statistical Anaylsis

The sample score mean is 56, the standard deviation (σ^2) is 10.943, with a standard error of 3.6477, the difference is 56 and T value is 15.3521, degree of freedom is (df) is 8. The P value of One tailed <.0001 and two tailed is <.0001

Limitations

Due to very small sample size, the study cannot be quantified; Suggestions for future research

As this research study gives promising results towards the need for acquisition of school readiness skills among children with Multiple Disabilities, it is believed that a more extensive study over time may generate further ideas and possibilities. Future research could be considered which would to include more number of children with multiple disabilities along with different associated conditions.

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