International Journal of Advanced Multidisciplinary Research
ISSN: 2393-8870
www.ijarm.com
(A Peer Reviewed, Referred, Indexed and Open Access Journal)
DOI: 10.22192/ijamr Volume 8, Issue 2 -2021

Research Article

DOI: http://dx.doi.org/10.22192/ijamr.2021.08.02.005

The role of special teacher in special education and rehabilitation diagnosis

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Keywords

Special Education, Rehabilitation, disabilities

Abstract

The role of special teacher in Special Education and Rehabilitation diagnosis is very complex and important for further research. The special teachers' activities in Special Education and Rehabilitation diagnosis cover large area, so their contribution towards preventing of decreasing the number of people with disabilities is great. The special teachers note people's behavior and possibilities in the social field.

Introduction

Human beings, as a bio-psycho-social unity of somatic, mental and social components, mutually dependent and conditioned, since birth and throughout the entire life have been under different kinds of influences which are reflected on their personalities. The impaired integrity of the personality brings impairments to bio-psycho-social entity that requires team and professional work of different profiles: doctors, psychologists, special teachers, social workers and instructors.

Rehabilitation as a subject of Special Education has a character of integral approach. Integral rehabilitation is consisted of clinical, educational and socio-economic part.

The clinical part of rehabilitation remarkably lags behind the educational part. The lack of organized, as well as sanctioned by law practice – which would implement prevention, detection, diagnosis and treatment – disables the development of scientifically based and socially justified system of re- habilitation of people with disabilities.

Special Education and Rehabilitation work compared with medical one as a specific, consists in itself preventive activities. According to that, the clinical part consists of prevention, detection, report and evidence, diagnosis, prognosis and treatment. The special teacher, as a member of one polyvalent team, with diagnostic procedures and professional training in the education and rehabilitation process, gives enormous contribution to discovering a great number of hereditary, congenital or early gained reasons, as well as prevention of consequences on the personality's development. I would like to emphasize the role of the special teacher in the process of Special

Education and Rehabilitation diagnosis as a component of clinical Special Education and Rehabilitation that has priceless importance for the whole rehabilitation success. The prompt detection and right diagnosis enable to remove and moderate or to bring to level of tolerance all developmental disabilities in order to achieve maximum developmental level of the personality's abilities. This shows that the clinical part of rehabilitation lags behind the educational part.

The lack of organized, as well as sanctioned by law practice – which would implement prevention, detection, diagnosis and treatment – disables the development of scientifically based and socially justified system of rehabilitation of people with disabilities. (2,3)

Methodology of work

Research objective

The role of the special teacher in Special Education and Rehabilitation diagnosis

Research goals

The research goals are to investigate the role of the special teacher in implementation of general Special Education and Rehabilitation diagnosis of children with developmental disabilities.

Furthermore, its goal is to investigate the prompt and right Special Education and Rehabilitation diagnosis.

Hypotheses

Hypothesis 1 – It is assumed that general Special Education and Rehabilitation diagnosis has to be a working tool for the special teacher in the process of education and rehabilitation of people with developmental disabilities.

Hypothesis 2 – It is assumed that with implementation of diagnostic tests, the special teacher has to estimate: dominant lateralization, organization of psycho-motor, practical, Gnostic and practical- Gnostic organization, speech and communication, knowledge functions and children behavior ac- cording to calendar and mental age, with aim to take the reeducation of psycho-motor for successful environmental socialization and integration.

Hypothesis 3 – It is assumed that the special teacher is an important member of multi-disciplinary team in health services and mass institutions for education.

The role of special teacher in diagnostic procedure

The special teacher, with the change of general Special Education and Rehabilitation diagnosis, is able to supplement the description of child's personality from the aspect that is not possible to be described by medical and psychological diagnosis.

The special teacher, who is not involved in Special Education and Rehabilitation diagnosis, is faced with a huge area of activities. The special teacher uses anamnesis, observation and estimation as a diagnostic method.

The special teacher's findings are compared with those of doctors and psychologists. Thus, through a multidisciplinary approach these findings gain their value. The special teacher in the diagnosis deals with the functions of personality in relation to the personality's existence in the social field in space and time.

The diagnostic approach in Special Education and Rehabilitation is usually divided in general – applied by each special teacher regardless their professional specialization – and specific used specifically in relation to the nature of disabilities, matter of work of specialists.

The entire diagnostic procedure depends on the examiners the special teachers and their work organization.

The diagnostic procedure starts with anamnesis data. While taking the anamnesis data, the special teachers start from assumptions explained by

subjects in the way they know and not from theoretical assumptions. The anamnesis data are noted in authentic way they are received by the one who gives them. If the diagnostic data are too extensive, the special teacher can summarize it, quoting from time to time sentences that can characterize the way of expressing and truly presenting the appearance by the one who gives them.

The entire text of the anamnesis has to be written in the way which will enable every other examiner to bring own conclusion from the raw material, presented in the anamnesis. The whole anamnesis has to be presented truly. At the very end, the special teacher gives the Special Education and Rehabilitation conclusion. The anamnesis procedure is recording the problems the child or the adult manifest and ask help from the special teacher. The data can be taken from the subject individually from parents or next of kin, as well as other people close to the examined person. The anamnesis data can be supplemented with social questionnaire conducted in the family, school, working post or any other environment the examined person stay. The anamnesis data given by the examined person are called ***auto-anamnesis***, while data given by the parents or other people are called ***hetero-anamnesis***. The anamnesis is taken with making direct physical contact between the examiner and the examined.

The observations are of extraordinary importance for the special teacher, as well as for the Special Education and Rehabilitation diagnosis. Sometimes the observation starts even in the introductory part of the diagnostic procedure, in the waiting room or while entering the office. That records the subject's behavior towards the parents and vice versa, the parents' relations towards the child as well as the child's relation towards the special teacher as an examiner. During the observation, the special teacher pays attention on mimicry muscles, smile, body posture, walk and gesticulations. The child, in contact with the special teacher, can manifest three kinds of behavior:

- a great fear, standing close to the parents, refuses to talk to the special teacher;
- the child enters the room with great curiosity and movements which make the work of special teacher difficult;
- the child starts talking to the special teacher with easy tension that gradually declines.

The observation as professionally performed diagnostic procedure gives the pass from special teacher's subjective experience of the child to objective attitudes of qualities and problems.

The observations can be *systematic* and *non-systematic*. The advantage of non-systematic observations is that the information is acquired in natural environment, enables observation and natural behavior in different environments and in given conditions, i.e. in cases of interaction in the environment. In such cases, the diagnostician diagnoses the behavior, characteristics and personal inter- action that are considered to be important. The main disadvantage of non-systematic information is its enormous subjectivity.

With systematic observations, the diagnostician can observe one or more behaviors. The diagnostician specifies or defines the behavior and measures the frequency of duration, the size of latency and the importance of behavior. The main disadvantage of this type of observation is the fact that it is directed towards certain point while other important elements for diagnosis are neglected.

A large body of research shows the need for finding contemporary models of special education and rehabilitation diagnosis that will include all parts of the personality – biological, psychological and socialpart.It is very important, for both children at early age and adolescents, the special teacher to note the way of their movements while entering the premises for the activities, the expression of their faces and body posture in general. The special teachers note the assignments the child gets, the relation- ships with other children the

child cooperates with in solving the assignments, the feelings or psycho-motor behavior during the whole period from the moment the parents bring or take the child from the premises. The special teacher is able to note the change of behavior, its weakening or improving, dynamics of gaining new information and knowledge and at the meeting of professional team, the special teacher presents with many details the findings of child's potentials and abilities used in the social field. The special teacher observes the body movements in action. He analyzes whether the described quality of movements enables the child to organize activities in the space of the manipulative field, right use of pen, body and head, to write or whether the child can stand or run in the group. The special teacher cannot work without complete information about the movement organization and the child's physical abilities in the context of the body as a factor of psychic development and socialization. The special teacher is interested in whether the child has equal qualities of psycho-motor organization and whether the child responds in appropriate way to the requirements of the reality. The description of the personality offered by the Special Education and Rehabilitation diagnosis enables the disabled people to be considered with all basic characteristics in the existential field that they build and they live in. The first meeting during the diagnostic procedure reveals the impression disabled people leave to the others.

The diagnostic procedure in the contemporary Special Education and Rehabilitation uses all available approaches in order to experience and define a larger number of components that show individual qualities of people, always at a certain moment of their existence.

Each rehearsal done by the child is only one detail that expresses the way of child's existence in real surrounding. The special teachers are included in the activity that they organize. They exist in their manipulative activities – as children special teachers work with exist in the way of organizing their activities.

Special teachers must not bring down the Special Education and Rehabilitation diagnosis to performing ritual movements they acquired somewhere and are considered to be professional.

The main aim of Special Education and Rehabilitation diagnosis – setting up the possibilities for biological, psychological and social development is very difficult to achieve having in mind the pre- dominance of certain scientific disciplines, non- existing or small number of specific Special Education and Rehabilitation institutions.

When applying Special Education and Rehabilitation tests for diagnosis, special teachers estimate the following:

The dominant lateralization and psycho-motor organization,

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- Practical organization,
- Gnostic organization,
- Practical-Gnostic organization,
- Speech and communication
- Knowledge functions,
- Behavior.

Special Education and Rehabilitation is an interdisciplinary science. It has to initiate organization of multi-disciplinary teams. The special teacher will present general Special Education and Rehabilitation status and the status for specific disabilities since each diagnostic procedure should be done within the multi-disciplinary team. The general Special Education and Rehabilitation finding will enable insight other people's characteristics and supplements the description of clinical manifestations of the examined people noticed by other members of the team – psychologist, neuro psychiatrist, pediatrician, social worker and others.

The description that the professional team receives from the special teacher reveals the possibilities of the examined people for their needs in the social field. While the health workers perceive the disadvantages in structure and function, the psychologists speak about the quality of failure related to structures and functions, the special teachers talk about the functions not in relation to structures, but in relation to the possibilities in social field.

The diagnostic findings of the health worker and the psychologist in relation to the structures and functions and the diagnostic of special teacher in relation to the willing activity directed to others supplement each other in the complete description of the personality. (1,4)

Conclusion

In the Republic of Macedonia, the Special Education and Rehabilitation diagnosis is not yet institutionalized, normatively determined, set up and professionally determined. We still practice of classification on basis of data achieved from tests for intelligence, implemented by doctors and psychologists in medical and psychological institutions. We still practice categorization, i.e. assigning professional commissions according to the Rule Book for assignments, which work in professional institutions.

The greatest progress in diagnosis, especially in early diagnosis, is achieved with opening developmental counseling offices. They enable through evidence, observation and follow up of risky children to give early and true diagnosis.

Many years ago, Seguin pointed out that without good diagnosis there was no good rehabilitation.

On the base of stated hypotheses, the following can be concluded:

With Special Education and Rehabilitation diagnosis, i.e. prompt diagnosis, the child can be treated or sent for rehabilitation treatment with prompt confirmation of disability and special teacher is given an instrument for work as a proof of the **first hypothesis**. Each special teacher should apply general Special Education and Rehabilitation diagnosis for the patient.

The special teacher will make Special Education and Rehabilitation diagnosis, i.e. estimation of the psycho-motor by applying Special Education and Rehabilitation tests which neither can bedoneby doctors nor psychologists, as a **proof of the second hypothesis**.

So far, we have concluded that the personality –as a unity of physical, psychic and social abilities – faces consequences in all spheres and will be successfully treated only with an approach by more professionals and the special teacher should be included as a member of a professional team. The special teacher should work in the field of Special Education and Rehabilitation diagnosis as a member of a professional team, **as a proof of the third hypothesis**.

Proposals

We have tried to present the need and the importance of the special teachers' work in the field of Special Education and Rehabilitation diagnosis.

Several proposals-measures have to be realized for successful implementation of the work of special teachers:

General Special Education and Rehabilitation diagnosis should be implemented at the commissions for assignments of the specific needs of people with developmental disabilities, as well as in multi-disciplinary teams of health services, in mass education institutions.

At the commissions for assignments of the specific needs of people with developmental disabilities, the special teacher, besides specific findings in relation with the dominant disability, will point out the child's general rehabilitation potential.

Describing the child in whole and in functions, according to the Special Education and Rehabilitation diagnosis, the special teacher presents to the other members of the team child's basic ways of making the most successful contacts with the environment.

In educational institutions – in which the special teacher is expected to join other professional associates: pedagogue and psychologist – the general Special Education and Rehabilitation diagnosis has its important role.

The special teachers through it describe the behavior of these children as they experience them. They describe the child's qualities from the pedagogue's point of view. The child's absence of attention or behavioral forms that do not fit into requirements of the pedagogical work, the special teachers will divide into elements of psycho-motor activity expression, explaining for them and for the others the other part of child's behavior that the pedagogue has noticed as a global act. The school team consisted of a pedagogue, psychologist and special teacher can define all forms of easy undeveloped functions that are essential for psycho-social development and solve them at the very spot.

The special teachers in specific schools, as well in other rehabilitation institutions, have to acquaint directly the child's personality they work with, applying the methods of Special Education and Rehabilitation diagnosis. So, the program for rehabilitation is provided and is based on appropriate tendencies and their complete effects.

The existing plans and programs that are applied in schools do not pay attention for individual differences among children. Therefore, when pre-paring curricula and programs, the authorized professional offices of the relevant governmental organ have to take into consideration this task to be assigned to special teachers.

Besides outlining the curricula and programs, the special teachers have to take into consideration the methodology of work with disabled people. Having in mind that they are real thinkers in the educational process, their work requires concretization. The educational process is never considered as a pure verbalism and the special teacher's words must be accompanied by appropriate teaching aids.

Considering the education of children with developmental disabilities as specific – which re-quires the educational and clinical approach of work at the same time – it is necessary to provide, in the educational process as a working principle, the implementation of methodology for reeducation of psycho-motor. The special teachers have to implement the psycho-motor reeducation which stimulates the development individually and out of teaching activities.

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Quick Response Code	Website: www.ijarm.com
	Subject: Education
DOI:10.22192/ijamr.2021.08.02.005	

How to cite this article:
Shinde Vinod Rao Vyankat Rao. (2021). The role of special teacher in special education and rehabilitation diagnosis. Int. J. Adv. Multidiscip. Res. 8(2): 24-31.
DOI: http://dx.doi.org/10.22192/ijamr.2021.08.02.005