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An Evaluation of De La Salle Lipa's Readiness to Respond to Different Special Needs: Basis of Proposed Program for Inclusion of Students with Special Needs

Maria Theresa B. Kalaw
De La Salle Lipa, Lipa City, Philippines
ma.theresa.kalaw@dlsl.edu.ph

ABSTRACT

As a formidable learning institution offering Bachelor of Elementary Education Major in Special Education, De La Salle Lipa (DLSL) envisions itself to be in the forefront of teacher-training and an institution that upholds its mission of providing holistic education for all. This study aimed to determine the level of readiness of DLSL to cater to students with special needs included in the regular classroom in terms of school plant facilities, teachers and staffs' knowledge, curriculum and services they offer and programs they have. The Department of Education's "Basic Checklist for Evaluating an Institution's Readiness for Inclusion" was adapted as part of the questionnaires given to selected respondents including teachers and staff, administrators, students and parents. Chi-square goodness of fit test was used to determine if the DLSL respondents vary significantly in their perceived level of readiness. Results indicated that there is a marked perception among the respondents confirming the institution's readiness for inclusion. Analysis drawn from the data gathered through the survey, follow-up interviews and focus group discussions were used as basis in drafting the proposed program for inclusion for students with special needs. Interviews with personnel from Children's Developmental Intervention Center, Inc. (CDIC), a private institution in Lipa City which offers Individualized Education Program for children with special needs, and benchmarking with other schools which already have an existing program for inclusion were also done. These factors were instrumental to the completion of the formal program for inclusion for students with special needs which is the main contribution of this research to the institution's mission of "teaching minds, touching hearts and transforming lives".

Keywords: Special education, inclusion, descriptive-survey, De La Salle Lipa, Philippines

Introduction

Inclusive Education (IE) was formally crystallized in 1994 when participants from 25 international organizations and 92 governments convened in Salamanca, Spain and collectively formulated the Salamanca Statement and Framework of Action. This defined IE as the "education in the mainstream of regular education regardless of race, linguistic ability, economic status, gender, age, ability, ethnicity religion and sexual orientation" (Dizon, 2011). Inclusive Education, therefore, ensures that learners with special needs are given equal opportunities to learn and perform to their full potential alongside their normal peers in the regular classroom.

The Salamanca framework was adopted in the Philippines through the Department of Education Culture and Sports (now DepEd) Order no. 26 which institutionalized inclusive education. The order required the organization of at least one SPED center in each division and implementation of SPED programs in all school districts where there are students with special needs (Yap & Adorio, 2008).

In recent years, researchers have become increasingly interested with investigating the effectiveness of inclusive education programs in different countries worldwide. There is evidence of a growth in the development of inclusive education practices at the local level in many countries. This has been strongly supported by UNESCO with the development of a series of technical materials and publications aimed at teachers, teacher trainers, educational administrators and managers (UNESCO, 2009).

In the Philippines, a number of advocates who are pushing for effective implementation of inclusive education programs have been promoting and increasing level of awareness of SPED and learners with special needs. Although DepEd has promulgated policies and guidelines to be followed by both private and public schools in the proper conduct of inclusion, successful implementation ultimately depends on how they are adhered to by learning institutions in the entire process.

Founded in 1962 by the Brothers of the Christian School, De La Salle Lipa envisions "to be a sign of faith as an excellent educational institution, sharing in the Lasallian mission of teaching minds, touching hearts and transforming lives". In its efforts to realize this vision, DLSL offered Bachelor of Elementary Education major in Special Education in 2010 with the aim of training pre-service SPED teachers who will be active and dynamic in teaching all types of learners including those at risk and with special educational needs.

Since it started its operation fifty-three years ago, DLSL has been catering to students from all walks of life ensuring that they are afforded with quality education in the general education classroom. However, despite the importance of providing instruction to students with special needs in the least restrictive environment, no research has been conducted which focuses on evaluating DLSL's readiness to offer inclusive education program.

Research Framework

Brofenbrenner's Ecological Model states that school, family, neighborhood and peers are among the system that is closest and has maximum interaction with the child and are great factors for the child's development.

This study relates that the four areas (physical facilities, faculty and staff, curriculum and services and programs) are the immediate concerns for a child to be in an environment where learning and development is at high rate. Primary relationships are those that last a lifetime, hence it is necessary for the school to consider the learning of these children with special needs in a regular setting, with typical peers and with the most appropriate programs as possible.

Objectives of the Study

The main focus of this study is to evaluate De La Salle Lipa's readiness to cater to students with special needs included in the regular class. Specifically, it aims to answer the following questions:

1. What is the level of readiness of DLSL in terms of
   1.1 school plant facilities
   1.2 teachers and staff
   1.3 curriculum and services
   1.4 programs?
2. What conditions will DLSL be ready to accommodate?
3. What are the recommendations for DLSL to be able to comply with the requirements for a school that offers inclusion?

Significance of the Study

It is the ultimate goal of this research to contribute to the development of a formal program for inclusion of students with special needs in the regular classes of DLSL. It aims to come up with specific and practical guidelines in providing quality education to students with special needs, giving emphasis on the use of learning-friendly practices that will help them achieve their full potential.

To embrace diversity and ensure that its education policies and practices will be inclusive of all learners, DLSL shall encourage the full participation of all stakeholders – administrators, teachers and staff, support services and parents – in the entire process of the development of the program.

Review of Related Literature

According to UNESCO (2004), the process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education is known as inclusion. Accepting children with special needs in a regular school is a big challenge. Regular schools must be ready enough to accommodate these children not only through their modification of the curriculum but also in areas like school plant facilities, services and programs they offer and most importantly, the readiness and capability of the teachers and staff in handling them (UNESCO Bangkok, 20009).

In the Philippines, the terms inclusion, or inclusive education, are specifically defined in DepEd order No. 72 s 2009 entitled "Inclusive Education as Strategy for Increasing Participation Rate of Children" (www.deped.gov.ph). This mandate states that:

> A comprehensive program for children with special needs has the following components: child find, assessment, program options, curriculum modifications and parental involvement. District and school – based special and regular teachers, administrators and parents need to collaboratively develop and facilitate the most effective program which shall be included in the School Improvement Plan (SIP) for children with disabilities. In order to ensure that quality education is accessible, the following components namely, curriculum, educational programs, teaching methods and services shall be given importance by learning institutions.

Those with behavior problems including those with autism, those with learning disabilities and those with multiple handicaps, modified curriculum shall include special activities and instructional techniques for the normalization of behavior, functions and technical, academic skills to prepare them for the world of work. With the above considerations, learners with special needs shall be afforded appropriate types of special education programs suited to their needs to maximize their potentials.

Section 10.3 of the Department of Education's 2010 Revised Manual of Regulations for Private Schools in Basic Education defines the following:

Special Needs Education. It shall refer to the education of persons who are gifted or talented as well as those who have physical, mental, social or sensory impairment. Such group may require modifications of the school curricula, programs and special services and physical facilities to help them develop to their maximum capacity. These persons shall include the gifted/talented, the fast learners, the mentally retarded, the visually impaired, the hearing impaired, those with behavioral problems, and the orthopedically handicapped.

The term *exceptional* is generally used to include both the child with developmental disabilities and the child with gifts or talents. Children with exceptionalities are those who

differ from the typical child in (1) mental characteristics, (2) sensory abilities, (3) communication abilities, (4) behavior and emotional development, and/or (5) physical characteristics (Kirk, Gallagher & Coleman, 2015).

Successful quality inclusion programs involve team approaches with collaborative efforts from schools and families, allowing for flexibility to perceive when something works well and adaptation to change it when it does not work (Karten, 2010).

There are different conditions in Special Education that are possible to be included in a regular school. Five of these are children with Autism, Attention Deficit-Hyperactivity Disorder (ADHD), Learning Disability (LD), Mild Intellectual Disabilities and Other Health Impairments (OHI). Knowing what accommodations and modifications are available would really help children with special needs learn with their peers.

Attention Deficit Hyperactivity Disorder *(ADHD)* is a neurological condition related, in part, to the brain's chemistry and anatomy. ADHD manifests itself as a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically observed in people at comparable levels of development. It is a condition that becomes apparent in some children in pre-school and early school years.

The term *autistic spectrum disorder (ASD)* is an umbrella term that encompasses the terms autism, Asperger's syndrome (also known as high functioning autism), autistic disorder and classic autism (also known as Kanner's autism). All children (and adults) with an autistic spectrum disorder have difficulties in three main areas, namely, social understanding and behavior, social communication, and rigidity of thinking and difficulties with social imagination. Yet, the ways these three impairments are manifested will vary enormously from one child to another.

Down's syndrome is one of the better known forms of developmental impairment, even if other forms are more common. It is caused by extra genetic material in chromosome 21. This can be due to a process called non-disjunction, in which genetic materials fail to separate during a crucial part of the formation of gametes, resulting in an extra chromosome (called trisomy 21). The cause of non-disjunction is not known, although it also correlates with a woman's age.

Children with *dyscalculia* have difficulties learning the most basic aspect of arithmetic skills. The difficulty lies in the reception, comprehension, or production of quantitative and spatial information (the physical location of objects and the metric relationships between objects). Children with dyscalculia may therefore have difficulty in understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.

Dysgraphia is a learning disability resulting from the difficulty in expressing thoughts in writing and graphing. It generally refers to extremely poor handwriting. Dysgraphia is a neurological disorder characterized by writing disabilities. Specifically, the disorder causes a person's writing to be distorted or incorrect. In children, the disorder generally emerges when they are first introduced to writing. They make inappropriately sized and spaced letters, or write wrong or misspelled words, despite thorough instruction. Children with the disorder may have other learning disabilities, however, they usually have no social or other academic problems. Cases of dysgraphia in adults generally occur after some trauma.

Children with *dyslexia* experience difficulties affecting the learning process in aspects of literacy and, sometimes, numeracy. A persistent weakness may also be identified in short-term and working memory, speed of processing, sequencing skills, auditory and/or visual perception, spoken language and motor skills.

Children with *dyspraxia* are affected by an impairment or immaturity of the organization of movement, often appearing clumsy. Gross and fine motor skills (related to balance and coordination) and fine motor skills (relating to manipulation of objects) are hard to learn and difficult to retain and generalize. Writing is therefore particularly difficult and time consuming. Computer keyboard skills are also difficult to acquire, as well as playing the flute and many other musical instruments.

Hearing impairment is a broad term used to describe deafness (complete loss of hearing) or hard of hearing (partial loss of hearing). People with hearing impairment use oral or manual means of communication, or a combination of both. Oral communication includes speech (vocal communication), lip-reading and the use of residual hearing, while manual communication includes sign language and fingerspelling. Total communication is a combination of oral and manual communication.

Visual impairment is a broad term used to describe blindness (the complete or severe loss of vision) or low vision (partial loss of vision). *Braille* is the main medium for reading and writing for people who are blind and for those who have low vision (only for those who can no longer read adjusted print or benefit from optical reading devices). Braille is a tactile script, based on a combination of one to six dots, in a six dot frame.

Deafblindness, which is also known as dual sensory impairment, is more than "just" a combination of visual and hearing impairments. Deafblind people may not be totally deaf and totally blind. Many deafblind people have some remaining hearing and vision, while others have nearly complete loss of both senses.

Motor impairment is a disability affecting the ability to control muscle movement, which often limits mobility. Examples include cerebral palsy, arthritis, paralysis, limb loss and reduced function of one or more limbs. The impact of these conditions on learning, development and participation will vary from child to child.

Cerebral palsy is caused by an injury to the parts of the brain that control movement during the early stages of development. In most cases, this injury occurs during pregnancy. However, it can sometimes occur during birth and from brain injuries in early infancy (such as lack of oxygen from near drowning, meningitis, head injury or being shaken). It is estimated that 2 children out of every 1,000 have cerebral palsy.

Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. A person who has two or more seizures is considered to have epilepsy. A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. Seizures can last from a few seconds to a few minutes. They can have many symptoms, from convulsions and loss of consciousness to some that are not always recognized as seizures by the person experiencing them or by health care professionals: blank staring, lip smacking, or jerking movements of arms and legs.

Tourette's syndrome (TS) is a recognized medical condition. It is often inherited, but the cause is not yet understood. There are treatments; however, as with many chronic medical conditions, there is no cure. It is a very complex condition, but can be described as a movement disorder, a neurological condition, or a neuro-psychiatric condition. It affects all aspects of life, including education.

Knowledge about these conditions can help teachers identify and successfully remove barriers to learning, development, and participation faced by many children with disabilities. Children with disabilities are not a homogeneous group, where "one solution fits all." It is therefore important that different strategies are tried out to find the ones that work for the teachers, and for the children in their classrooms.

Materials and Methods

The study made use of descriptive methods, adapting the Department of Education's "Basic Checklist for the Evaluation of an Institution's Readiness in Responding to Children with Different Educational Needs" in the survey questionnaires that were administered to selected respondents chosen through purposive sampling.

Interviews were also conducted with the respondents and in-depth analysis of their responses were done to further support the results of the evaluation. Since the study focused on the school plant facilities, teachers and staffs' knowledge, curriculum and services they offer and programs they have, respondents were randomly chosen from all sectors of the institution namely the administration (GSD,HRD and Student Services), the faculty from Integrated School and the Colleges, and students. Focus Group Discussions were also held with selected representatives from the sectors mentioned to further validate results of the survey.

Interviews with personnel from Children's Developmental and Intervention Center, Inc. (CDIC), a private institution in Lipa City which offers Individualized Education Program for children with special needs, and benchmarking with other schools which already have an existing program for inclusion were also done to gather more inputs for the development of the proposed program for inclusion of children with special needs in the regular classes of DLSL.

Results and Discussions

The findings for each of the three research questions used to guide the design and implementation of this study are presented below followed by discussion.

1. What is the level of readiness of DLSL in terms of
   1.1 school plant facilities
   1.2 teachers and staff
   1.3 curriculum and services
   1.4 programs?

Chi-square goodness of fit test was used to determine if the DLSL respondents vary significantly in their perceived level of readiness. Results indicate that there is a marked perception among the respondents.

Table 1

Level of Readiness of DLSL in terms of School Plant Facilities

School Plant Facilities	Frequency					χ^2	*p*	VI
	HE	E	SE	NE	NA			
1. Elevators are accessible to children in wheelchairs and buttons (with Braille) are reachable.	35	31	12	24	3	33.810	.000	S
2. Doors are accessible to children in wheelchairs.	30	45	18	7	5	53.238	.000	S
3. Corridors have enough space for wheelchairs to pass another and turn around	51	30	17	5	2	76.587	.000	S
4. Walkways are provided with slip-resistant	21	35	40	7	2	53.048	.000	S

School Plant Facilities	Frequency					χ^2	p	VI
	HE	E	SE	NE	NA			
materials.								
5. Fences are provided around the facility.	35	42	22	3	3	61.238	.000	S
6. Signs (with Braille) should be easily seen by exceptional and typical children. It should be kept simple and with contrasting colors for easy detection.	18	24	22	39	2	33.524	.000	S
7. There are separate comfort rooms for boys and girls.	82	16	3	2	2	228.190	.000	S
8. Comfort room shall permit easy passage of a wheelchair (allows to turn around).	20	32	31	19	3	26.190	.000	S
9. Spatial structure (how students are seated and teacher's position) allows exceptional and typical children to move around the classrooms.	19	42	27	14	3	40.667	.000	S
10. Colors, poster and furniture decorated do not easily distract the exceptional and typical children.	17	49	30	4	5	67.905	.000	S

Minimum expected cell frequency is 21, df=4.

Table 1 shows that in terms of school plant facilities, DLSL is able to meet the standards set by DepEd. All of the provisions were rated either evident, slightly evident or highly evident. Only the "signs (with Braille) that can be easily seen by exceptional and typical children, to be kept simple and with contrasting colors for easy detection" are not evident. This implies that the school needs to improve in this area if it intends to cater to visually impaired learners.

To ensure that the school provides accessible learning environment to all learners, with or without disabilities, the seven principles of universal design must be adhered to. These include equitable use, flexibility (the design accommodates a wide range of individual preferences and abilities), simple and intuitive use (the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level), perceptible information (the design effectively communicates necessary information to the user, regardless of ambient conditions or the user's sensory abilities), tolerance for error (the design minimizes hazards and the adverse consequences of accidental or unintended actions), low physical effort (the design can be used efficiently and comfortably, with a minimum of fatigue), and appropriate size and space (appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility) (UNESCO, 2009).

Table 2

Level of Readiness of DLSL in terms of Teachers and Staff

Teachers and Staff	Frequency					χ^2	*p*	VI
	HE	E	SE	NE	NA			
1. Faculty members are given their loads ahead of time and are equally distributed.	24	34	29	6	12	26.095	.000	S
2. Teachers are involved in curriculum planning and program development.	36	41	15	4	9	52.095	.000	S
3. Staff needs such as supplies, books, computers and other machineries are provided.	46	38	13	3	5	74.190	.000	S
4. Fair compensation, fringe benefits, special awards and bonuses are given to teachers to boost morale and self-esteem.	17	46	28	5	9	51.905	.000	S
5. Teachers are provided with training programs that give knowledge and capability building exercises in teaching a classroom with exceptional and typical children.	26	30	28	13	8	18.476	.000	S
6. Teachers are provided with trainings that give awareness of methods, strategies and resources that will prepare them to instruct exceptional and typical children.	19	24	37	19	6	23.714	.000	S
7. Teachers have basic knowledge about sign language, Braille reading and writing and different behavioral management.	6	13	28	48	10	56.571	.000	S
8. Teachers are capable to apply knowledge, skills and attributes to accommodate exceptional and typical children.	9	26	38	24	8	30.286	.000	S
9. Teachers are able to monitor the effectiveness of their practices and are flexible enough to adjust practices if necessary.	13	39	32	11	10	34.762	.000	S
10. Teachers believe that exceptional children can succeed. School personnel	16	46	27	10	6	49.143	.000	S

Teachers and Staff	Frequency					χ^2	p	VI
	HE	E	SE	NE	NA			
and staffs are committed to collaborative practice.								

Minimum expected cell frequency is 21, df=4.

Similarly, table 2 shows that teachers and staff believe they are ready to handle students with special needs since they are provided with sufficient supplies, fair compensation and ample training in strategies and methods on how to accommodate exceptional and typical children. Only the "basic knowledge about sign language, Braille reading and writing and different behavioral management" is not evident. This necessitates the administration to include these aspects in developing programs for faculty and staff to empower them in handling hearing and visually impaired learners and those with behavioral problems.

In the focus group discussion, some teachers suggested the need to hire SPED specialist who could give them assistance in designing their lessons to fit the needs of CSN included in their class. They also suggested a stronger tie-up with the guidance and counseling office in the form of constant collaboration with teachers and parents to monitor the progress of the students with special needs.

Table 3
Level of Readiness of DLSL in terms of Curriculum and Services

Curriculum and Services	Frequency					χ^2	p	VI
	HE	E	SE	NE	NA			
1. Provides opportunities for an interaction with the environment that is so critical to learning.	16	46	24	12	7	44.571	.000	S
2. Multiple instructional models are available to meet the individual needs of exceptional and typical children.	13	47	28	14	3	55.333	.000	S
3. Textbooks, references, and supplementary materials are used to a great extent to reinforce learning.	28	42	21	8	5	43.981	.000	S
4. Assistive technologies and special facilities and equipment suited to the learning needs of exceptional and typical children are utilized.	22	39	23	18	3	31.524	.000	S
5. Counselors facilitate communication among teachers, parents, administrators and students to adapt the school's environment in the best interests of each individual student.	28	42	25	7	3	48.857	.000	S
6. School psychology services which play a supportive role in the identification, assessment, planning, implementation, reporting and	18	45	31	7	4	55.714	.000	S

Curriculum and Services	Frequency					χ^2	p	VI
	HE	E	SE	NE	NA			
evaluation process described in developing an individual Education plan.								
7. Learning assistance services are school-based, non-categorical resource services designed to support classroom teachers and their students who have mild to moderate difficulties in learning and behavior.	16	38	37	10	4	46.667	.000	S
8. School health services are screening, diagnostic, treatment and health counseling services provided at the school which are provided by the school nurses and by school health centers either on-site or on the campus.	24	46	19	10	6	46.857	.000	S
9. Appropriate and varied assessment tools are used to evaluate learning outcomes and are congruent with the objectives.	21	43	23	10	8	37.048	.000	S
10. Evaluations derived from varied sources (activities, tests, homework, projects, etc) are explained to the students and parents.	23	42	25	7	8	39.333	.000	S

Minimum expected cell frequency is 21, df=4.

Table 3 conveys that the respondents perceive the school's provision on curriculum ascertains that CSN are provided a progressive curriculum appropriate for and responsive to their developmental conditions/levels, needs, capabilities, backgrounds as well as interests and anticipated destinations/future and in consideration of their educational and social contexts. During the focus group discussion, personnel from the admissions and guidance and counseling departments mentioned that the application procedures for CSN includes the initial screening form wherein the question pertaining to Medical Disclosure must be accomplished and an interview with parents regarding the condition and/or medical needs of the applicant is a necessary part of the process. However, based on their experience most parents tend to hold back information regarding their children's condition for fear of rejection or non-admission from the school.

Thus, they suggested that psychoeducational assessment (PA) be pursued by trained clinicians and diagnosticians within an educational context to determine the child's development condition including his achievement level and also possible exceptionality/disability. The PA must be done to yield data needed in making decisions about (a) grade placement of each child; (b) curricular differences to partially individualize or customize lessons/activities/contents for specific cases such as disabilities, overage and giftedness/mental superiority; (c) promotion of children; (d) interest and ability groupings as part of co-curricular activities; (e) needed collaboration with parents and other service providers; (f) gauging of developmental/academic achievement of the

child; and (g) provision of needed appropriate materials, equipment and facilities (Dizon, 2011).

Table 4
Level of Readiness of DLSL in terms of Programs

Programs	Frequency					χ^2	*p*	VI
	HE	E	SE	NE	NA			
1. Teaching strategies are creative and multi-dimensional.	26	45	24	4	6	53.524	.000	S
2. Teaching strategies maximize the use of all remaining sense modalities.	23	47	22	5	8	52.667	.000	S
3. Teaching strategies provide active participation in the learning process.	31	48	13	4	9	63.143	.000	S
4. Teaching strategies provide experiential learning essential to developmental needs of the child.	29	45	18	4	9	51.524	.000	S
5. Teaching strategies are student-centered.	30	47	15	3	10	58.952	.000	S
6. Teaching strategies provide provision for individual differences.	27	48	17	3	10	58.381	.000	S
7. Teaching strategies and methods are clear and purposeful.	29	50	14	3	9	67.714	.000	S
8. Teachers monitor student's progress and modify plan as needed.	30	47	14	5	8	59.173	.000	S
9. A variety of appropriate settings and naturally occurring activities that are used to facilitate children's learning and development.	24	55	18	5	3	83.524	.000	S
10. Teachers provide environment that foster positive relationships including peer- peer, parent/ caregiver- child, and parent-caregiver relationships.	33	49	14	7	2	73.048	.000	S

Minimum expected cell frequency is 21, df=4.

Table 4 reveals that the respondents perceive the school to be accessible for children with disabilities as it provides learning materials that are accessible for the specific needs of each individual, and the curriculum is flexible to ensure that all children can participate in all activities. However, during the focus group discussion, the teachers

mentioned the need for an institutionalized program for inclusion of students with special needs in the regular class.

Specifically, they stressed the importance of being given guidelines on how to go about the practice of inclusive education. This includes (but not limited to) designing an instructional program for CSN that is based on the results of a thorough psychoeducational assessment, planning the methodologies/strategies to be used in teaching the CSN either the same curricular contents intended/designed for typically-developing learners with some adaptations in instructional methodologies (accommodation) or by way of modifying or simplifying them (modification). They need to come up with instructional schemes or special learning plans/arrangements which permit structural flexibility, collaborative teaching, and resource sharing aimed at individualizing and maximizing intervention for CSN.

The teachers also mentioned their experience of having difficulty in managing behaviors of CSN and expressed the need for training in behavior modification and behavior coaching. Children with disabilities who enter the regular class tend to manifest more behavior problems, hence, it is important for the teachers to be equipped with skills on behavior-management to address specific behavior-social concerns.

2. What conditions will DLSL be ready to accommodate?

Based on the profile given by the guidance office, there are ten students (5 males and 5 females) from the Integrated School who were identified to have behavioral problems. Seven of them are at risk of having Attention Deficit Hyperactivity Disorder (ADHD), one has a problem on learning to write (dysgraphia) and learn phonemes (dyslexia), one has mild autism, and the other one has Cerebral Palsy. Their ages range from 5 to 14 years old, having either one or both parents working abroad and with either 1 or 2 siblings. Most of the problems they encountered in school are hyperactivity, inattention, easily getting into verbal fight, low frustration tolerance, non-compliance to rules/authority, doing work partially/haphazardly, difficulty in hand writing and in doing projects that require physical activity.

On the other hand, there are thirty-six (36) college students who were identified by the guidance office to have special needs. Four (4) have social problems or suspected schizophrenia, twelve (12) have emotional/depressive mood disorder, nine (9) have physical or medical condition (with heart problems or poor eyesight), two (2) are suspected to have autism while four (4) showed signs of ADHD, one has Cerebral Palsy while another one has learning disability and two (2) have traumas. In this distribution, eleven (11) were freshmen, eight (8) were sophomores, six (6) were juniors and eleven (11) were seniors.

Considering the identified conditions of these CSN, the school could accommodate initially students who are physically handicapped, those with mild medical conditions, or with moderate behavioral problems such as autism, ADHD, social/emotional stress.

3. What are the recommendations for DLSL to be able to comply with the requirements for a school that offers inclusion?

In order to operationalize the practice of inclusive education, De La Salle Lipa needs to embark on an institutional endeavor of careful planning and preparation before actual implementation of the program. According to Dizon (2011), conceptualization and actualization of inclusive education program involves three phases – preparation phase, implementation phase, evaluation and sustenance phase.

In the preparation phase, DLSL needs to consider the ideological foundations or bases of the design and implementation of the program. Principles and guidelines as well as goals and objectives must be set clearly and disseminated institutionally in order to involve all stakeholders in the process. Important considerations should also be done in terms of pupil accommodation. Psychoeducational assessment must be pursued to ensure that the admission of CSN is based on age regardless of the ability/disability, gender, and background of the child relying on the information provided by the parents. Physical structures including equipment, facilities, lighting, ventilation and seating need to be checked to see if there are physical - structure components that need to be provided/redone/modified considering the presence of CSN.

The school administration should also ensure that the staff and support persons (including teachers, administrators, librarians, storekeepers, security guards, maintenance personnel, medical-dental team, etc.) are given sufficient training for the implementation of inclusion. Likewise, parents of CSN must also be informed of their involvement and participation in the process. Lastly, careful planning on how curricular and instructional modifications and materials production/educational technology use will be done and implemented to determine the doable schemes for individualization within the regular class.

In the implementation phase, the administration must ensure that the planned instructional individualization schemes are operationalized by enforcing implementing guidelines and logistics in collaboration with parents and support-service givers. Moreover, the objectives of the guidelines in networking with support persons and in materials production should also be made clear to all the stakeholders.

Finally, in the evaluation and sustenance phase, the school needs to devise a continuous progression scheme (CPS) and explain in full detail how it works and why it is appropriate in the promotion/schooling of CSN. Criterion-Referenced Teaching/Evaluation (CRT/E) should also be implemented considering its implications to teaching and assessing CSN to gauge developmental progress and gains. The school should also emphasize the importance of practicing multidisciplinary team evaluation and continuous collaboration with family and community to the education of CSN in the inclusionary program as they prepare for transition options – employment, future job training or further education through schooling.

Conclusions and Recommendations

Inclusive Education believes that the array of services for children with special educational needs could be available in the general education classroom (Dizon, 2011). Results of the data gathered through the surveys done as well as the follow-up interviews and focus group discussions support the respondents' belief that DLSL has the capacity to provide these services through planned curricular activities such as classroom instruction, school programs, and co-curricular activities.

However, the recommendations mentioned in the previous section should be taken into consideration by the school to ensure that the inclusive education program will not be mishandled. In order to ensure successful implementation of the inclusion program, certain adaptations/modifications (like accommodations of support persons in the classroom; the shift from highly academic to more psychosocial concerns; and, the shift from achievement tests to multi-source evaluation, including performance-based measures) should be adapted to address concerns relative to IE.

De La Salle Lipa has been offering Bachelor of Elementary Education major in Special Education for six years now and since then has been producing quality graduates of the said program which is evident in their high passing rate in the Licensure

Examination for Teachers (LET). Hence, it is recommended that the graduates of the said program be considered in hiring SPED specialists and SPED teachers as this might have implications in the school's budgetary allocations.

Lastly, the involvement of other professionals especially in auxiliary-services centers like therapy centers, speech or behavior clinics will be helpful to CSN. A system of collaboration with the Children's Developmental Intervention Center, Inc. (CDIC), a private institution in Lipa City which offers Individualized Education Program for children with special needs, could be established and pursued.

To this end, the researcher proposes a blueprint for the program for inclusion of students with special needs in the regular classroom that is aligned with the school's vision-mission of providing holistic education for all.

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