

Fantahun Admas\*

# Intervention Practices in Kokebe Tsibah Special Unit for Children with Intellectual Disabilities: An Ethiopian Experience

## Abstract

*This paper focuses on the intervention practices of Kokebe Tsibah special unit for children with intellectual disabilities. The data were collected through interview of three teachers who served for 20 years in the unit, observation of teachers and children, and analysis of documents. Qualitative data analysis was employed to analyze the data. The results indicated that children with intellectual disabilities received interventions in the form of educational, adaptive skills and vocational intervention. Teachers practice intervention in the unit by providing educational intervention, adaptive skills training and vocational training for children with intellectual disabilities. Considerable results are recorded through the application of these intervention practices. Stakeholders should fully involve in the intervention of children with intellectual disabilities.*

*Key words: Intellectual disabilities; intervention; educational intervention; adaptive skills; vocational skills.*

Learning is a means to achieve desired goals in life and a key to understand how the ever-changing world looks like. It has been defined in a manner that learning is a relatively permanent change in behavior or knowledge as a result of experience and practice. Or it is a change in person's mental structures (schemas, beliefs, goals, expectations and other components) that creates the capacity to demonstrate deferent behaviors (Eggen & Kauchak, 2004) from the behaviorists and cognitive theorists' views.

Children with intellectual disabilities need to learn different behaviors and academic skills that would help them to live independently. However, teaching children with intellectual disabilities needs effort, time, resources, trained manpower and other things that are prominent to bring about changes in the lives of these children. Sometimes, the process of teaching these children demand more than expected and teachers feel that the teaching of children with mental retardation is a tiresome work with little promising

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\* Lecturer and Doctoral student, Addis Ababa University, Department of Special Needs Education, P.O. Box 150391 Addis Ababa , Ethiopia, Email: [fantahunad@yahoo.com](mailto:fantahunad@yahoo.com)

result. The limited/slow changes in students with intellectual disabilities are sources of negative experiences in teachers (Fantahun, 2006). However, teachers of students with intellectual disabilities in Kokebe Tsibah special unit have great hope in making their students self-sufficient and helping them to lead independent lives in every way possible. In this regard, they have been reporting that promising outcomes of the teaching process are recorded. The considerable numbers of students with intellectual disabilities in the unit are reportedly integrated in the regular class after few years stay/learning in the unit. The researcher was surprised with the changes brought in children with intellectual disabilities in the unit. Specially, the educational intervention provided by the staff was attracting the attention of the researcher.

Two years before while the researcher was graduate (Masters) student and conducting research for master's thesis, some participants had informed him about the improvements that have been seen in the everyday activities of the children with intellectual disabilities in the unit. Taking this opportunity as an advantage to know what is going on in the special unit as the practices of intervention, the researcher tried to investigate the practices of intervention and the outcomes recorded in the unit. Children with intellectual disabilities in the unit benefit from the teaching learning process and some of the students bring about changes that are unexpected even by their parents. For instance, some of the students used to come to the unit on the back of their parents but now they can even run as evidenced on the playground of the unit. These changes are results of organized efforts mainly from teachers as they are concerned with choosing instructional methods that facilitate effective and efficient learning and teaching strategies (Beirne-Smith, Patton, & Ittenbach, 1994).

The teachers' efforts should also be supported by materials and technological advancements to facilitate the teaching learning process in the unit. Materials can run from text and other print materials to teaching machines, computers, and programmed learning materials (Beirne-Smith et al., 1994). Besides the teachers' efforts and materials, the appropriate supports over a sustained period generally improve the life functioning of the person with mental retardation (AAMR, 1992).

Children with intellectual disabilities are different in interest, limitation, and intellectual functioning. Thus, these children can benefit from individual and small group activities which in turn help them in the acquisition of target behaviors and knowledge. Therefore, educational programming for school age children with mental retardation involves a number of interrelated and mutually influencing components. Educational programs must be designed, implemented and evaluated systematically to have an effect on the development of each learner (Beirne-Smith et al., 1994).

Efforts have been made by teachers and other stakeholders to help children with mental retardation to function successfully in school, home and community settings. In the process of helping these children, the focus areas of intervention including self-care, mobility, communication, social interaction, academics, health and safety, leisure and

vocational pursuits. Therefore, specially teachers must target useful learning objectives in each of these areas (Beirne-Smith et al., 1994.).

In Ethiopia, some children with intellectual disabilities are learning in different integrated classes, special schools, special classes and units. The objectives in the education of children with intellectual disabilities are productivity, independence and participation. The major goals of education is not to compensate intellectual disabilities *per se*; rather instruction is directed toward the development of critical skills necessary for adulthood- for success in daily life, citizenship and a future career (Winzer, 1990).

The Kokebe Tsibah special unit is one of the units which has been trying to help children with intellectual disabilities to make them independent and self sufficient through a variety of intervention techniques. Therefore, this study attempts to show the intervention practices implemented in Kokebe Tsibah Special unit for children with intellectual disabilities.

The purpose of this study is, in general, to investigate the intervention experiences practiced at Kokebe Tsibah special unit for children with intellectual disabilities. This research is believed to teach some lesson about intervention practices in Ethiopia and it would help to understand what is going on in the Kokebe Tsibah special unit in terms of intervention. In light of this, the following specific questions are formulated to frame the study:

1. What intervention practices are practiced in the Kokebe Tsibah special unit?
2. What educational and vocational intervention is given for the children with intellectual disabilities?
3. How do teachers implement interventions for children with intellectual disabilities?

## Method

### *Participants*

The Kokebe Tsibah primary school, under Yeka subcity education bureau in Addis Ababa education bureau, has a special unit which admits and teaches children with intellectual disabilities since 1987. The unit has currently three teachers and 60 students with intellectual disabilities in the special unit and 25 in the integrated class. Participants of the study were teachers of students with intellectual disabilities in Kokebe Tsibah special unit. They have 20 years of teaching experience in the unit. All of the teachers (two females and one male) participated in the interview.

### *Data Collection*

*Interview.* Semi-structured interview was prepared and used to collect data pertinent to the study. Face to face interview was conducted with the three teachers for 1:30 hour each. The themes of the interview were admission, assessment, intervention practices,

strategies and dimensions of intervention. Interviewees were guided whenever they left the main theme and probes were made to enrich the data until the data repeat themselves. The interviews were conducted by the researcher himself. The interviews were tape recorded and transcribed verbatim. The interviews were held in the participants' offices and classrooms

*Observation.* Students and teachers were observed while learning and teaching in the class, working in the garden and playing in the playground. Students with intellectual disabilities were also observed in different settings (e.g., TV room, vocational room) and field notes were taken. The workshops, garden, and classrooms were observed. The teachers were also observed while assisting students in the physical education period in the playground.

*Document analysis.* Available documents like students' report card, unit's yearly plan and objectives, unpublished magazine for the annual parents' day, assessment tools, weekly timetable and other relevant documents were analyzed.

#### *Data Analysis*

The data were transcribed verbatim. The transcribed data were read thoroughly and themes and categories were created. After the review of the data, logical analysis and interpretation was made from the thematic categorization of the data. The data analysis was also done according to the questions raised and the discussion was given according to the categorized and thematized data. The data from observations and document analysis were also used to strengthen the data from interview and the trustworthiness of the data was also crosschecked.

### Results

The results are presented in the logical flow with qualitative data presentation and the interviewees' sayings are anonymously put directly when appropriate and needed. The findings are presented based on the data through interview, observation and document analysis. Thus, the narration of the fact in each entry is due the data from at least one of the above mentioned instruments of data collection.

#### *Identification and Assessment*

Prior to service provision or intervention, identification and assessment should take place and the information from the identification and assessment would help the service provider or interventionist to provide appropriate service. Students with intellectual disabilities at Kokebe Tsibah special unit are admitted with the diagnosis from different medical centers, the assessment made by the unit itself and based on the information from parents. In this respect, one of the participant teachers said that "*most of the time hospitals refer or send children with intellectual disabilities to our unit. The unit also conducts*

*identification and assessment to crosscheck the results from medical centers”*. However, the assessment made by these parties is not that much comprehensive, to address the needs, identify the abilities and design intervention procedures. The assessment result would not also tell about the child’s disability level that is mild, moderate, and severe or profound in terms of severity, or intermittent, limited, extensive or pervasive in terms of intensities of support service.

The other participant further elaborated the case that students are admitted in grade C first for short or long time and they learn skills like how to eat, use toilet, dress, tying shoelace, sitting on chair etc. By the time completing these activities, students could be promoted to class B or A [Based on progress students can be promoted from Grade C to B, from B to A and from A to inclusive classroom].

In relation to the admission procedure, one of the participants said:

*We accept new comers and place in grade C then we evaluate and promote to B or A as per their performance in their stay. The evaluation mechanism is based on their performance in awareness and academics. On average, one child could stay for about five years in grade C.*

The document analysis also revealed that information from the family, health centers/hospitals and the unit is helpful to place students with intellectual disabilities and taken into consideration for different decisions. The family provides information about the adaptive behaviors of the child that could partly help to determine the kind of services given to the child with intellectual disability. The health centers/hospitals also report about the disability though it is often times similar and short to further analysis. But still it is important to determine whether the child has intellectual disability or not. The assessment made by the unit focuses on the education of the child and it is helpful to identify the child’s interest in educational and vocational trainings.

#### *The need for [Objective of] Intervention*

The Kokebe Tsibah special unit was established in 1987. This unit was established to teach and help children with intellectual disabilities and to disseminate information and create or raise awareness in the society to prevent the possible occurrence of the disability. In this regard, the unit has been working for the last 20 years and scored considerable results in improving the lives of many children with intellectual disabilities. Through these efforts, many former students are helping themselves or at least function successfully at home with their parents in the areas of adaptive skills. Thus, the unit has its own purpose in helping and teaching children with intellectual disabilities to make them self sufficient or independent. One of the teachers in the unit expressed the point as follows:

*Though children with intellectual disabilities cannot join universities, we need them to learn and lead themselves, work to their level best, direct themselves and live independent life. We teach them to make free from others' help and let them work and experience independence. We need them be self-sufficient and have their own source of income whatever it is. If there is an opportunity, they can be employed in different private and public companies, institutions etc.*

In the same fashion, another teacher of the unit disclosed that they have been teaching children with intellectual disabilities and some of them are becoming independent.

The documents analysis also indicated that the Kokebe Tsibah Special Unit has general and specific objectives to be met in the process of teaching children with intellectual disabilities. The unit has the following general objectives. These are: Helping children with intellectual disabilities to come to school, improving situations to make children with intellectual disabilities self-sufficient and have independent lives in the community, and helping children with intellectual disabilities to develop confidence through academic and vocational education. These general objectives entail the following specific objectives: Helping children with intellectual disabilities (CIDs) to lead independent life, preparing CIDs for inclusive education, creating and raising awareness in the community to increase the functioning of CIDs in it, providing vocational training in collaboration with GOs and NGOs, conducting research and using mass media to change unfavorable attitude of the society, facilitating medical and rehabilitation services for CIDs, fostering inclusive education for CIDs, and providing teaching and other materials for CIDs. These general and specific objectives are guiding principles in providing quality services and intervention practices for students with intellectual disabilities in the unit. However, shortage of materials and manpower impede the endeavor of the teachers in the unit.

#### *Dimensions of Intervention Practices*

Children with intellectual disabilities have been given academic and vocational trainings (intervention) to improve their living situations. The intervention practices at Kokebe Tsibah special unit are given in different ways. The major focus areas are academics, adaptive and vocational skills. However, the intervention practices are practiced in planned or unplanned manner. There is weekly program of teaching children with intellectual disabilities and the subjects and vocational trainings given are language, math, social skills, sport, practical academics, personal hygiene, and vocational trainings. The adaptive skills are addressed in one way or another in the process of vocational and educational interventions.

The weekly timetable in the unit showed that there was uneven distribution of subject matters and vocational skills taught per week and students were let to practice what they need. Besides, one period lasts for only 30 minutes.

More specifically, the Kokebe Tsibah special unit has been providing these services by dividing into three. These are:

1. *Academics*: the academic content is offered based on the individual child response. It may not respect the academic calendar and may take two or three years to cover the content
2. *Adaptive skills*: the ten adaptive skills are the focus areas.
3. *Vocational skills*: children with intellectual disabilities will not be successful in higher level academics and much emphasis is given to the vocational training. In this regard, they are given different skill trainings which then prepare them for vocational training. In the unit, however, the vocational training does not replace the academic learning since they support each other

These three dimensions of intervention help children with intellectual disabilities to bring about considerable improvements in several aspects after joining the unit. The teacher from the unit explained the process of service provision in the three areas as follows:

The process starts from the assessment of the child's limitation. The assessment will help to determine whether the child can be successful in the vocational or academic areas. Then different kinds of interventions would be provided to the child. For example, if the child is capable of learning academics, the child will be sent to the regular class. If not, that child will be given different vocational trainings here in the unit.

#### *Educational [academic] Intervention*

The educational intervention of children with intellectual disabilities comprises different subject matters. Through these subjects, students learn and improve intellectual functioning and adaptive skills. Children with intellectual disabilities learn language, environmental sciences and math in the unit.

Language plays a great role in facilitating and easing other support services or intervention provisions. Children with intellectual disabilities in the unit learn language and benefit from it. Language teaching needs assessment of the child's problems, strengths and identification of needs. If the child cannot speak, the intervention could be given accordingly. It starts from letter identification and goes complex skills in the logical order. One of the interviewees explained the way of teaching language and the help of language for intervention as follows:

*Language is a tool for communication. It is a key for everything. If you can communicate with a child, you can intervene or teach. Unless a child can speak, it would be difficult to teach. When he/she starts speaking we teach letters, words, sentences and then help him/her to explain his/her idea. For example, we tell them story and they will tell it back to the class turn by turn. Through this story telling,*

*the child can develop language, communicative skill, confidence etc. Though they have no speech problem, they cannot speak because they have no access to speak or to talk with their family, peers or neighbors. No one is willing to talk with them at home, they have no right to claim and they develop shame and guilty feelings. To avoid this and teach language, we use different techniques. Most families deny this chance as they assume these children are weak in language and cognition. They let them to sit at the corner of the house and do not want to communicate with them.*

The language intervention can be given by making the child to off the candle, chew sugarcane and chew gum. The family of the child also involves in the intervention of language by providing him/her sugarcane, gum and talk with. This improves child's language ability. In addition, children deliver speech for their classmates in the class.

Besides language, math plays an important role in the teaching –learning programs of children with intellectual disabilities. Learning numbers helps children with intellectual disabilities to acquire knowledge and improve the abilities in the area of adaptive skills. They learn numbers using sand, perforated eucalyptus tree seeds, blocks, boxes and other materials. Students then count these stuff and learn counting numbers. The teacher of children with intellectual disabilities explained the application of math in different areas as follows:

*Learning numbers is decisive. We teach them numbers to use buses, to shop, to differentiate cents, to know changes. The main reason is to make them capable of using numbers in their life like use of money. Those who are expected to join regular class learn addition and subtraction in one and two digits.*

Physical education is another subject given as educational intervention in the unit. Through this subject, teachers mainly treat the physical limitations of children with intellectual disabilities. Besides the physical limitations, the communication and social skills are also addressed. Incredible results were recorded by applying physical education in the unit in the area of physical strength and movement. Those who cannot sit, walk, move or in general, those who came to the unit on the back of their parents benefit from physical education.

Many of the students were not strong/physically fit while coming to this school. So teachers assess the problems and design physical exercises. If students do the activity for ten minutes today, tomorrow it may take 15, and then 20 minutes. Physical exercise is considered as best intervention mechanism in this unit.

On her words, one of the participants said the following:

*Physical education is the major subject in the unit. I have been teaching the subject. These children have a number of problems. They might not walk, play, sit etc. then we identify the affected area to intervene. We will massage*

*the body, the hand and the leg while the child is lying on the mat. Checking the joints and if they work properly, the child will do simple physical activities. The intensity and duration of the exercise will increase through time. Physical activity helps students with intellectual disabilities to walk easily, to play, to move place to place...if the problem is severe they are given tasks like moving the stairs carrying dumbbell or working in the garden. Considerable improvements can be seen in children after some time when doing these activities. Then the child will do physical exercise according to the program like soccer, skipping rope, volleyball.*

### *Adaptive skills training*

Adaptive skills area is another limitation in children with intellectual disabilities which need due attention and the unit has planned the intervention techniques in this area. The focus areas are communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, leisure and work. It is indicated in the annual plan to teach students these adaptive skills. However, all students do not have the same problem and/or all these adaptive skill limitations. The efforts are made according to every individual student's need and limitation.

The unit has annual plan to teach the 10 adaptive skill areas for these children. These adaptive skill areas are taught in relation to the students' daily living activities. Communication skills are taught while teaching language as an academic subject in the unit. Teaching safety education/ Self-care is given great emphasis in the unit. In this lesson, teachers teach the students how to cross road, how to pass holes, how to protect oneself from dog bite, etc. Students learn about road/traffic signs and techniques of protecting oneself while crossing the road. For example, the student should pass/cross the road after checking whether there is incoming or outgoing car or not.

In the unit, teachers teach dressing by using samples of zipping, tying, buttoning and students practice these activities practically. There are towels, shoes, dishes, cups and other materials to teach self help and care skills practically. For instance, children are given shoe and shoelace separately then they try to tie it. Teachers use cups to teach them how to drink tea, coffee, and water and let them identify materials. One of the participants explained this process in the following manner, *"Students learn toileting, combing, brushing. For example each student had Colgate for brushing teeth. We teach them how to wash their cloth, body etc. there is towel, ointment and soap for this purpose"*. In the same fashion, another participant said, *"Students eat breakfast here. The objective is to teach self-care that is, how to eat, how to prepare food, how to wash dishes, how to use cups, how to handle spoon and fork"*.

Social skills are taught when students with intellectual disabilities are mixed with regular students for some lessons. They perform drama together, play football together

and learn different social skills. It is also taught in the class through coffee ceremony and they learn how to invite the neighbor for coffee, for example. Some regular schoolteachers visit students with intellectual disabilities and introduce themselves, provide rewards like candy, balloon which in turn enhance the social functioning of these students.

One of the teachers who participated in the study expressed the social skill training process in this way:

*We have weekly football competition and child –to-child programs with regular students to improve the social skills of these students. In the child-to-child program, they discuss about reproductive health, HIV/AIDS and related issues which have dual purpose in improving social skills and creating awareness.*

Home living skills are also taught in the unit. In this regard, teachers teach students how to clean home/classroom, tables and chairs after breakfast practically. Students clean or wash their classroom every Friday. They also learn how to prepare *wot*<sup>1</sup>, chop onion, bed making and sweeping in the class. At home before eating lunch, students are informed to change their uniform, wear pyjama, sandals, and take rest. They are taught home living skills practically and theoretically in the class. Bed, blanket, shoes and other materials are found in the class to teach them home living skills practically.

Teachers at Kokebe Tsibah special unit also teach Community use to help students to live in the community or properly function in the community. Students learn where and when to use clinics, police stations and other public services. For example, there are students coming from *Shiro meda*, *Kotebe* and these students should learn number to identify and use buses to travel from home to school and from school to home. One student was raped last year and she directly went to police station. In general, in this area teachers teach their students about the appropriate use of community resources.

Self-direction is challenging for most of the students. Some students are coming here with the help of others or supported by employed people for this purpose. Through time teachers teach self-direction and students can come alone to school. In relation to self-direction, students learn time management, money management, planning etc at their level.

Like other adaptive skills areas, students with intellectual disabilities at Kokebe Tsibah special unit learn about health and safety. They discuss about HIV/AIDS, reproductive health and how to protect themselves from being raped (specially females), HIV/AIDS and how to cross the roads, bridges, holes etc.

Functional academics is related to learning at school. Teachers teach the basic skills used for academic functioning that are useful for independent living. These skill areas include learning like reading, writing, and math skills. They learn numbers, letters, language etc. Students with intellectual disabilities in the unit also learn basic academic skills which prepare them for integrated class.

Students with intellectual disabilities in the unit develop leisure interests through different recreation related practices in school. Thereby, they develop skills how to pass leisure time and enjoy it. Recreation centers should have they gone, but the unit has no budget. However, they celebrate International Disability Day and Parents' Day for the purpose. Every Thursday, they have football match with regular students that gives them greatest satisfaction and feel confidence

Gardening and vocational trainings in the unit help students to experience work and assume responsibilities. In the unit, students with intellectual disabilities work on the school garden and have cabbage, carrot and flower totally controlled by these students. The carpet making, basket making, and embroidery works are worth mentioning in improving the abilities of these students to hold work.

#### *Vocational intervention*

It is well known that children with intellectual disabilities show limitations in the area of intellectual functioning, social competence and practical skills. Teachers in the unit believe that they [children] will not be successful in academics and will not assume responsibilities or join universities. However, they can lead independent life and vocational training is of paramount importance in this respect. The Kokebe Tsibah special unit has its own plan to train students. Vocational training is answering the questions of making children with intellectual disabilities self-sufficient and independent.

Prevocational training is given to make students ready to practice the actual vocational training and vocation. The prevocational training involves many random activities which help students to coordinate different body parts to be ready for the actual vocation. Vocational training starts from drawing random lines. Students with intellectual disabilities learn drawing from the black board. They then draw pictures, shade colors and explain their ideas, feelings and emotions. The vocational intervention is organized in the unit in the categories of gardening, drawing and handcraft.

*Gardening:* Students with intellectual disabilities learn what farming mean, its use, its beauty, and satisfaction. Teachers and some students together dig and the others form

the plot and plant seedlings themselves. These benefit them in two ways that to fit physically and learn farming/gardening. At the time of cultivation, they can identify the flowers from the weeds, for example. Students have planted cabbage, carrot and flowers in the school garden.

*Drawing:* Drawing helps to teach the eye hand coordination, to relax the fingers and hand. Students are given the paper and pencil and they do whatever they want. They draw random lines, shade a given area with color and draw pictures. They do the task differently, some do nicely and others not. Those who perform correctly are given another advanced task (grain print, leaf print, vegetable print etc).

*Handcraft:* Students with intellectual disabilities learn many vocations. They produce a variety of products like carpet, basket, sweater, chairs, tables and generate income for the unit. Few students generate income for themselves from what they have learned in the school and lead independent life. Teachers teach them embroidery, sweater work, carpeting, printing, spinning, etc. For example, one student learned bag and basket making in the unit and now she is leading her life and earning money from this vocation. She has 'Equb' at three places.

#### *Efforts needed in the intervention process*

To improve the intellectual functioning and adaptive skills of children with intellectual disabilities, great endeavor is needed. High repetition of the content and perseverance will help teachers to bring about improvements. For example, learning to tie shoe needs much time and efforts both from the student with intellectual disabilities and the teacher. Thus, it is difficult for the student to learn the task once rather with repetition for weeks or months. Practical or concrete tasks are relatively easy to learn than theoretical and abstract things. Even the practical work might need much time. For example, to learn a given handcraft, the child might need a year, two or more. It is not as easy as others do. The same happens in the area of academics. As reported by teachers, there is one student in the unit for the last twenty years but he could not identify Amharic letter "ha" or "be". However the student knew his environment and does different activities. He has no hope in the area of academics but things are promising in vocational trainings. Now he can come to school himself, does well in carpet making. His interest is music. He plays music, dancing and beating drum. This guy will be effective if there are musical instruments but the constraints do not let teachers to listen the interest of this student.

Teachers in the Kokebe Tsibah special unit have been teaching in the same unit for the last 20 years in order to change the lives of these children. They are playing a key role in the intervention process to help these children in every way possible. One of the participants explained the process of intervention as follows:

*We are selfless; our mission is to help students with intellectual disabilities. We have been doing what we can do to see these children independent, self-sufficient. The government should take part in this stake. Training these children vocations in a given center would help them than learning academics. They can be hired in different factories like soap, coca-cola, bulb. If the government does something in employing these children they can help themselves. They can work gardening in the governmental organizations, for example. However, the society has negative attitude towards these children and assume that they are patients or insane.*

### *Stakeholders' contribution in the intervention practices*

#### *Role of parents*

The involvement of parents in their children's education is of paramount importance and inseparable. However, some parents are not willing to take part in the intervention process. Many of the parents want to see the improvement of their children without their involvement or contribution. Teachers teach parents to train their children at least washing their dining tray or assist in every way possible. Some parents are willing to play their role and teach their children at home. It depends to the family's education, socioeconomic status, and awareness. Some parents even refuse to come to school when needed but others hire tutors for their children. Some assume the school as the place to send their children to get relief. Others follow up their children's improvement and communicate with teachers regularly. To the other end, some do not want to come even once on the parents' day.

#### *Administrative supports*

The ministry of education and the Addis Ababa education bureau have not played as such important role, in general. The Yeka sub city education bureau has special needs education expert. But the expert went to the unit once and didn't show up since then. He did not give professional support to the teachers. The subcity and Addis Ababa education bureau did not ask as what has been done and did not help the unit inasmuch as possible. The higher offices support is not encouraging. On the other hand, the school administration has endeavored to the extent it can. Now the unit is facing serious manpower shortage and lack of classrooms. The existing staff members are planning to leave in the coming few years. In grade C, for example, the classroom is too narrow and it also serves as workshop room. As a whole, the administration support counts little and the unit is endangered.

#### *Evaluation of intervention Practices*

The intervention provisions are evaluated against the children's score in each area. There is a checklist to evaluate the improvements monthly. This helps to further design the appropriate intervention services accordingly. After the evaluation, teachers can provide the intervention at the individual basis according to the result they have from the

checklist. The academic and behavioral assessments are done to evaluate the improvements. The parents also participate in the evaluation process. As per the continuous assessment, students are given the report card at the end of the academic year.

### *Improvements*

Previously, there was unfavorable attitude towards children with intellectual disabilities that they were considered as useless and incapable. After long walk, these children are considered as citizens and have the right to education and to lead independent life. As a result, teachers in the unit are teaching these students to make self-sufficient to the level of their capacity. They can work and live independently if appropriate intervention is given.

Teachers in the unit brought about many changes through applying different techniques in the intellectual and adaptive skills in many of their students with intellectual disabilities. For example, while coming from home, some children could not walk, eat and drinking properly. They give trainings and these children brought about changes that are pleasing and promising. Therefore, teachers evaluate changes and improvements when the student eats properly, moves here and there with his/her friends, understands the environment, live within the society etc. These are indicators of improvements due to the intervention they apply. The evaluation is made against the data recorded previously.

Specifically, the followings are some of the outcomes recorded from the intervention practices in the unit: Students with intellectual disabilities who used to come to school with the help of their parents now can come alone, many students are promoted from special class to inclusive class, many students are trained in vocational education and are producing different products which subsidize and increase the unit's income, many of the students with intellectual disabilities can shop independently and receive the changes, students show improved communication skills and communicate with others, and students show improvements in the areas of self-care, safety, and support their teachers in different activities.

### Discussion

This study attempts to disclose the intervention practices in Kokebe Tsibah special unit. As a result the reader can understand what is going on in the unit. In the study, the admission procedure, the dimensions of the intervention practices, the practicing efforts, stakeholders' role and the practice evaluation are addressed.

Identification and assessment is an important procedure to identify students, determine eligibility and design the intervention mechanism. Comprehensive and accurate assessment is critical to the delivery of appropriate educational services to students with

mental retardation (Beirne-Smith, et al., 2006). In line with the above explanation, the students with intellectual disabilities in the Kokebe Tsibah special unit are identified and the service is given based on the assessment results from different parties, the unit, parents and medical centers. However, it is difficult to say that the identification and assessment in Kokebe Tsibah special unit is appropriate and accurate.

The dimensions of the intervention practices in the unit cover the intellectual functioning, the adaptive skills and the vocational trainings. The intellectual functioning is addressed through teaching academics or practical academics in the unit. The educational intervention comprises language, math, and physical education. This intervention mechanism is purposefully applied to improve the intellectual functioning. However, academics is challenging for children with intellectual disabilities. In agreement with this, after reviewing research findings, Eggen and Kauchak indicated that these students often fail to acquire basic learning strategies – such as maintaining attention, organizing new material, and studying for tests that typically developing students pick up naturally (Choate, 1997; Heward, 2003; cited in Eggen & Kauchak, 2004). Students in grade A learn more of academics to join inclusive classes in the unit because educational programs stress the most critical functional skills. Winzer strengthens that educational intervention is directed toward training pupils with mild mental retardation eventually to live and work independently in the general community (Winzer, 1990).

The adaptive skills are also areas in which children with intellectual disabilities show limitation. The Kokebe Tsibah special unit has planned to address these areas and promising results are recorded. The Ten adaptive skill areas are addressed in one way or another. Wizer (1990) said that maximum development of intellectual, personal, social, emotional and motor skills are necessary for vocational competence and independent living. The unit has been giving emphasis to the physical education, communication and vocational trainings. In agreement with this, Winzer (1990) advised to give stress on self-care, mobility training, communication, social interaction, academics, health and safety, leisure time and vocational pursuits. Teachers must be concerned with targeting useful learning objectives. Students require instruction in basic academic skills, personal and social competence, and occupational skills. Studies on the learning characteristics of children with mild mental retardation show that even if their rate of learning is slower and level reached not as high, their learning curves approximate those of non-handicapped pupils (Winzer, 1990).

Majority of the students are learning vocational skills which in turn help them to lead independent life. The vocational skills are helpful to these students and considerable number of students is even relying on their skill to generate income. The vocational skills taught in the unit are supported by prevocational skills like gardening, handcrafts and drawing. These prevocational skill trainings are used as laboratory and ease the

training of vocational skills for students with intellectual disabilities. After the training of prevocational skills, students learn vocational skills and produce different products like chair and table from carton, carpet from wool, sweater from tread and generate income for the unit.

Teachers in the unit play a considerable role for the last twenty years. They reported that they are self less to help the students with intellectual disability in the unit. In agreement with result, many teachers of children with special needs plan to stay in the profession only to help children with special needs (Fantahun, 2006). The administrative bodies in higher offices of education are not answering the timely questions about “Education for All” and many children with special needs are left behind.

The practice evaluation showed that many students with intellectual disabilities are benefited from the academic and vocational trainings given in the unit. Quite a number of students joined the inclusive classes since the opening of the unit. Similarly, the vocational training helped many students to lead independent lives at least in some areas.

### Conclusion and Recommendations

This study attempts to reflect the intervention practices in the Kokebe Tsibah special unit. However, it is difficult to reflect the whole business of the unit in relation to intervention with this small-scale study. The results showed that the intervention practices are focusing on the intellectual, adaptive and vocational skills. Promising results are documented in the intervention of these areas. Students with intellectual disabilities brought about promising improvements in the above-mentioned areas of focus. Physical education has been considered as the best intervention mechanism which addresses the intellectual, social and practical skills of children with intellectual disabilities.

To conclude, the intervention practices in the Kokebe Tsibah special unit is promising and students with intellectual disabilities are benefited more from the intervention practices. Based on the findings, the following recommendations are made: The identification and assessment procedures should be comprehensive and should give all the necessary data, the intervention practices should be supported by Yeka sub city education bureau and Addis Ababa education bureau, the number of teachers should increase to provide quality intervention for children with intellectual disabilities, teacher should be given an opportunity to upgrade their education level so that they can benefit themselves and students, and teachers are doing tiresome work and they should get benefits which compensate their effort.

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