Inclusiveness

A Course for Higher Education of all Disciplines

Credit hours: 2

Lecture hours: 48

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Course Description

Inclusiveness promotes effective developments through full participation of all members of a population, people with disabilities and vulnerabilities, where all are equal contributors of development and equitable beneficiaries. Through inclusive practices, it is possible to identify and remove social and physical barriers so that people with disabilities and vulnerabilities can participate and benefit from all developments.

Genuine inclusion of people with disabilities and vulnerabilities allow of them to actively participate in development processes and eliminate dependence syndrome, leads to broader benefits for families and communities, reduces the impacts of poverty, and positively contributes to a country's economic growth, development and ultimately create inclusive society. All stages of development processes of any organization should be inclusive through creating equal access to education, health care services, work and employment, social protection and all development center of human being.

Hence, in this course, the higher education students will learn how to assess, understand and address the needs of persons with disabilities and vulnerabilities; and provide relevant support or seek extra support from experts. He/she also learns how to adapt and implementing services for an inclusive environment that aimed to develop holistic development such as affective, cognitive and psychosocial skills of the population with disabilities and vulnerabilities. Identification and removal/management of environmental barriers would find a crucial place in the course.

The students learn how to give more attention and support for persons with; hearing impairments, visual impairment, deaf-Blind, autism, physical and health impairments, intellectually challenged, emotional and behavior disorders, learning difficulty, communication disorders, vulnerable persons including gifted and talented, and those at risk due to different reason (persons who are environmentally and culturally deprived, abused, torched, abandoned, and orphaned..etc.).

All University students should be given the chance to study the specific developmental characteristics of each group of persons with disabilities and

vulnerabilities. Furth more, they also indentify the major environmental and social barriers that hinder the development of individuals; and come up with appropriate intervention strategies in inclusive settings of their respective professional environment and any development settings where all citizens are equally benefited.

Overview of Inclusion

What is inclusion?

Inclusion is the process of making the general education classroom accessible to all students. According to the Cambridge Online Dictionary, inclusion is “the act of including something as a part of something else.” In terms of education this is often interpreted to mean “the act of including special education students as part of the general education population.”

While inclusion is often considered a special education term and concept it should be more realistically viewed “the act of including all students no matter their learning needs as part of general education population and curriculum to the greatest extent possible.” Including all students encompasses those in special education, with diverse learning needs, English Language Learners, at risk for school failure and those with a variety of other diverse learning needs.

Including all students as part of the general education population allows all learners to work together and be equal members of the school community. This fosters the same sense of acceptance that is expected in the general community and society at large. This definition also allows all students’ access to the general education curriculum to the greatest extent possible.

Providing access to all students allows each individual student to develop to their fullest potential and allows them greater access to later curricular and employment demands. While inclusion gives all students access, it also demands that the students then receive the academic and behavioral supports needed to make inclusion successful. Without the needed plan and supports, inclusion is doomed to fail. Inclusion is a process, not a place but the focus must be on outcomes.

Effective inclusion programs allow all students, including those with disabilities “to benefit from the general education curriculum” and to have the needed “intensive, focused instruction in critical skill areas (i.e. reading, writing, mathematics) (McCleskey and Waldron, 2011, p19).” When an inclusive classroom provides access to the general education curriculum while providing the needed supports, it also provides a context for all students to improve academically and develop social skills and relationships that will better prepare them for the future. Students need to be able to fully participate in a well-designed inclusive program to fully reap the academic and social benefits and have a meaningful impact on learning. Without the needed supports or a well-designed program inclusion will not provide academic or social skills gains for students with disabilities (Pivik, McComas, & Laflamme, 2002; Carter, Sisco, Brown, Brickham, Al-Khabbaz, & McClean, 2008). Inclusion is a process, not a place. It is the process of providing the academic and behavioral supports that make an effective learning environment for all.

Inclusion involves effective instruction and learning which can occur in many different environments and many different ways. Inclusion may look and be different depending on the district, school and classroom in which it takes place. Inclusion looks and is different because of the culture of the district, school or classroom needs of the individuals being served. Inclusion was created as a way to serve the needs of all learners within a classroom setting while collaborating to create learning communities that respect the unique learning styles and personal differences of all students (Salend, Duhaney, & Garrick, 1999).

Chapter One

Understanding Disabilities and Vulnerabilities

Time allotted: 10 contact hours

1.1 Definitions of disability and vulnerability

- **Definitions of Basic Terms (Impairment, Disability and Handicap)**

Impairment

Impairment means a lack/abnormality of an anatomic, **physiological** or **psychological** structure or function or deviation (difference) on a person.

It refers to any loss or abnormality of **physiological, psychological** or **anatomical** structure or function. It is the absence of particular body

part or organ. It could also a condition in which the body exists but doesn‘t function. Some children, for instance, have impairments such as eyes that do not see well, arms and legs that are deformed, or a brain not developing in a typical way etc.

Disability

Disability The term disability is ambiguous (vague, unclear) as there is no single agreement on the concept (Mitra, 2006) It is not synonymous with AKAL-GUDATENGA (የአካል ጉዳተኛ) meaning impairment.

The concept of disability is complex, dynamic (forcefulness of expressing action), multidimensional, and contest (WHO and World Bank, 2011).

The full inclusion of people with impairments in society can be inhibited by:

1. Attitudinal (societal barriers, such as stigma)

2. Physical barriers (environmental barriers, such as absence of stairs), and

3. Policy barriers (systemic barriers),

Where all together can create a disabling effect and inhibit disability inclusive development. They are disabling factors. If these problems addressed, impairment may not lead to disability.

Where all together can create a disabling effect and inhibit disability inclusive development. Societal, environmental, and systemic barriers are the most popular disabling factors:-

- ✓ A disabled persons
- ✓ Persons with disability

What is disability?

1. **Medical Approach**

Disability is pathology (physiological, biological and intellectual). Disability means functional limitations due to physical, intellectual or psychic impairment, health or psychic disorders on a person (WHO, 1996).

The medical definition has given rise to the idea that people are individual objects to be “treated”, “changed" or “improved" and made more “normal”. The medical definition views the disabled person as needing to “fit in” rather than thinking about how society itself should

change. This medical definition does not adequately explain the interaction between societal conditions or expectations and unique circumstances of an individual

2. The social definition of disability:

- Disability is a highly varied and complex condition with a range of implications for social identity and behavior.
- Disability largely depends on the context and is a consequence of discrimination, prejudice and exclusion.
- Emphasizes the shortcomings in the environment and in many organized activities in society, for example on information, communication and education, which prevent persons with disabilities from participating on equal terms.

1.2 Types of disabilities and vulnerabilities

Some type of disabilities: Some nine major disabilities are listed and briefly discussed in the coming pages below.

1. Visual impairment

Visual impairment in general designates two sub- classifications. These are **blindness** and **low vision**.

Blindness:-

Blindness is the total or partial inability to see because of disease or disorder of the eye, optic nerve, or brain. The term blindness typically refers to vision loss that is not correctable with eyeglasses or contact lenses. Blindness may not mean a total absence of sight, however. Some people who are considered blind may be able to perceive slowly moving lights or colors.

The low vision:-

The low vision is used for moderately impaired vision. People with low vision may have a visual impairment that affects only central vision, the area directly in front of the eyes or peripheral vision, the area to either side of and slightly behind the eyes.

2. Hearing Impairment

Different people define the term hearing impairment differently. The definitions given to hearing impairment convey different meaning to different people. Different definitions and terminologies may be used in different countries for different purpose. Pasonella and Carat from legal point of view, define hearing impairment as a generic term indicating a continuum of hearing loss from mild to profound, which includes the sub-classifications of the hard of hearing and deaf.

- **Hard of Hearing**: "A hearing impairment, whether permanent of fluctuating, which adversely affects a child's educational performance but which is not included under the definition of 'deaf'." Whelan, R. J. (1988). This term can also be used to describe persons with enough (usually with hearing aids) as a primary modality of acquisition of language and in communication with others.
- **Deaf:** Those who have difficulty understanding speech, even with hearing aids but can successfully communicate in sign language. Cultural definitions of deafness, on the other hand, emphasize an individual‘s various abilities, use of sign language, and connections with the culturally deaf community.

3. Specific learning disability

Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations.

The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage. Learning disabilities should not be confused with learning problems which are primarily the result of visual, hearing, or motor handicaps; of intellectual disability; of emotional disturbance; or of environmental, cultural or economic disadvantages.

Generally speaking, people with learning disabilities are of average or above average intelligence. There often appears to be a gap between the individual‘s potential and actual achievement. This is why learning disabilities are referred to as “hidden disabilities”: the person looks perfectly “normal” and seems to be a very bright and intelligent person, yet may be unable to demonstrate the skill level expected from someone of a similar age. A learning disability cannot be cured or fixed; it is a lifelong challenge. However, with appropriate support and intervention, people with

learning disabilities can achieve success in school, at work, in relationships, and in the community.

Types of Specific Learning Disabilities

Auditory Processing Disorder (APD)

Also known as Central Auditory Processing Disorder, this is a condition that adversely affects how sound that travels unimpeded through the ear is processed or interpreted by the brain. Individuals with APD do not recognize subtle differences between sounds in words, even when the sounds are loud and clear enough to be heard. They can also find it difficult to tell where sounds are coming from, to make sense of the order of sounds, or to block out competing background noises.

A. Dyscalculia

Dyscalculia is a specific learning disability that affects a person‘s ability to understand numbers and learn math. Individuals with this type of LD may also have poor comprehension of math symbols, may struggle with memorizing and organizing numbers, have difficulty telling time, or have trouble with counting.

B. Dysgraphia

Dyscalculia is a specific learning disability that affects a person‘s handwriting ability and fine motor skills. Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

C. Dyslexia

Dyslexia is a specific learning disability that affects reading and related language-based processing skills. The severity can differ in each individual but can affect reading fluency; decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders. Dyslexia is sometimes referred to as a Language Based Learning Disability.

D. Language Processing Disorder

Language Processing Disorder is a specific type of Auditory Processing Disorder (APD) in which there is difficulty attaching meaning to sound groups that form words, sentences and stories. While an APD affects the interpretation of all sounds coming into the brain, a Language Processing Disorder (LPD) relates only to the processing of language. LPD can affect expressive language and/or receptive language.

E. Non-Verbal Learning Disabilities

Non-Verbal Learning Disabilities is a disorder which is usually characterized by a significant discrepancy between higher verbal skills and weaker motor, visual-spatial and social skills. Typically, an individual with NLD (or NVLD) has trouble interpreting nonverbal cues like facial expressions or body language, and may have poor coordination.

F. Visual Perceptual/Visual Motor Deficit

Visual Perceptual/Visual Motor Deficit is a disorder that affects the understanding of information that a person sees, or the ability to draw or copy. A characteristic seen in people with learning disabilities such as Dysgraphia or Non-verbal LD, it can result in missing subtle differences in shapes or printed letters, losing place frequently, struggles with cutting, holding pencil too tightly, or poor eye/hand coordination.

4. Speech and Language Impairments

Speech and language impairment means a communication disorder such as stuttering, impaired articulation, language impairment, or a voice impairment that adversely affects a child‘s educational performance. It is disorder that adversely affects the child's ability to talk, understand, read, and write. This disability category can be divided into two groups: speech impairments and language impairments.

Speech Impairments

There are three basic types of speech impairments: articulation disorders, fluency disorders, and voice disorders. Articulation disorders are errors in the production of speech sounds that may be related to anatomical or physiological limitations in the skeletal, muscular, or neuromuscular support for speech production. These disorders include:

- **Omissions**: (bo for boat)
- **Substitutions**: (wabbit for rabbit)
- **Distortions**: (shlip for sip)

Fluency disorders are difficulties with the rhythm and timing of speech characterized by hesitations, repetitions, or prolongations of sounds, syllables, words, or phrases. Common fluency disorders include:

- **Stuttering**: rapid-fire repetitions of consonant or vowel sounds especially at the beginning of words, prolongations, hesitations, interjections, and complete verbal blocks
- **Cluttering**: excessively fast and jerky speech

Voice disorders are problems with the quality or use of one's voice resulting from disorders in the larynx. Voice disorders are characterized by abnormal

production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration.

Language Impairments

There are five basic areas of language impairments: phonological disorders, morphological disorders, semantic disorders, syntactical deficits, and pragmatic difficulties. Phonological disorders are defined as the abnormal organization of the phonological system, or a significant deficit in speech production or perception. A child with a phonological disorder may be described as hard to understand or as not saying the sounds correctly. Apraxia of speech is a specific phonological disorder where the student may want to speak but has difficulty planning what to say and the motor movements to use.

Morphological disorders are defined as difficulties with morphological inflections (inflections on nouns, verbs, and adjectives that signal different kinds of meanings).

Semantic disorders are characterized by poor vocabulary development, inappropriate use of word meanings, and/or inability to comprehend word meanings. These students will demonstrate restrictions in word meanings, difficulty with multiple word meanings, excessive use of nonspecific terms (e.g., thing and stuff), and indefinite references (e.g., that and there).

Syntactic deficits are characterized by difficulty in acquiring the rules that govern word order and others aspects of grammar such as subject-verb agreement. Typically, these students produce shorter and less elaborate sentences with fewer cohesive conjunctions than their peers.

Pragmatic difficulties are characterized as problems in understanding and using language in different social contexts. These students may lack an understanding of the rules for making eye contact, respecting personal space, requesting information, and introducing topics.

5. Autism

Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child‘s educational performance. Other characteristics often associated with autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child‘s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in #5 below. A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied.

Autism is a neurodevelopment disorder defined by impairments in social and communication development, accompanied by stereotyped patterns of behavior and interest (Landa, 2007). Autism is pervasive developmental disorder characterized by lack of normal sociability, impaired communication and repetitive obsessive behavior such as politeness, turn-taking (Young & Nettlebeck , 2005). Linked to Profound Learning Disability (PLDs) are further impairments in the production of speech. Among these are (i) personal pronouns reversal for instance the use of 'I" instead of "you" and vice-versa, (ii) the misuse of such prepositions as "in", "on", "under", "next to" (...), and (iii) the prevalence, in speech, of echolalia formal repetition of other's utterances (Arron and Gittens, 1999). Children with autism vary literally in their use of words, (Rutter, 1966). Communication deficiencies may leave a lasting mark of social retardation on the child. The link, between social skills and language is made evident by the often spontaneous appearance of affectionate and dependent behavior in these children after they have been trained to speak (Churchill, 1966 & Hewett, 1965).

6. Emotional and Behavioral Disorders

According to Individuals with Disabilities Education Act (IDEA), the term Emotional and Behavioral Disorders means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance

1) An inability to learn that cannot be explained by intellectual, sensory, or health factors;

2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

3) Inappropriate types of behavior or feelings under normal circumstances;

4) A general pervasive mood of unhappiness or depression; or

5) A tendency to develop physical symptoms or fears associated with personal or school problems.

Classification of behavioral and emotional disorders

An individual having behavioral or emotional disorders can exhibit widely varied types of behavior. Therefore, different classification systems of behavioral and emotional disorders can be used for special education. Different professionals have developed a classification system, which shows some promise for educational practice. These include:

- **Conduct disorder:** individuals may seek attention, are disruptive and act out. The disorder is classified by type: overt (with violence or tantrums) versus covert (with lying, stealing, and/or drug use).
- **Socialized aggression:** individuals join subculture group of peers who are openly disrespectful to their peers, teachers, and parents. Common are delinquency and dropping out of school. Early symptoms include stealing, running away from home, habitual lying, cruelty to animals, and fire setting.
- **Attention problems**- These individuals may have attention deficit, are easily destructible and have poor concentration. They are frequently impulsive and may not think the consequence of their actions.
- **Anxiety/Withdrawn-** These individuals are self-conscious, reserved, and unsure of themselves. They typically have low self-esteem and withdraw from immediate activities. They are also anxious and frequently depressed. Psychotic behavior: These individuals show more bizarre behavior. They may hallucinate, deal in a fantasy world and may even talk in gibberish.
- **Motor excess**: These students are hyperactive. They cannot sit nor listen to others nor keep their attention focused.

Kauffman (1993) conclude that emotion or behavioral disorders fall into **two broad classifications:**

1) **Externalizing Behavior**: also called under controlled disorder, include such problems disobedience, disruptiveness, fighting, tempers tantrums, irresponsibility, jealous, anger, attention seeking etc…

2) **Internalizing Behavior**: also known as over controlled disorders, include such problems anxiety, immaturity, shyness, social withdrawal, feeling of inadequacy (inferiority), guilt, depression and worries a great deal

Causes of behavioral and emotional disorders

Behavioral and emotion disorders result from many causes, these includes the following.

1. **Biological-** includes genetic disorders, brain damage, and malnutrition, allergies, temperament and damage to the central nervous system.

2. **Family factors**- include family interactions, family influence, child abuse, neglect, and poor disciplinary practices at home.

3. **Cultural factors**- include some traditional and cultural negative practices, for example watching violence and sexually oriented movies and TV programs.

4. **Environmental factors**- include peer pressure, living in impoverished areas, and schooling practices that are unresponsive to individual needs.

7. Intellectual Disability

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18. An individual is considered to have an intellectual disability based on the following **three criteria**:

1. **Sub average intellectual functioning**: It refers to general mental capacity, such as learning, reasoning, problem solving, and so on. One way to measure intellectual functioning is an IQ test. Generally, an IQ test score of around 70 or as high as 75 indicates a limitation in intellectual functioning.

2. **Significant limitations exist in two or more adaptive skill areas**: It is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

    - Conceptual skills—language and literacy; money, time, and number concepts; and self-direction.
    - Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, innocence (i.e., suspicion), social problem solving, and the ability to follow rules/obey laws and to avoid being victimized.
    - Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

People with intellectual disabilities academic learning can be affected, as well as their ability to adapt to home, school, and community environments are presented under the following sub-headings:-

General Cognition: People with intellectual disabilities vary physically and emotionally, as well as by personality, disposition, and beliefs. Their apparent slowness in learning may be related to the delayed rate of intellectual development (Wehman, 1997).

Learning and Memory: The learning and memory capabilities of people with intellectual disabilities are significantly below average in comparison to peers without disabilities. Children with intellectual disabilities may not spontaneously use appropriate learning or memory retention strategies and may have difficulty in realizing the conditions or actions that aid learning

and memory. However, these strategies can be taught (Fletcher, Huffman, & Bray, 2003; Hunt & Marshall, 2002; Werts, Wolery, Holocombe, & Gast, 1995; Wolery & Schuster, 1997).

Attention: To acquire information, children must attend to the learning task for the required length of time and control distractions. Children with intellectual disabilities may have difficulty distinguishing and attending to relevant questions in both learning and social situations (Saunders, 2001). The problem is not that the student will not pay attention, but rather that the student does not understand or does not filter the information to get to the salient features (Hunt & Marshall, 2002; Meyen & Skrtic, 1988). Adaptive Skills: The adaptive skills of people with intellectual disabilities are often not comparable to those of their peers without disabilities. A child with intellectual disabilities may have difficulty in both learning and applying skills for a number of reasons, including a higher level of distractibility, inattentiveness, failure to read social cues, and impulsive behavior (Hardman et al., 2008). The lack or underdevelopment of these skills notably affects memory, rehearsal skills, organizational ability, and being in control of the process of learning (Erez & Peled, 2001; Hunt & Marshall, 2002). Speech and Language: People with intellectual disabilities may have delayed speech, language comprehension and formulation difficulties. Language problems are generally associated with delays in language development rather than with a bizarre use of language (Beirne-Smith et al., 2006; Moore-Brown & Montgomery, 2006). People with intellectual disabilities may show delayed functioning on pragmatic aspects of language, such as turn taking, selecting acceptable topics for conversation, knowing when to speak knowing when to be silent, and similar contextual skills (Haring, McCormick, & Haring, 1994; Yoder, Retish, & Wade, 1996).

Motivation: People with intellectual disabilities are often described as lacking motivation, or outer-directed behavior. Past experiences of failure and the anxiety generated by those failures may make them appear to be fewer goals directed and lacking in motivation. The result of failure is often learned helplessness. The history of failure is likely to lead to dependence on external sources of reinforcement or reward rather than on internal sources of reward. They are less likely to self-starters motivated by self-approval (Beirne-Smith et al., 2002; Taylor et al., 2005).

Academic Achievement: The cognitive difficulties of children with mild to moderate intellectual disabilities lead to persistent problems in academic achievement (Hughes et al., 2002; Macmillan, Siperstein, & Gresham, 1996; Quenemoen, Thompson, & Thurlow, 2003; Turnbull et al., 2004), unless intensive and extensive supports are provided.

Physical characteristics: Children with intellectual disabilities with differing biological etiologies, may exhibit coexisting problems, such as

physical, motor, orthopedic, visual and auditory impairments, and health problems (Hallahan & Kauffman, 2006). A relationship exists between the severity of the intellectual disabilities and the extent of physical differences for the individual (Drew & Hardman, 2007; Horvat, 2000). The majority of children with severe and profound intellectual disabilities have multiple disabilities that affect nearly every aspect of intellectual and physical development (Westling & Fox, 2004).

8. Physical disability/Orthopedic Impairment and Health impairment

Physical disability is a condition that interferes with the individual's ability to use his or her body. Many but not all, physical disabilities are orthopedic impairments. (The term orthopedic impairment generally refers to conditions of muscular or skeletal system and sometimes to physical disabling conditions of the nervous system). Health impairment is a condition that requires ongoing medical attention. It includes asthma, heart defects, cancer, diabetes, hemophilia. HIV/AIDS, etc.

Classification and Characteristics

How can you classify physical impairment?

Physical disabilities:- based on the impact of physical disability on mobility and motor skills, it is divided into three. These are:-

A. **Mild physical disability**:- these individuals are able to walk without aids and may make normal developmental progress.

B. **Moderate physical disability: -** individuals can walk with braces and crutches and may have difficulty with fine-motor skills and speech production.

C. **Severe physical disability**:- these are individuals who are wheel-chair dependent and may need special help to achieve regular development.

The physical disability could be broadly classified in to two:-

I. The neurological system (the brain, spinal cord & nerve) related problems.
II. Musculo skeletal system (the muscles, bones and joints) are deficient due to various causes.

I. Neurological system:-

With a neurological condition like cerebral palsy or a traumatic brain injury, the brain either sends the wrong instructions or interprets feedback incorrectly. In both cases, the result is poorly coordinated movement. With

the spinal cord injury or deformity, the path ways between the brain and the muscles are interrupted, so messages are transmitted but never received. The result is muscle paralysis and loss of sensation beyond the point where the spinal cord or the nerve is damaged. These individuals may have motor skill deficits that can range from mild in coordination to paralysis of the entire body. The most severely affected children are totally dependent on other people or sophisticated equipment to carry out academic and self-care task.

Additional problems that can be associated with cerebral palsy include learning disabilities, mental retardation. Seizures, speech impairments, eating problems, sensory impairments, and joint and bone deformities such as spinal curvatures and contractures (permanently fixed, tight muscles and joints). Approximately 40 percent of those with cerebral palsy have normal intelligence; the remainders have from mild to severe retardation. This is an extremely heterogeneous group having unique abilities and needs.

Epilepsy:- is disorder that occurs when the brain cells are not working properly and is often called a seizure disorder.

- Some children and youth will epilepsy have only a momentary loss of attention (petit mal seizures); others fall to the floor and then move uncontrollably.
- Fortunately, once epilepsy is diagnosed, it can usually be controlled with medication and does not interfere with performance in school. Most individuals with epilepsy have normal intelligence.
- Epilepsy is a condition that affects 1 to 2 percent of the population. It is characterized by recurring seizures, which are spontaneous abnormal discharge of electrical impulses of the brain.

Spinal bifida and spinal cord injury:- damage to the spinal cord leads to paralysis and loss of sensation in the affected areas of the body. The spinal blfida is a birth defect of the backbone (spinal column). The cause is unknown but it usually occurs in the first twenty-six days of pregnancy.

II.**Musculoskeletal system:** -
1. it includes the muscles and their supporting framework and the skeleton.
2. Progressive muscle weakness (muscular dystrophy);
3. Inflammation of the joints (arthritis), or
4. Loss of various parts of the body (amputation)

The list of the impairment and associated with musculoskeletal malformation are the following:

A**. Muscular dystrophy:-** is an inherited condition accruing mainly in males, in which the muscles weaken and deteriorate. The weakness usually

appears around 3 to 4 years of age and worsens progressively. By age 11 most victims can to longer walk. Death usually comes between the ages of 25 and 35 from respiratory failure or cardiac arrest.

B. **Arthritis:-**is an inflammation of the joints. Symptoms include swollen and stiff joints, fever, and pain in the joints during acute periods. Prolonged inflammation can lead joint deformities that can eventually affect mobility.

C. Amputation: - a small number of children have missing limbs because of congenital abnormalities or injury or disease (malignant bone tumors in the limbs). These children can use customized prosthetic devices (artificial hands, arms, or legs) to replace limp functions and increase independence in daily activities.

Other muscle-skeletal disorders are:-

D. **Marfan syndrome** is a genetic disorder in which the muscles are poorly developed and the spine is curved. Individuals with marfan syndrome may have either long, thin limbs, prominent shoulder blades, spinal curvature, flat feet, or long fingers & thumbs. The heart and blood vessels are usually affected. The greatest danger is damage to aorta, which can lead to heart failure. Individuals with marfan syndrome need to avoid heavy exercise and lifting heavy objects.

E. **Achondroplasis:-** is a genetic disorder that affects 1 in 10,000 births. Children with this disorder usually develop a normal torso but have a straight upper back and a curved lower back (sway back). These children are at risk of sudden death during sleep from compression of the spinal cord interfering with their breathing. The disability may be lessened through the use of the back braces or by surgery.

Polio:- is viral disease that invade the brain and cause severe paralysis of the total body system. In its mild form results in partial paralysis. Post polio muscles that were previously damaged weaken, and in some persons, other muscles that were not previously affected weaken as well.

Club foot:- is a major orthopedic problem affecting about 9,000 infants each year. This term is used to describe various ankle or foot deformities, i.e

- Twisting inward (equino varus), the most severe form
- Sharply angled at the heel (calcanel vaigus), most common
- The front part of the foot turned inward.

These conditions can be treated with physical therapy, and a cast on the foot can solve the problem in most instances. In more severe cases, surgery is necessary. With early treatment, most children can wear regular shoes and take part in all school activities.

Cleft lip and cleft palate:- are openings in the lip or roof of the mouth, respectively, that fail to close before birth, the cause is unknown. Most cleft problems can be repaired through surgery.

Health Impairments

What are the common health problems of students? Any disease that interferes with learning can make students eligible for special services. These disease caused problems are as follow.

1. Heart disease: - this is common among young people. It is caused by improper circulation of blood by the heart some of the disorders are congenital)present at birth);others are the product of inflammatory heart disease. Some students have heart value disorders; others have disorders of the blood vessels. His time heart implantation helps children to get cured.

2. Cystic fibrosis:- is a hereditary disease that affects the lungs and pancreas. It leads to recurrent respiratory and digestive problems including abnormal amounts of thick mucus, sweet and saliva. The disease is so progressive and few who have it survive beyond age 20. Children with such disease often spend significant timeout of school.

3. Acquired immune deficiency syndrome (AIDS):- is a very severe disease caused by human immunodeficiency virus (HIV) infection and transmitted primarily through exchange of bodily fluids in transfusions or unprotected sex, and by contaminated needles in addictive drug use.

4. **Hemophilia:-** is a hereditary disease in which the blood clots very slowly or not all. The disorder is transmitted by sex-linked recessive gene and nearly always occurs in males.

5. Asthma: is a chronic respiratory condition characterized by repeared eplosde of breathing difficulties especially while exhaling.

6. Diabetes: Developmental or hereditary disorder characterized by inadequate secretion or use of insulin

7. Nephrosis & Nephritis Kidney disorders or diseases caused by infections, poisoning, burns, accidents or other diseases

8. Sickle-cell anemia Hereditary and chronic blood disease (occurring primarly in African Americans) characterized by red blood cells that are distored and that do not circulate properly **9. Leukemia:** Disease characterized by excessive production of white blood Cells

10. Lead poisoning Disorder caused by ingesting lead-based paint chips or other substances containing lead

11. Rheumatic fever Disease characterized by painful swelling and inflammation of the joints that can spread to the hear and central nervous system.

12. Tuberculosis Infectious disease that commonly affects the lungs and may affect other tissues of the body.

13. Cancer Abnormal growth of cells that can affect any organ system.

9. Vulnerability

Vulnerable means being at risk of being harmed. Everyone can be harmed, so being vulnerable is part of being human. In principle, everyone is vulnerable to some adverse event or circumstance, but some people are more vulnerable than others. For instance, people with disabilities are more likely as a group to experience greater vulnerability. They are also often more severely affected by the vulnerability they experience. Based on the existing literature, vulnerability can be generally defined as a complex phenomenon that refers to the following dimensions:

1. Economic difficulties/lack of financial resources: poverty, low living standards, housing problems (e.g. too damp, too expensive, too cold or difficult to heat) etc.;
2. Social exclusion: limited access to facilities such as transporatation, schools, libraries or medical services;
3. Lack of social support from social networks: no assistance from family members, friends, neighbors or colleagues (referring to practical help as well as emotional support) like highly gifted individuals;
4. Stigmatization: being a victim of stereotypes, being devalued, confronted with disgraceful behavior because of belonging to a particular social or ethnic group;
5. Health difficulties: disadvantages resulting from poor mental health, physical health or disabilities;
6. Being a victim of crime: in family context especially of violence.

Causes of Vulnerability

Vulnerability may be causes by rapid population growth, poverty and hunger, poor health, low levels of education, gender inequality, fragile and hazardous location, and lack of access to resources and services, including knowledge and technological means, disintegration of social patterns (social vulnerability). Other causes includes; lack of access to information and knowledge, lack of public awareness, limited access to political power and representation (political vulnerability), (Aysan,1993). When people are socially disadvantaged or lack political voice, their vulnerability is exacerbated further. The economic vulnerability is related to a number of interacting elements, including its importance in the overall national economy, trade and foreign-exchange earnings, aid and investments, international prices of commodities and inputs, and production and consumption patterns. Environmental vulnerability concerns land degradation, earthquake, flood, hurricane, drought, storms (Monsoon rain, El Niño), water scarcity, deforestation, and the other threats to biodiversity.

Characteristics of Vulnerable People

The following are thought to be characteristics of vulnerable people (with examples of groups of potentially vulnerable people):
1. Less physically or mentally capable (infants, older adults, people with disabilities)

2. Fewer material and/or financial resources (low-income households, homeless)
3. Less knowledge or experience (children, illiterate, foreigners, tourists)
4. Restricted by society to grow and develop according to their needs and potentials

People who are helped by others (who are then restricted by commitments) are still vulnerable people, which includes the following extracted from various researches:-

A. Women: particularly women in developing nations and those who are living in rural areas are vulnerable for many backward traditional practices. These women are oppressed by the culture and do not get access to education and employment (Comfort et al., 1999; Morrow, 1999; McEntire et al. (2002; Thomalla et al. (2006; Laukkonen et al. (2009; Rubin, 2010; GNCSODR, 2013; GP DRR, 2013).
B. Children: Significant number of children are vulnerable and at risk for development (Morrow, 1999; McEntire et al., 2002; Thomalla et al., 2006; Laukkonen et al., 2009 Dinh et al., 2012; Rubin, 2010; GP DRR, 2013; GNCSODR, 2013; Dinh et al. (2012). Children are vulnerable for psychological and physical abuse This include illegally working children, children who are pregnant or become mothers, children born out of marriage, children from a single-parent, delinquent children, homeless children, HIVinfected children, uneducated children, institutionalized children, married children, mentally ill children, migrant children, orphans, sexually exploited children, street children, war-affected children…etc.
C. Minorities: some people are vulnerable due to their minority background. Particularly, ethnic (cultural and linguistic minority), religious minority. These people are political and socially discriminated (Comfort et al., 1999; Cardona, 2003; Brooks, 2003; National Research Council, 2006; Cutter et al., 2010;).
D. Poverty: People are vulnerable for many undesirable phenomena due to poverty. This may be resulted in, poor households and large households, inequality, absences of access to health services, important resources for life, lack of access to education, information, financial and natural resources and lack of social networks (Morrow, 1999; McEntire et al., 2002; Brooks, 2003; Dwyer et al., 2004; Vincent, 2004; Leichenko et al., 2004; National ResearchCouncil, 2006; Naudé et al., 2007; Kahn and Salman, 2012; MacDonald, 2013).
E. Disabilities: People with disabilities very much vulnerable for many kind of risks. This includes abuses, poverty, illiteracy, health problems, psychological and social problems (Comfort et al., 1999; McEntire et al., 2002; Naudé et al., 2007; Cutter et al., 2010; Dinh et al., 2012; . Balica et al., 2012; GNCSODR, 2013).
F. Age: Old people or very young children are vulnerable for all kinds evils (Comfort et al., 1999; Morrow, 1999; McEntire et al. 2002; Cardona (2003;

Vincent, 2004; Naudé et al., 2007; Dinh et al., 2012; Adikari et al., 2013; GNCSODR,2013).

G. Illiteracy and less education: People with high rates of illiteracy and lack quality educational opportunities are vulnerable for absence all kinds of developments (Cardona, 2003; Adger et al., 2004; Leichenko et al., 2004; Naudé et al., 2007; Kahn and Salman, 2012; Adikari et al., 2013).

H. Sickness: Uncured health problems for example people living with HIV/AIDS are much vulnerable for psychosocial problems, poverty and health (Vincent, 2004; Adger et al., 2004; Naudé et al., 2007).

I. Gifted and Talentedness: Gifted and talented children are vulnerable for socioemotional developments. Due to lack of psychological support they may feel isolation as they are pulled from their regular classrooms and given instruction in separate settings and due to myths and expectations of themselves and the public (Shechtman & Silektor, 2012, p. 63; Schuler, 2000).

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