



# Implementation of Inclusive Education in the Cordillera Administrative Region

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## ABSTRACT

Inclusive education promotes education for all. An inclusive school is thus where all types of learners can participate and be treated equally. This study focused on the implementation of inclusive education in selected schools in the Cordillera Administrative Region. It involved the profile of Children with Special Learning Needs (CSLN); problem behaviors of children; behavior modification techniques, accommodations, and teaching adjustments applied by teachers. The study was conducted in six inclusive schools from three divisions: Baguio City, Benguet, and Mt. Province during the school year 2012-2013. Descriptive research design was employed in which direct class observations, interviews and survey questionnaires were used to gather data. Findings showed that there was a total of 20 CSLN enrolled in the selected inclusive schools. The children had varied cases like intellectual disability, sensory impairments and Attention Deficit Hyperactivity Disorder (ADHD). Problem behaviors displayed by the CSLN were dealt with by teachers using behavior modification techniques, accommodations, and teaching adjustments. The study likewise showed that most CSLN in the regular schools have mild to moderate cases. The challenging behaviors observed among the CSLN were very much different from those being displayed by regular students, hence, the frequency of applying BMTs, accommodation, modification, and adjustment to the former was slightly higher. A training proposal for inclusive teachers was designed as a result of the study.

**Keywords:** *inclusive education, accommodation, modification, teaching adjustment, children with special learning needs*

## INTRODUCTION

Inclusive education, also known as inclusion, is an educational program being implemented in selected schools in the Philippines. The proper implementation of this program may address issues or problems related to diversity of learners. Frankhouser (2012) stated that an inclusive classroom is a place where all students should be comfortable. The students are not judged based on race, gender, disability or other differences. The teacher's goal is to create engaging lessons that can be adapted to different learning styles and needs. The lessons help develop the students' understanding and acceptance of all kinds of people.

Inclusive classrooms were initially established in selected schools in the Philippines as part of

the country's commitment in making education accessible to all its citizens including those with disabilities. Inclusion became the trend in education when international declarations and proclamations recognizing the rights of people with disabilities to equal educational opportunities in mainstream settings were given emphasis. These were compiled by the Department of Education and the National Council for Disability Affairs and used as bases for discussion during the Forum on Inclusive Education and Disability on November 17-19, 2010 at the Pearl Manila Hotel, Manila. Some of the documents included in the compilation are the 1989 United Nations Convention on the Rights of the Child, the 1990 World Declaration for All, the 1994 UNESCO Salamanca Statement and Framework for Action on Special Needs Education, and Rule Six of the Standard Rules and the Final Declaration of the

1995 United Nations World Summit for Social Development. According to Quijano (2005), the policies made from these international documents were used by different Asian countries in promulgating varied legislations in favor of education for people with disabilities.

In the Philippines, aside from Article XIV Section 1 and 3 of the 1987 Constitution stating the protection and promotion of the rights of all citizens regardless of status and condition, there are enacted national legislations that promote education for people with disabilities. Some of these are the 1982 Education Act, the 1987 Child and Youth Welfare Code, the 1992 Magna Carta for Disabled Persons, the 2001 Governance of Basic Education Act, and Enhanced Basic Education Act of 2013. The Department of Education (DepEd) for its part has emphasized the different international treaties on Education and the said national legislations as legal mandates underpinning inclusive education in the Philippines. Several Orders concerning inclusive education were issued by the department. DepEd Order No. 72 s. 2009 otherwise known as “Inclusive Education as Strategy for Increasing Participation Rate of Children” was one of the latest Orders that emphasizes the implementation of Inclusive Education.

The Philippines is fortunate to have such laws that mandate the implementation of inclusive education. It is worthy to note how this educational program works with diversified learners including those with special learning needs in regular schools. The number of children with special learning needs seems to be increasing. As Borromeo (2014) noted, the number of people with disabilities in the Philippines and in other countries has almost doubled in the past six years and the number is still rising.

This research thus aimed to examine the implementation of the said program in the regular schools in the Cordillera Administrative Region. Results of the study could be useful for school administrators, curriculum planners, inclusive education teachers, teacher education students, and other researchers.

## **Review of Literature**

### Profile of the Children with Special Learning Needs

The number of children with special learning needs enrolled in Cordillera Administrative Region schools during school years 1999 to 2000 was 1,500 as reported by Camara (2006). This number has been broken down as follows: 165 were with learning disabilities; 132 with visual impairment; 110 with hearing impairment; 39 with physical handicapped; 35 with behavioral problems; 13 with specific learning disability; 11 with cerebral palsy; and 5 with autism. In a study conducted by Miguel (2009), most teacher-respondents identified learning disability and developmental delay with the highest number of children’s cases. Respondents mentioned that they have handled children with different cases such as visual impairment, emotional disturbance, epilepsy, speech and language impairments, autism, Down’s Syndrome and Attention Deficit Hyperactivity Disorder (ADHD).

### Problem Behaviors Displayed by Children with Special Learning Needs (CSLN)

According to Rosenberg (2008), children with intellectual disabilities vary widely in their ability to do schoolwork and to adjust to social situations in school and other places. These children tend to have delayed development in academic, social, and adaptive skills which are manifested through their memory problems causing them to be inattentive. Children with these conditions function approximately 2-4 years behind or 2-3 standard deviations below the norm or have an IQ under 70-75 depending on the educational jurisdiction. Mcleskey (2008) added that children with mild intellectual disabilities have difficulty attending to important aspects of social interactions, prolonging attention span over time, and holding important aspects of what they observe in short-term memory. This low level of cognitive development makes children have difficulty understanding the content of verbal interactions and understanding expectations during verbal interactions. Their forgetfulness it seems is due to memory problems. Similarly,

Hourcade (2002) pointed out that the impaired cognitive thought processing of CSLN, specifically for those with intellectual disability, is demonstrated by their learning inefficiency. Specific cognitive deficits often exist in such areas as memory, attention, or language. Furthermore, males are more prone to these kinds of disability because they have only one X Chromosome. Jensen *et al.* (2005) further explained that diseases caused by the X chromosome are usually expressed in males because they do not have a compensating copy of the gene on the second chromosome. A host of nasty diseases and disorders sit on the human X chromosome, including haemophilia, autism, muscular dystrophy and mental retardation. In comparison, Kettlewell (2005) said that there are lesser females affected because they have another copy of the X chromosome which shields them from the full impact of disorders.

In another study, Videbeck (2004) reemphasized the two to four years cognitive development delay of children with intellectual disability. Developmental delay is manifested in their impaired cognitive thought processing. For Nathan (2011), disruptive behavior and hyperactiveness are common clinical problems among children with intellectual disabilities. The prevalence of ADHD is also higher in children with intellectual disability than children with normal intelligence according to Handen and Gilchrist (2006). Other conditions related to intellectual disability as found by Makena, Ampalam, and Reddi (2014) are movement disorder, conduct disorder, autism, depression, anxiety disorder, and tic disorder.

For children affected mainly by ADHD, Videbeck (2004) stated that the essential features of children with this are persistent patterns of inattention and/or hyperactivity, and impulsiveness. Holl (2011) likewise said that some of the specific characteristics of a hyperactive child are inattentiveness, moving consistently, incessant talking and other disciplinary problems. It was confirmed by Roberts (2013) that people with ADHD are more prone to addiction of all types, thus they are particularly susceptible to cyber addictions that involve computers, video games, and the internet.

Finally, for sensory impairments, the American Psychiatric Association (2013) explained that characteristics of children with such are visual impairment and mutism, a childhood disorder characterized by the inability to speak in certain settings despite being able to speak in other settings. This is corroborated by the study of Eldik, Trefferes, Veerman, and Verhulst (2004) where children with sensorineural, hearing loss in particular, exhibit higher rates of externalizing behavior problems than children with normal hearing. Moreover, the study of Barker *et al.* (2009) revealed that children with hearing impairment have more behavior, attention, and language problems than children who do not have the said impairments.

#### Behavior Modifications Techniques Applied

Problem behaviors and characteristics of CSLN can be dealt with through appropriate educational programs that include the use of Behavior Modification Techniques (Heward, 2006). Butler (2010) mentioned that the key to intervention is consistency and follow-through. Behavior modification techniques must constantly be implemented for change to take place. The reward should be provided immediately following the desired behavior. Dealing with CSLN, however, should not be different from treating learners without special learning needs. As the International Council for Education for People with Visual Impairment (2003) stated, children with CSLN, have basically the same needs and opportunities for learning and encouragement as other children.

#### Accommodations and Teaching Adjustments Applied by Teachers in Dealing with Problem Behaviors

As mentioned by Camara (2006), support and adaptation which could be considered by teachers, include modified grading standard, additional time to complete assignments, and preferential seating. The International Council for Education for People with Visual Impairment (2003) suggested special methods that can be applied by inclusive education teachers. Suggestions include the use of concrete objects

and experiences that can assist the child in compensating for his limitations. Bautista (2010) concluded that students with intellectual disabilities need protracted time and more repetitions to learn or master specific tasks.

According to Fredericks (2005), in order for accommodations to be effective, these should be individualized based on students' needs, personal learning styles, and interests. Children with disabilities are not incapacitated or unable to learn, rather, they need differentiated instruction tailored to their distinctive learning abilities.

Ramadhan *et al.* (2006) reiterated that inclusion through accommodation and teaching adjustments is beneficial. All pupils and teachers gain the virtues of being accommodating, accepting, patient and cooperative. Other children gain some valuable virtues such as consideration, patience and humility. Some learners with special needs are gifted with special abilities, which their peers can benefit from.

**Conceptual Framework**

An inclusive education program primarily considers the profile of the CSLN. Profile includes the CSLN's health condition, learning needs,

and characteristics or behavior. In this study, the profile, along with behavior modifications, accommodations, and teaching adjustments applied to the CSLN were considered as inputs of the study. The study inputs were processed through the conduct of surveys, interviews, and class observations to gather important data. As a result, the frequency and kind of behavior modification techniques, accommodations and teaching adjustments applied by teachers in dealing with behaviors of CSLN were determined and considered as outputs of the study. A training design proposal for inclusive education teachers based on the study result was developed to serve as the outcome of this study.

**Objectives of the Study**

This study documented the implementation of inclusive education in selected schools in the Cordillera Administrative Region by determining the profile of CSLN and their behavior problems. It also aimed to identify the behavior modification techniques, accommodations, and adjustments applied by teachers in dealing with problem behaviors of CSLN and in the end, develop a training design for inclusive education teachers.

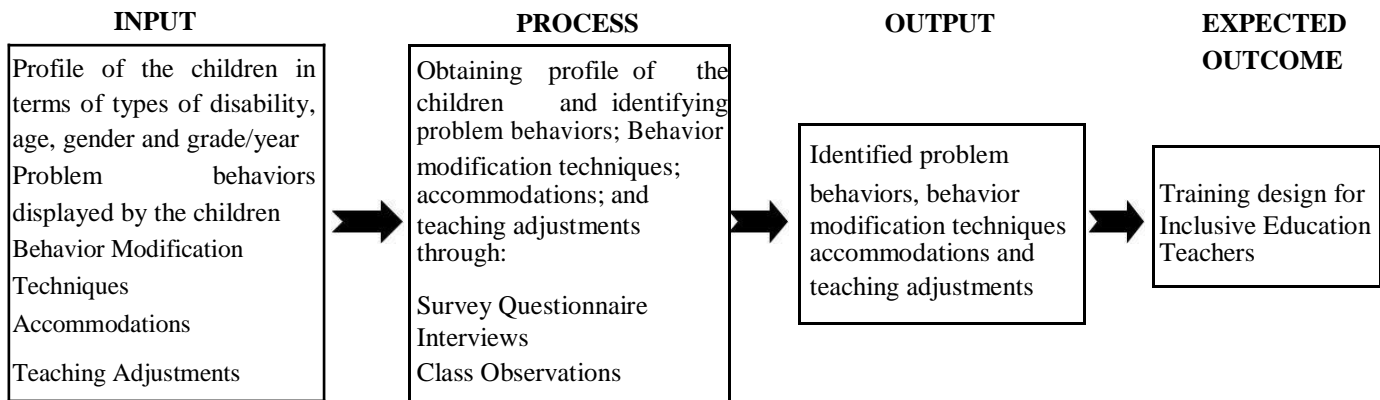


Figure 1. Paradigm of the Study

**METHODOLOGY**

**Research Design**

The study employed descriptive research design. Data were gathered through direct observation of inclusive classes, interviews, and

survey questionnaires from schools in two provinces and a city in the Cordillera Administrative Region. For the sake of confidentiality, the schools selected from the city and the two provinces were referred to in this study as Baguio School A, Baguio School B,

Benguet School A, Benguet School B, Mountain Province School A, and Mountain Province School B. While the CSLN enrolled in the said schools were the participants of the study, teachers handling them were interviewed and were asked to answer the survey questionnaire. After permission was obtained from the concerned teachers and administrators to conduct the study, preliminary interviews were conducted to determine the cases of children enrolled in their schools during the school year. To maximize the time allocated for the study, actual observations of inclusive classes were concentrated only in two schools of Benguet. Interviews and observations were done using checklist with questions similar to the questionnaire used. The data gathered were treated using frequency counts and weighted means from a four-point scale. The problem behaviors displayed by the CSLN as well as the behavior modifications, teaching accommodations and adjustments applied by teachers were described and interpreted using the following scale:

- 3.25 – 4.00 Very Frequently (VF)
- 2.50 – 3.24 Frequently (F)
- 1.75 – 2.49 Sometimes (S)
- 1.00 – 1.74 Rarely (R)

## RESULTS AND DISCUSSION

### Profile of the Children with Special Learning Needs (CSLN)

Visual impairment cases were categorized as either mild, moderate or severe. There were more children with mild visual impairment compared to those with moderate and severe visual impairments. The child with severe visual impairments were all enrolled in Benguet school A, while those with mild conditions were enrolled in Baguio School A. Among the nine students with visual impairments, four males had mild cases; three females, mild, one female, moderate, and one female, severe. The two females with moderate and severe cases were both 17 years old and in third year high school. The average age of those with mild visual impairment was 16.5 and were mostly in their fourth year.

Intellectual disability ranked second to visual impairment in terms of the number of cases. Although their average age was 14.75, most of those affected were grade schoolers. Only the female with mild case was accommodated in Baguio School A as a high school student. The

Table 1. Profile of Children with Special Learning Needs

Case/Condition	Degree of Severity	Gender	Age	Grade/ Year	School
Visual Impairment	Mild	Male	19	4th yr.	Baguio School A
Visual Impairment	Mild	Male	18	4th yr.	Baguio School A
Visual Impairment	Mild	Male	17	4th yr.	Baguio School A
Visual Impairment	Mild	Male	14	Grade 7	Baguio School A
Visual Impairment	Mild	Female	16	4th yr.	Baguio School A
Visual Impairment	Mild	Female	15	Grade 8	Baguio School A
Intellectual Disability	Mild	Female	17	Grade 9	Baguio School A
Visual Impairment	Mild	Male	17	4th yr.	Baguio School B
ADHD	Mild	Male	14	Grade 2	Baguio School B
ADHD	Mild	Male	12	Grade 2	Baguio School B
Intellectual Disability	Mild	Male	16	Grade 5	Benguet School A
Intellectual Disability	Mild	Male	13	Grade 4	Benguet School A
Intellectual Disability	Mild	Male	13	Grade 5	Benguet School A
Intellectual Disability	Mild	Female	10	Grade 3	Benguet School A
Intellectual Disability	Severe	Male	17	Grade 5	Benguet School A
ADHD	Moderate	Male	10	Grade 5	Benguet School A
Visual Impairment	Moderate	Female	17	3rd yr.	Benguet School B
Visual Impairment	Severe	Female	17	3rd yr.	Benguet School B
Hearing Impairment	Moderate	Male	7	Grade 1	Mt. Province School A
Speech Impairment	Moderate	Male	8	Grade 1	Mt. Province School B

others including one with a severe case, were all from Benguet School A. ADHD followed in rank with two mild cases and one, moderate. The two males with mild cases who had a mean average age of 13 were in the primary grade of Baguio School

A. In contrast, the boy with moderate case was in the intermediate grade of Benguet School A.

The least number of cases was in terms of hearing and speech impairment. The seven-year old boy with hearing impairment was enrolled in Mt. Province School A, while the eight-year old with speech impairment was enrolled in Mt. Province School B. Each child was moderately affected by his case.

The above-mentioned findings where visual impairment appeared to be on top in terms of number of cases, support the report of Camara (2006) stating that the said impairment was among the leading cases in the Cordillera Administrative Region during School Year 1999 to 2000. Other cases included in her report, arranged in order of frequency were: hearing impairment, physical handicap, behavioral problems, specific learning disability, cerebral palsy and autism. For School Year 2008 to 2009, although Miguel (2009) found that the leading case of CSLN accommodated in different schools in Baguio City and Benguet school divisions was learning disability followed by developmental delay, visual impairment still ranked third among 17 other cases.

It is remarkable to note that the age of most of the children with intellectual disabilities was beyond the normal age range of pupils or students based on a particular grade level. Indeed, the criteria for intellectual disability often state that the child functions approximately 2-4 years behind or 2-3 standard deviations below the norm or having an IQ under 70-75 (Rosenberg, 2008). Since children with special learning needs have delayed development in academic, social, and adaptive skills, it is not surprising that they have been staying in one grade level for more than a school year. Certainly, the delayed development of these children resulted to their low achievement thus depriving them of promotion to higher academic grade levels.

The bigger number of males with such conditions, specifically intellectual disability, can be understood by Jensen's *et al.*, (2005) discussions that mental retardation is more prevalent in males because they have only one X Chromosome. Males do not have a compensating copy of the gene on the second chromosome. This is why they are more prone to diseases. Kettlewell (2005) earlier suggested that a host of nasty diseases and disorders sit on the human X chromosome, including hemophilia, autism, muscular dystrophy and mental retardation. Because females have another – usually healthy – copy of the X chromosome, they are usually shielded from the full impact of these disorders.

### Problem Behaviors of Children with Intellectual Disability

Problem behavior of inattentiveness was observed more frequently while betel nut chewing was rarely observed. Six types of behaviors lead by “does not follow-through on chores or homework”, then “forgetfulness”, “timidity”, “easily gets bored in class”, “always standing”, and “childish behavior” were observed frequently. The six other behaviors, primarily “acts of delinquency” followed in order by “acts of delinquency”, “teasing classmates”, “too sensitive”, “defiance”, “self-talking” and “addiction to computer games” were sometimes observed. It was further noticed that the concerned children were disinterested in class lessons and activities as they kept on writing anything on their paper and refused to do their requirements. Several teachers interviewed even added that these children have disorganized hand writings and reading difficulties.

Many of the behavioral characteristics displayed by the children with intellectual disability can also be seen among children without special learning needs or those with other forms of disabilities. However, these characteristics are displayed by the children with intellectual disability more often and more intense. As Rosenberg (2008) stated, like any other group of people, students with intellectual disabilities vary widely in their ability to do schoolwork and adjust to social situations in school and

other places. Children with intellectual disability tend to have delayed development in academic, social, and adaptive skills. Delayed cognitive development is manifested through memory problems. Consequently, memory problems lead to inattentiveness.

Table 2. Problem Behavior and Characteristics of the Children with Intellectual Disabilities

Behavior/Characteristics	Mean	DE
Delinquency	2.43	S
Addiction to computer games	1.83	S
Always Standing	2.64	F
Beetle nut chewing	1.50	R
Childish behavior	2.64	F
Defiance	2.38	S
Does not follow-through on chores or homework	2.95	F
Easily gets bored in class	2.68	F
Forgetfulness	2.92	F
Inattentiveness	3.25	VF
Self-Talking (while seated)	2.31	S
Teasing Classmates	2.42	S
Timidity	2.90	F
Too sensitive (gets mad easily)	2.42	S
<b>General Weighted Mean</b>	<b>2.5</b>	<b>F</b>
Legend:	3.25 – 4.00	Very Frequently (VF)
	2.50 – 3.24	Frequently (F)
	1.75 – 2.49	Sometimes (S)
	1.00 – 1.74	Rarely (R)

McLeskey (2008) further confirmed that students with mild intellectual disabilities have difficulty attending to important aspects of social interactions, maintaining attention span over time, and holding important aspects of what they observe in short-term memory. He added that a low level of cognitive development can cause a student with intellectual disability to have difficulty understanding the content of verbal interactions and understanding expectations during verbal interactions. It is certain that the children’s forgetfulness is due to their memory problems. Their child-like actuations, disruptive behaviors, and lack of interest in learning, problem-solving tasks and other class activities are probably because of their 2 – 4 years

cognitive development delay as mentioned by Videbeck (2004). The impaired cognitive thought processing of these learners is further demonstrated by their learning inefficiency. Specific cognitive deficits according to Hourcade (2002) often exist in such areas as memory, attention, or language. Moreover, disruptive behavior including hyperactiveness is a common clinical problem among these children with intellectual disability (Nathan, 2011). It can be noted that the disruptive behaviors displayed by the participants of this study are classified as hyperactivity which proves what Handen and Gilchrist (2006) said that the prevalence of ADHD is considered higher in children with intellectual disabilities than children with normal intelligence. The different problem behaviors observed among the children with intellectual disability are supported by the findings of Makena, Ampalam, and Reddi (2014) that such children have other conditions including movement disorder, conduct disorder, ADHD, autism, depression, anxiety disorder and tic disorder.

Despite the above-mentioned problem behaviors and characteristics, it is still best to consider that every child is able to learn, develop and become a participating member of the community especially if he or she is provided with appropriate educational programs like inclusive education. As Heward (2006) said, children with intellectual disability do not tend to use such kinds of strategies spontaneously but can be taught to do so with improved performance on memory-related and problem-solving tasks as an outcome of such strategy in instruction.

#### Problem Behaviors of Children with ADHD

Except for “addiction to computer games” which was rarely observed among the said children with ADHD, all the problem behaviors were displayed frequently by them. Leading in terms of frequency was “leaves seat and goes outside the classroom” followed closely by “blurts out answers”.

Table 3. Characteristics/Behaviors of Children with ADHD

Characteristics/Behaviors	Mean	DE
Addicted to computer games	1.6	R
Blurts out answers	3.0	F
Has difficulty sustaining attention	2.83	F
Interrupts the class by giving unnecessary remarks	2.77	F
Leaves seat and goes outside the classroom	3.07	F
Self-talks	2.53	F
Talks excessively	2.9	F
<b>General Weighted Mean</b>	<b>2.67</b>	<b>F</b>

The frequent display of the following leading behaviors: “talks excessively”, “has difficulty sustaining attention”, “interrupts the class by giving unwanted remarks,” and “self talking” by children with ADHD may not be surprising at all. It is because the problem behaviors have already been classified and confirmed by many experts as characteristics of children with ADHD. Videbeck (2004) mentioned that the persistent pattern of inattention and/or hyperactivity and impulsiveness are common features of ADHD. These behaviors were observed more often among children with ADHD compared to children without ADHD of the same age. Holl (2011) likewise stated that some of the specific characteristics of a hyperactive child are inattentiveness, moving consistently, incessant talking and other disciplinary problems. As to the child with ADHD hooked to computer games, his behavior confirms Robert’s (2013) assessment that people with ADHD are more prone to addiction of all types. They are particularly susceptible to cyber addictions that involve computers, video games, and the Internet.

#### Problem Behaviors of Children with Sensory Impairment

Generally, the problem behaviors frequently displayed among children with sensory impairments included “absenteeism” followed by ADHD, “social withdrawal”, and extreme shyness. Those displayed for some time in order of

frequency were “anxiety” and “selective mutism”, “depression”, “oppositional behavior”, and “psychosomatic complaints”.

Table 4. Problem Behaviors of the Children with Sensory Impairment

Characteristics/ Behaviors	Mean	DE
Absenteeism	3.0	F
Anxiety	2.43	S
ADHD	2.75	F
Depression	2.4	S
Extreme shyness	2.56	F
Oppositional behavior	2.38	S
Psychosomatic complaints	2.29	S
Selective mutism	2.43	S
Social withdrawal	2.6	F
<b>General Weighted Mean</b>	<b>2.54</b>	<b>F</b>

The children with visual impairment enrolled in Benguet School B did not show any disruptive behavior nor needed intervention. They were just behaving normally as the other students. In fact, they were even better in terms of behavior and academics than many of the regular students. Nonetheless, the student with severe visual impairment showed too much shyness that she did not want to speak. Some of the teachers suspected that the student was suffering from selective mutism although they were not able to confirm the condition because the child was never assessed by an expert. Whether it is selective mutism or extreme shyness, however, this kind of behavior may be associated with her visual impairment. As the American Psychiatrist Association (2013) explained, the characteristics of children with sensory impairment such as visual impairment may include mutism, a childhood disorder characterized by an inability to speak in certain settings.

Other behaviors displayed very frequently by the students with visual impairment coming from Baguio School A were social withdrawal followed by extreme shyness. Behaviors frequently observed included anxiety, selective mutism, depression, oppositional behavior, psychosomatic complaints, attention deficit and hyperactivity disorder. This



finding corroborates the statement of Ramadhan, *et al.*, (2006) that children with visual impairment usually have complaints of not feeling well. This is also corroborated by Eldik, Trefferes, Veerman, and Verhulst's (2004) findings that children with sensorineural problems exhibit higher rates of externalizing behavior problems.

The lone child with hearing impairment was very quiet most of the time. He was also frequently absent during classes. As for the child with speech impairment, he often mispronounced words when asked to talk or read. Since this child has mild ADHD as confirmed by his teachers, he often went out of the class. The problem behaviors observed among the children with hearing impairment may show that CSLN are more inclined to have behavior issues. As found out by Eldik, Trefferes, Veerman, and Verhulst (2004), children with sensorineural hearing loss, in particular, exhibit higher rates of externalizing behavior problems than children with normal hearing. Moreover, the study of Barker *et al.* (2009) revealed that children with hearing impairments have more behavior, attention, and language problems than children who do not have this.

#### Behavior Modification Techniques (BMTs) Applied by the Teachers

Verbal reprimand topped the list of BMTs frequently applied by the teachers in dealing with problem behaviors of children with ADHD and those with intellectual disability. This BMT was done through constantly reminding the child to pay attention and stop misbehaving. Verbal reprimand was also applied to the child who was fond of betel nut chewing and to the one hooked to computer games. "Tutoring" which included "one-on-one meeting with the child" was usually done for around 10 to 15 minutes during free time. Also utilized frequently were "conference with parents", "positive reinforcement" and "behavioral contracting". The BMTs sometimes applied by the teachers, arranged in order of frequency included "negative reinforcement", "extinction", "punishment," "satiation", "ignoring the unwanted behavior displayed", and "timeout".

Table 5. Behavior Modifications Applied to Children with ADHD and with other Disabilities

Behavior Modification	Mean	DE
Behavioral Contracting	2.63	F
Conference with the parents	2.71	F
Extinction	2.24	S
Ignoring the unwanted behavior displayed	2.09	S
Negative Reinforcement	2.46	S
One-on-one meeting with the child concerned	2.72	F
Positive reinforcement	2.68	F
Punishment	2.18	S
Satiation	2.11	S
Timeout	2	S
Tutoring	2.82	F
Verbal Reprimand	3.00	F
<b>General Weighted Mean</b>	<b>2.50</b>	<b>F</b>

Legend:

3.25 – 4.00	Very Frequently Applied	(VFA)
2.50 – 3.24	Frequently Applied	(FA)
1.75 – 2.49	Sometimes Applied	(SA)
1.00 – 1.74	Never Applied	(NA)

The frequent application of BMTs is necessary to address undesired behaviors. As Butler (2010) emphasized, the key to intervention is consistency and follow-through. Behavior modification techniques must be implemented for behavioural change to occur and reward should be provided immediately following the desired behavior. Behavior modification techniques make positive changes in the child's behavior. The principal of Benguet School A said that tutoring is a good form of intervention to correct the poor hand writing and lagging reading skills of the children. She thus always encouraged the teachers to spare at least 20 minutes of their free time to tutor the CSLN (Personal communication, July 2012). Incidentally, poor hand writing and delayed reading ability were two of the common characteristics of children with intellectual disability as noticed during interviews.

In the case of the students with visual impairment, aside from constant reminders and encouragements, there were no special behavior

modifications done by the teachers. The problem behaviors shown by the students with visual impairments were not so extreme thus, there was no need for behavior modifications. This finding validates the statement of the International Council for Education for People with Visual Impairment (2003) that children with visual impairment have basically the same needs and opportunities for learning and encouragement as the normal children.

There are many other behavioral or disciplinary problems expected to be demonstrated by children with ADHD and those with intellectual disability. Nonetheless, it was assumed that the CSLN included in the study where majority came from SPED schools, have undergone behavioral problem treatment or other means of eliminating undesirable behavior before they were admitted to the regular school. Hence, the negative behaviors demonstrated by these children were not so extreme that the frequent use of behavior modifications was unnecessary.

Accommodations and Teaching Adjustments Applied by the Teachers to Children with Intellectual Disability and Children with ADHD

The children with intellectual disability and those with ADHD did not show any signs of physical problems. They were as physically active as the regular learners. Hence, there was no need for the teachers to make special adjustments related to physical conditions. Nonetheless, teachers had to do a lot of adjustments for the said children in terms of academics. There were three kinds of teaching adjustments and accommodations applied by the teachers. “Modification of grading system” was the most frequently applied particularly for those with intellectual disability. During interviews, some teachers from Baguio, Benguet, as well as Mt. Province said that they have to lower the passing score for every activity or evaluations given to the children with intellectual disability. For instance, if the general passing score of a 100-item test is 60, the passing score for the children with intellectual disability was around 30. The grades of children with ID in the report cards were interpreted differently from the grades

of other pupils with no disability. Hence, a child with intellectual disability who obtained a general average grade of 77 was not labeled as having the same academic ability as other pupils who were also given a 77 average rating. This is because the standards for obtaining these grades were different from each other. The standard given to the former was definitely lower than that given to the latter. Parents, teachers, and other pupils understood that the rating card for a particular CSLN was modified because there was an indication in the card that the child has special learning needs. Other teaching adjustments frequently applied to children with intellectual disability and children with ADHD were “lessening number of test items”, “extending time to finish their class work”, and “allowing the children to sit where they are comfortable.” Sometimes the teachers also let the children bring home their work.

Table 6. Adjustments and Accommodations Applied by the Teachers to Children with ID and Children with ADHD

Accommodations and Adjustments	Mean	DE
Extending their time to finish work in school	2.50	FA
Giving lesser number of test items	3.07	FA
Lower passing grade/score	2.67	FA
Implementing a modified grading system	3.30	VFA
Allowing the child to choose his/her seat or place in the room	2.63	FA
Letting them bring home their work	2.37	SA
General Weighted Mean	2.92	F

The application of the above-mentioned accommodations and adjustments by the teachers corroborates Camara (2006) who cited that helpful supports and adaptations for regular teachers includes modified grading standard, additional time to complete assignments, and physical adaptations such as preferential seating. Extending the time for the children with ID to finish their work justified what Bautista (2010) stated that students with intellectual disability

need protracted time and more repetitions to learn or master specific tasks.

The above-mentioned finding also supports Frederick's (2005) explanation that accommodation should be individualized based on the students' needs and their personal learning styles and interests. Children with disabilities are not students who are incapacitated or unable to learn; rather, they need differentiated instruction tailored to their distinctive learning abilities. Allowing children with intellectual disability to bring home their school work gives them the opportunity to apply their personal learning styles and interests. The other teaching adjustments and accommodations mentioned above support and enhance the learning potential of children with intellectual disability. Some of those accommodations and teaching adjustments recommended by the above-mentioned author were: Teaching CSLNs who have lesser information than typical students, extending time for assignments and/or tests for students with lower processing speed, and giving rest/breaks or extended time for tests. These were actually similar to those that were practiced by the teachers.

#### Accommodations and Teaching Adjustments Applied by the Teachers to Children with Sensory Impairment

Aside from "assigning a classmate to assist them" which was sometimes applied, there were no other types of accommodations and teaching adjustments applied by any teacher for the child with hearing impairment as well as for the one with speech impairment. It was obvious, however, that the teachers were still in the process of thoroughly evaluating the needs of both children especially that they were still in Grade One. All the teaching adjustments and accommodations identified were observed in the teaching of children with visual impairment. The different modifications and accommodations applied very frequently were "letting the students use braille in writing" and "reading and enlarging letters of reading materials". Accommodations and adjustments frequently applied included "letting the child sit in front and near the window",

"use of shaped cards", "encouraging them to use magnifying glass", "letting the pupil/student sit where he/she likes", and "assigning a classmate to assist them".

Table 7. Accommodations and Adjustments for the Student with Visual Impairment (VI)

Accommodations and Adjustments	Mean	DE
Assigning a classmate to assist them	2.77	FA
Encouraging them to use magnifying glass	2.89	FA
Enlarging letters of reading materials	3.31	VFA
Letting the pupil/student sit where he/she likes	2.81	FA
Letting them sit in front near the window	3.07	FA
Letting them use braille in writing and reading	3.46	VFA
Use of shaped cards	2.91	FA
<b>General Weighted Mean</b>	<b>3.03</b>	<b>FA</b>

Learners with visual impairment are quite slow in accomplishing academic requirements given the fact that it takes more time for them to read. Although the needs and educational goals of these children are not as different as normal children, they have limitations especially in doing physical tasks. Hence, the teachers used concrete materials where the children with visual impairment gained valuable learning experiences. The accommodations, on the other hand, such as "extending the time for the learners to finish their work", "letting them bring home their work", "allowing them to sit in front and near the windows to catch more light" lessens the pressure on the part of the learners and gives them more confidence to finish their tasks. These findings corroborate the statement of the International Council for Education for People with Visual Impairment (2003) that there are special methods that can be applied by teachers such as the use of concrete objects and experiences that can assist the child in compensating for his limitations.

Assigning a student without disability to assist those with visual impairment is a very good strategy not only in assisting CSLN but in developing better camaraderie among learners.

## CONCLUSIONS AND

### RECOMMENDATIONS Conclusions

1. Most cases of CSLN in the different Cordillera Administrative Region inclusive schools are the following: intellectual disability, visual impairment, and attention deficit hyperactivity disorder in mild to moderate degrees. Few cases of speech and hearing impairment also exist.

2. The problem behaviors displayed by CSLN are similar to those displayed by children who do not have special learning needs. The only difference is the slightly higher intensity of behavior and frequency of occurrence of these behaviors in the CSLNs.

3. The BMTs that teachers frequently apply are verbal reprimand, tutoring and one-on-one meeting with the CSLN. The accommodations and teaching adjustments applied very frequently are: modifying grading system and lessening number of test items.

### Recommendations

1. Teachers and school administrators can identify means of assisting their CSLN by the former's involvement in more trainings that include actual exposures to inclusive classrooms.

2. Problem behaviors displayed by CSLN may be dealt with by teachers in the same manner that they treat the behaviors of other children in order to promote equality as part of inclusion.

3. An intensive training course on inclusive education can be provided for teachers and administrators especially on BMTs, accommodations and teaching adjustments. Moreover, a handbook on inclusive education that will serve as CSLN teaching guide should be provided for each teacher.

4. The Training Design for Teachers proposed from the result of this study is recommended as additional guide in organizing seminar-workshops on inclusive education.

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