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# *"The Factors Related to Successful Integration of Physically Disabled Children in Schools of Gaza Strip."*

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بسم الله الرحمن الرحيم

﴿ يرفَعِ اللهُ الذِينَ آمَنُوا مِنكُم والذِينَ أُوتُوا العِلْمَ دَرجَاتٍ واللهُ بِمَا تَعمَلونَ خَبِيرٌ﴾

صدق الله العظيم

سورة المجادلة

الآية " 11 "

# Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

**Signed:**……

**Abdelrazeq khdeir**

**Dedication**

I dedicate this work to the spirit of my father

To my mother

To my brothers and sisters

To my wife, and my sons

*abdelrazeq*

## Acknowledgments

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*To all of these individuals and institutions I owe many thanks for their insights and unlimited support*

# Abstract

Integration of physically disabled children constitutes a vital step towards full rehabilitation. For some reasons, not all physically disabled children are successfully integrated into mainstream education. There was no previous research that dealt with this topic in Gaza strip.

## Objectives:

1- To study the relationship between various variables and successful integration of physically disabled children.

2- To establish primary database for the currently integrated physically disabled children .

3- Hypothesis generation that help in further research in the topic of integration .

## Methods:

The scientist followed an analytical and descriptive approach to answer the objectives of the study and hypotheses in order to search for the present situation, to describe the phenomenon and statement to be studied . As there is in fact an accurate description both in identifying the most important factors that have a direct impact on the success of the integration of physically disabled children in the educational process. Face to face questionnaires were used to determine the significant factors related to successful integration for physically disabled students in ordinary schools. 123 physically disabled students were included in this study (41 from Gaza ,23 from Khanyonis, 20 from Rafah, 23 from Middle Area, and 16 from North Gaza).

## Results :

Results showed the relative importance of each of the independent variables identified in the proposed logistic regression model to predict the dependent variable of the study, where the values of the statistical significance of each independent variables in this model ((P-value <0.05) and dependent variables are (Father education, the presence of disability , And a follow up by rehabilitation organization within the main stream schools ,the extent of acceptance of the disabled pupils within the classroom, family's attitudes towards integration process, the follow up of disabled

child's in his homework activities by one of family members)

## Conclusion:

Successful integration of physically disabled children in ordinary schools can be increased by improving the factors related to successful integration physically disabled children in ordinary schools. Those factors include ,but not limited to, follow up of physically disabled students by rehabilitation institutions, acceptance of the physically disabled by his/her colleagues and follow up of a family member to physically disabled child in his school.

## ملخص الدراسة

دمج الأطفال المعاقين حركيا يشكل خطوة حيوية تجاه تأهيل المعاقين حركيا علي أكمل وجه . للعديد من الأسباب ليس جميع المعاقين حركيا يمكن أن يتم دمجهم في التعليم العادي ، لا يوجد دراسة في قطاع غزة تناولت هذا الموضوع لتحديد أهم العوامل التي لها تأثير علي نجاح المعاقين حركيا في المدارس العادية.

**أهداف الدراسة** :

1- دراسة أهم العوامل التي لها علاقة في نجاح دمج المعاقين حركيا في المدارس العادية.
2- إنشاء قاعدة بيانات أولية عن دمج المعاقين حركيا في المدارس العادية
3- الحصول علي فرضيات جديدة لها علاقة بدمج المعاقين حركيا في المدارس العادية

**الإجراءات:**

أتبع الباحث المنهج الوصفي التحليلي للإجابة على أهداف الدراسة وفرضياتها، باعتباره طريقة في البحث عن الحاضر، وذلك لوصف وبيان الظاهرة المراد دراستها كما توجد في الواقع وصفاً دقيقاً سواء في تحديد أهم العوامل التي لها تأثير مباشر على نجاح عملية الدمج للطلبة المعاقين حركيا في العملية التعليمية . استخدم الباحث أداة تم تصميمها خصيصا لهذه الدراسة وتم تطبيقها وجها لوجه مع عينة الدراسة وذلك لتحديد أهم العوامل التي لها تأثير علي نجاح دمج المعاقين حركيا في المدارس العادية. 123طالب معاق حركيا تم اختيارهم بالطريقة العشوائية المنتظمة من مختلف مدارس قطاع غزة ( حكومة، وكالة )، 41 طالب من مدارس محافظة غزة، 27 طالب من محافظة خان يونس ،23 طالب من مدارس المحافظة الوسطي، 20 طالب من محافظة رفح، 12 طالب من محافظة شمال غزة.

**النتائج**:

أظهرت النتائج بان الأهمية النسبية لكل من المتغيرات المستقلة المحددة في نموذج الانحدار اللوجستي المقترح للتنبؤ بالمتغير التابع وهو معدل الدراسة ، حيث كانت قيم الدلالة الإحصائية لكل المتغيرات المستقلة في هذا النموذج (P- value <0.05) والمتغيرات هي (تعليم الأب ، تمركز الإعاقة، وجود متابعة مدرسية من مؤسسات التأهيل، مدى تقبل الزملاء للمعاق داخل الفصل، قناعة الأسرة بجدوى عملية الدمج، متابعة أحد أفراد الأسرة للمعاق في واجباته المدرسية)

**الخلاصة:**

من خلال نتائج الدراسة والتي أظهرت أن من الممكن زيادة نجاح دمج الأطفال المعاقين حركيا في التعليم العادي ، وذلك من خلال العمل علي دعم العوامل التي كان لها اثر كبير في نجاح دمج المعاقين حركيا في المدارس العادية. هذه العوامل هي المتابعة المدرسية من قبل مؤسسات التأهيل ، تعليم الوالدين ، تقبل الطالب المعاق من قبل زملائه في الفصل ، تمركز الإعاقة .

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## List of abbreviations

| | |
|---|---|
| ANOVA | Analysis of Variance |
| B.D | Bachelor Degree |
| MOE | Ministry of education |
| MOH | Ministry of Health |
| NGO,S | Non Governmental Organizations |
| PCBS | Palestinian Central Bureau of Statistic |
| PNA | Palestinian National Authority |
| PHD | Doctorate of philosophy |
| SPSS | Statistical Package for Social Science |
| UNRWA | United nations relief and works agency |
| PH | Physically Handicapped |
| EU | European Union |
| SAS | Statistical Analysis Software |

# CHAPTER ONE

# Chapter I

# Introduction

## 1- Introduction

In Gaza Strip, Rehabilitation of physically disabled children has witnessed a significant (though slow) improvement in recent years, before 1990 there wasn't a single rehabilitation institution that deals with physically disabled children. In 1991, the Benevolent Society of Gaza Strip established Rehabilitation Center for Cerebral Palsy Children. This was the first professional institution that deals with cerebral palsy children and they extended their services to include other kinds of physical disability.

On 1998, Palestine Avenir for Childhood Foundation (PACF) was established to introduce a comprehensive package of rehabilitation services to physically disabled children. Starting from two departments of physiotherapy and special education and 9 staff members, PACF has now eleven departments with more than 95 rehabilitation staff members. PACF has significant attention to integration of physically disabled children into main stream education. Within a period of three years, they succeeded to integrate more than 113 of physically disabled children into main stream education schools in both UNRWA (United Nations Relief and Works Agency) and MOE (Ministry of Education) schools. In addition , various rehabilitation societies addressed the issue of integration of physically disabled children in mainstream education in Gaza strip. Those organization include , but not limited to, Right to Live Society, Al Wafa Rehabilitation Hospital, Atfaluna Society, Community Based Rehabilitation , Phaysically Disabled Society and many other organizations.

Despite success in integration of physically disabled children, many other physically disabled children were not integrated. No research was carried out in order to determine reasons for not being eligible for integration at the main stream education schools for physically disabled children or what are the most important variables that contribute into successful integration. this kind of research could help a lot in terms of prediction for probability of physically disabled children being integrated .

Some Children with physical disability cannot satisfactorily benefit from education in a mainstream setting in an ordinary school. Alternatively there are special schools and special education classes within ordinary schools. Following this guiding principle, provisions listed below special education have been offered:

1- Special school placement for school age children with physical handicaps (with associated problems resulting in their inability to withstand ordinary school routine and environment). ( sally.T 1982)

2- Ordinary school placement with specialized and meticulously designed supportive classes and advisory service for physically handicapped children integrated in ordinary schools.( sally.T1982)

## 1.1 - Statement of the problem :

The purpose of this study was to investigate the relationship between a group of variables (IQ , socioeconomic variables , Type of rehabilitation services , duration of rehabilitation period , diagnosis , type and severity , place of residence , educational level of parents, other family disabled members) , of physically disabled children and successful integration of those physically disabled children in the main stream education ( both UNRWA and MOE).

## 1.2. Study Hypothesis:

The following hypotheses have been derived and will be verified in the study:

## 1.3 The Null Hypothesis:

There is no relationship between a group of variables (IQ , socioeconomic variables , Type of rehabilitation services , duration of rehabilitation period , diagnosis , type and severity , place of residence , educational level of parents, other family disabled members) for physically disabled children and the success of integration process at main stream education.

## 1.4 Alternative Hypothesis:

There is relationship between a group of variables (IQ , socioeconomic variables , Type of rehabilitation services , duration of rehabilitation period , diagnosis , type

and severity , place of residence , educational level of parents, other family disabled members) for physically disabled children and success of integration process at main stream education

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## 1.5 Objectives of the study

### 1.5.1 General objective of the study

To study the relationship between various variables and successful integration Process in the main steam education of physically disabled children

### 1.5.2 Specific objectives of the study

1- To determine the variables that have significant relationship with success of integration process .

2- To establish primary data base for the currently integrated physically disabled children.

3- Hypothesis generation that help in further research in the topic of integration

## 1.6 Significance of the study

One component for success of rehabilitation process is to get physically disabled children integrated in the mainstream education , this integration and factors contributing to it's success are not quietly understood so far, which causes a great deal of time and energy waste and hinder the integration of those physically disabled children. Each context has it's own environment with it's social , economic and cultural dimensions that shape the context of rehabilitation process. In the occupied Palestinian territories , this subject was not dealt with from research point of view although a great effort was exerted in the rehabilitation of physically disabled children that included ,but was not limited to , integration of physically disabled children. With all it's flaws and successes , integration process needs to be scientifically researched in order to determine the factors that play either individual role or interact to lead to the integration process. Hence stems the importance of our study which will highlight the various factors contributing to successful integration process . Profound understanding of this process will help in future success of rehabilitation programs that will consider the importance of each factor

## 1.7.Setting :

The research took place at UNRWA, MOE main stream education schools at Gaza Strip. The Research was conducted in the period Sept. 2007 through November 2008.

## 1.8. Operational definitions of terms

### 1.8.1 Integration

Integration in our study refers to the education of children with physically disability in mainstream schools.

### 1.8.2 Physically Disability

Is an inability to perform normal functions. ( as standing, walking, using hands,

### 1.8.3 Disability:

Patient with restricted or lack of activity due to disability which is defined according to Barthel Index as listed in the following table.

**Table (1.1) Barthel Index for defining of disability**

| Categories | Total scores | Dependent level (disability) |
|---|---|---|
| 1 | 0-24 | Total |
| 2 | 25-49 | Severe |
| 3 | 50-74 | Moderate |
| 4 | 75-90 | Mild |
| 5 | 91-99 | Minimal |

## 1.9. Geographic context

This study was conducted in Gaza Strip which represents the south part of Palestine. Short information about Gaza Strip and Palestine as general will be mentioned in the following paragraphs.

### 1.9.1 Geography

Palestine is one of the most ancient homelands of humankind. There is evidence that Palestine was inhabited almost two hundred thousand years ago. Gaza Strip is

located in the Middle East. Gaza has 51km border with Palestinian land occupied in 1948, and an 14 km border with Egypt, near the city of Rafah. Khan Younis is located 7km northeast of Rafah, and several towns are located along the coast between it and Gaza city (**Appendix A**). Gaza Strip has a temperate climate, with mild winters, and dry and hot summers. The terrain is flat or rolling, with dunes near the coast. Environmental issues include salination of fresh water; sewage treatment; soil degradation; and depletion and contamination of underground water resources. It is considered to be one of the fifteen territories that comprise the so-called " Cradle of Humanity". (MOH annual report, 2004)

### 1.9.2 Palestinian's economy

Economic output in Gaza Strip is under responsibility of Palestinian authority since the Cairo agreement of May 1994. It has declined by about one third between 1992 and 1996. The downturn was largely the result of Israel closure polices which disrupted relationships between Israel and the (West Bank and Gaza Strip). The most serious negative social effect of this downturn was the emergence of high unemployment. Unemployment in the Gaza Strip during the 1980s was generally under 5%; by 1995 it had risen to over 20%. In 2001, and even more severely in 2002. Israeli military measures in Palestinian Authority areas resulted in the destruction of capital plant and administrative structure, widespread business closures. Including West Bank, the United Nation estimates that more than 100,000 Palestinians out of the 125,000 who used to work in Israel, in Israeli settlements, or in joint industrial zones have lost their jobs. In addition, about 80,000 Palestinian workers inside the territories are losing their jobs. (Wikipedia, 2007).

### 1.9.3 Education

According the a ministerial statistic conducted in September 2005, there are 685 schools in general education, 412057 students at Gaza Strip and 48674 teachers in the Palestinian territories. 24% of schools are UNRWA-operated, 70% are governmental, and 6% are private.

Three main universities, three university collages and four moderate colleges are presents in Gaza strip. (Palestinian National Information Center, 2005).

## 1.9.4 Population

Around 1.41 million Palestinians live in the Gaza Strip. The majority of the Palestinians are direct descendants of refugees who fled or were expelled from their homes when Israel was created during the war. The Strip's population has continued to increase since that time. The following table shows the distribution of population in Gaza Strip according to sex and governorate.

**Table (1.2) Distribution of population in Gaza Strip according to sex and governorate**

| Governorate | Male | Female | Both Sexes |
|---|---|---|---|
| **North Gaza** | 137,596 | 132,649 | 270,245 |
| **Gaza** | 252,464 | 243,946 | 496,410 |
| **Deir Al-Balah** | 103,606 | 101,928 | 205,334 |
| **Khan Younis** | 137,577 | 133,402 | 270,979 |
| **Rafah** | 87,485 | 85,906 | 173,371 |
| **Gaza Strip Total** | 718,708 | 697,831 | 1,416,539 |

(Palestinian Central Bureau of Statistics 2008).

## 1.10. Gaza Strip Health Care Status

- **Hospitals**

There are 54 primary health centers according to Palestine MOH 2003.

There are 19 hospitals in Gaza strip, 12 are governmental and 7 NGO hospitals.

- **Age structure**

0-14 years: 49% (male 332,582; female 316,606)

15-64 years: 48.3% (male 326,450; female 314,098)

65 years and over: 2.7% (male 14,847; female 20,408)

The distribution of population according to age groups

**Table (1.3) the distribution of population according to age groups.**

| Age | percent |
|---|---|
| 0-4 | 17.5% |
| 5-9 | 15.4% |
| 10-14 | 13.0% |
| 15-19 | 10.7% |
| | 57% |

- **Birth and death rates**

40.62 births/1,000 population and 3.95 deaths/1,000 population

- **Life expectancy at birth**

Total population: 71.59 years

Male: 70.31 years

Female: 72.94 years (MOH annual report, 2004).

# CHAPTER TWO

# Chapter 2

# Theoretical Framework

As this study aims to investigate the factors related to successful integration of physically disabled children in ordinary schools in Gaza strip , the first part of the chapter includes historical background , definitions, and types of integration in addition to definitions, types and levels of disability. Furthermore, a group of definitions and relevant information about physically disabled children worldwide and specifically in Palestine were addressed.

## 2.1 Overview of integration

### 2.1.1 Definition of integration

Integration refers to the inclusion and interaction of students with special needs in an age appropriate to regular education program and/or classroom from which they are able to derive educational benefit in a variety of areas including social skills and interactions, communication and language skills, classroom skills, independent living/vocational skills, and academic skills. Integration is an on-going process related to the individual needs of students. (Warnock Report.1978)

### 2.1.2 Types of Integration

**1- Location Integration:**

Where rooms are on the same site as mainstream schools and disabled and non disabled children can familiarize themselves with each other. (Warnock Report.1978)

**2-Social Integration**:

Where children attending special classes and units but socialize in the playground, at lunch and assembly with other ordinary students. (Warnock Report. 1987)

### 3- Functional Integration:

Where there is joint participation in educational programmers, which requires careful planning of class and individual teaching programmers. (Warnock Report. 1978)

## 2.1.3. Individualized Educational Program (IEP)

A written educational prescription developed by a school for each child with a disability. An IEP must contain:

-The child's present levels of educational performance

-Annual and short-term educational goals

-The specific education program and related services that will be provided to the child

-The extent to which the child will participate in regular education program with non-disabled children ( Lisa K. 2000)

## 2.1.4. Adapted Physical Education:

An individualized program of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program. (Lisa K. 2000)

## 2.1.5. Special Education:

The individually planned and systematically monitored arrangement of physical settings, special equipment and materials, teaching procedures, and other interventions designed to help learners with special needs achieve the greatest possible personal self-sufficiency and success in school and community. (Lisa K. 2000)

## 2.1.6. Aims in Educating Physically Handicapped Children

It has been stated in the Information Sheet on Special Education issued by the Services Division, Education Department that the general aim of special education

In general is to provide children having special needs with education necessary to help them fully develop their potential, achieve as much independence as they are capable of, and become well adjusted individuals in the community.

Hence the general aim of education for physically handicapped pupils focuses on the total development of pupils, the following specific aims should be considered when planning their educational curriculum:

1- To offer them a general education in ordinary, special day or special residential school setting according to their needs.
2- To prepare them for integration into ordinary schools or society, and to meet their psychological needs for security, love and affection, acceptance and success.
3- To teach them the basic daily living skills for independent living.
4- To help them realize their limitations and their potential and hence develop a realistic and positive outlook towards life.
5- To cultivate interests and hobbies for improving their quality of life.
6- To enhance their social development including their inter personal relationship. .
7- To provide them with medical and other auxiliary services such as physiotherapy, occupational therapy, speech therapy, career and vocational counseling.
(Sally. T.1982)

## 2.2 Disability

### 2.2.1 Introduction

About six hundred million people live with disabilities of various types world wide, and the number is increasing due to the rise of chronic diseases, injuries, car crashes, falls, violence and other causes such as aging. Of this total, 80% live in low-income countries; most are poor and have limited or no access to basic services, including rehabilitation facilities (WHO 2005).

### 2.2.2 Disabilities

Disabilities are an umbrella term, covering impairments, activity limitations, and participation restrictions.

- Impairment is a problem in body function or structure.

- Activity limitation is a difficulty encountered by an individual in executing a task or action.

- Participation restriction is a problem experienced by an individual in involvement in life situations.

Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

### 2.2.3. Disability definitions

In 1980 World Health Organization defined disability as "any restriction or lack of activity resulting from an impairment to perform an activity in the manner or average considered to be normal for people of the same age, sex and culture" (WHO, 1980). In a revision of this definition WHO changed the definition as the nature and extent of functioning of a person. It may be limited by nature, duration and quality (WHO, 1990).

Disability is present, or a person is considered disabled, when a set of functions, either desired or required, exists, but cannot be independently performed when attempted in a specific environment. While the desired functions may be specific preferences of the person, the required functions may be dictated by the environment. (Walter C. 1990).

A disability is any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines disability as attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments, which is permanent or likely to be permanent; which may or may not be of a chronic or episodic nature; and which results in substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services. (Disability Service Commission 2007 )

Disability is a condition or function that is judged to be significantly impaired in relation to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, mental illness, and various types of chronic disease. (Wikipedia 2008).

## 2.2.4. Types of disability

There are many different types of disability. A disability can be caused by a genetic condition, an illness or an accident, and includes:

- Intellectual disability
- Physical disability
- Sensory disability
- Dual disability (one of the above and a psychiatric disability)
- Any combination of these. (Royal National institute for Blind People 2008).

## 2.2.5. Disability in Palestine

The ratio of disabled people in Palestine is from 2.5- 3%. This ratio is distributed according to governorates as 39790 people in Gaza Strip and 69145 people in West Bank with total number 109035 people in all governorates. (Ministry of Social Affairs 2006). ( Table 2.4)

**Table (2.4) Number of disabled individuals according to gender and type of disability (1997).**

| Gender and Area | Type of Disability | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Visual | Hearing | Speech | Hearing and Speech | Mobility | Use of Fingers | Mental | Mental and Mobility | Several | Others | Total | No. of the Handicapped |
| **The West Bank** | | | | | | | | | | | | |
| **Males** | 15.1 | 4.6 | 5.0 | 5.4 | 31.5 | 4.6 | 13.4 | 4.1 | 7.7 | 8.6 | 100 | 18,111 |
| **Females** | 15.9 | 6.7 | 5.8 | 6.7 | 28.6 | 2.2 | 13.4 | 4.6 | 8.8 | 7.3 | 100 | 11,738 |
| **Total** | 15.4 | 5.4 | 5.3 | 5.9 | 30.4 | 3.6 | 13.4 | 4.3 | 8.1 | 8.2 | 100 | 29,849 |
| **The Gaza Strip** | | | | | | | | | | | | |
| **Males** | 13.0 | 4.5 | 6.1 | 6.4 | 30.0 | 3.9 | 16.5 | 5.2 | 7.1 | 7.3 | 100 | 9,804 |
| **Females** | 13.4 | 4.9 | 6.4 | 8.2 | 29.6 | 2.1 | 16.2 | 5.0 | 8.5 | 5.7 | 100 | 6,410 |
| **Total** | 13.2 | 4.7 | 6.2 | 7.1 | 29.8 | 3.2 | 16.4 | 5.1 | 7.6 | 6.7 | 100 | 16,214 |
| **The West Bank and Gaza Strip** | | | | | | | | | | | | |
| **Males** | 14.3 | 4.5 | 5.4 | 5.8 | 31.0 | 4.3 | 14.5 | 4.5 | 7.5 | 8.2 | 100 | 27,915 |
| **Females** | 15.0 | 6.0 | 6.0 | 7.3 | 28.9 | 2.1 | 14.4 | 4.8 | 8.7 | 6.8 | 100 | 18,148 |

**(Palestinian National information centre 1997)**

## 2.3. physical disability

### 2.3.1. Introduction

In their early years, children may have some difficulties in learning to move skillfully. This is not unusual. However, in some children, the muscles and nerves that control body movements may not be properly formed or may become damaged causing a physical disability.

### 2.3.2. Definition of Physical Disability:

A physical disability is any condition that permanently prevents normal body movement and/or control. There are many types of injuries, diseases, and conditions that can cause mobility impairments that affect an individual's ability to find and keep a job. Some disabilities might affect basic mobility, coordination and balance, strength and endurance, and other aspects of body function. (Thomas w. 2000)

### 2.3.3. Causes of physical disabilities

There are many causes for physical disabilities , the following causes are the most prevalent ones:

1- Inherited or genetic disorders, such as muscular dystrophy

2- Conditions present at birth (congenital), such as spina bifida

3- Serious illness affecting the brain, nerves or muscles, such as meningitis

4- Spinal cord injury

5- Brain injury.

### 2.3.4. Definition of Cerebral Palsy

Cerebral palsy is a term used to describe a group of chronic conditions affecting body movements and muscle coordination. It is caused by damage to one or more specific areas of the brain, usually occurring during fetal development, or during

infancy. It can also occur before, during or shortly following birth. .
"Cerebral" refers to the brain and "Palsy" to a disorder of movement or posture. If someone has cerebral palsy it means that because of an injury to their brain (cerebral) they are not able to use some of the muscles in their body in the normal way (palsy). Children with cerebral palsy may not be able to walk, talk, eat or play in the same ways as most other children. .
Cerebral palsy is neither progressive nor communicable. It is also not "curable" in the accepted sense, although education, therapy and applied technology can help persons with cerebral palsy lead productive lives. It is important to know that cerebral palsy is not a disease or illness. It isn't contagious and it doesn't get worse. Children who have cerebral palsy will have it all their lives. .
Cerebral palsy is characterized by an inability to fully control motor function, particularly muscle control and coordination. Depending on which areas of the brain have been damaged, one or more of the following abnormalities may occur:

- Muscle tightness or spasm
- Involuntary movement
- Disturbance in gait and mobility
- Abnormal sensation and perception
- Impairment of sight, hearing or speech
- Seizures ( Avery,1991)

## 2.3.5. Classification of cerebral palsy

## 1-Paraplegia

Involves a loss of sensation and movement in the legs and in part or all of the trunk. This varies according to the level of the injury. Generally, the lower the injury, the less the loss of movement and sensation. Paraplegia usually results from an injury to the spinal cord in the mid and lower back.( Blair, E. & Stanley F. 1985 )

## 2-Quadriplegia

Normally means a loss of sensation and movement in all four limbs and the trunk. This generally results from a spinal cord injury to the neck. However, the loss of

sensation and movement may not be complete with some sensation and movement being retained in parts of the arms and legs. . ( Blair, E. & Stanley F. 1985 )

## 3-Monoplegia

Cerebral palsy, it means that the condition seriously affects just one limb. It could be a serious disability of either an arm or a leg however where other limbs are involved to a much lesser extent it may still be referred to using the same term. . (Blair, E. & Stanley F. 1985 )

## 4-Triplegia

Is a classification of cerebral palsy where the disability affects three limbs. Some medical experts consider the condition as a combination of diplegia and hemiplegia or quadriplegia, with a single limb less affected. In most cases it involves both the child's legs and one arm. . ( Blair, E. & Stanley F. 1985 )

## 2.3.6. Definition of muscular dystrophy

Muscular dystrophy (MD) is the name for a group of disorders in which muscle size and strength gradually decrease over time. Nine different forms of the disorder have been discovered.( Bergman T. 1996.)

The nine different forms of muscular dystrophy are usually distinguished by the part of the body they affect. They include the following:

- **Duchenne muscular dystrophy (DMD).**

DMD primarily affects young boys. It causes weakness in the muscles that gets worse over time. The problem usually begins in the legs and then spreads to muscles in other parts of the body. It is the severest form of MD. DMD occurs in about 1 out of every 3,500 male births. About 8,000 boys and young men in the United States have the disorder. A milder form of the disorder occurs in a very few females. ( Bergman T. 1996.)

- **Becker muscular dystrophy (BMD).**

BMD affects older boys and young men. It is a milder form of MD than DMD, which occurs in about 1 in every 30,000 male births. .( Bergman T. 1996.)

- **Emery-Dreifuss Muscular Dystrophy (EDMD).**

EDMD is a very rare form of MD. It affects young boys exclusively. It causes contracture (permanent tightening) and weakness of the calf muscles and weakness in the shoulders and upper arms. It can also cause problems in the electrical signals that cause the heart to beat. Fewer than 300 cases of EDMD have been seen. .( Bergman T. 1996.)

- **Limb-girdle muscular dystrophy (LGMD).**

LGMD begins in later childhood or early adulthood. It affects both men and women. It causes weakness in the muscles around the hips and shoulders. LGMD has the greatest variety of symptoms of all forms of MD. In fact, researchers think it may actually consist of other forms of the disorder. Diagnosis of LGMD is difficult, and some patients with the disorder may have been diagnosed incorrectly in the past. The number of people with LGMD in the United States is probably a few thousands. (Bergman T. 1996.)

- **Facioscapulohumeral muscular dystrophy (FSH)**

It begins in later childhood or early adulthood. It affects both men and women. FSH is characterized by weakness in the muscles of the face, shoulders, and upper arms. The hips and legs may also be affected. FSH occurs in about 1 out of every 2,000 people. About 13,000 people in the United States have the condition. .( Bergman T. 1996.)

- **Myotonic dystrophy.**

Myotonic dystrophy is also known as Steinert's disease. It affects both men and women. The disorder is usually seen first in the face, feet, and hands. It is characterized by an inability to relax the affected muscles. This condition is known

as myotonia , Symptoms may first appear at any time between birth and adulthood. It is the most common form of MD. About 30,000 people in the United States have myotonic dystrophy. (Bergman T. 1996.)

- **Oculopharyngeal muscular dystrophy (OPMD).**

Oculopharyngeal muscular dystrophy OPMD causes weakness in the eye muscles and throat. It affects adults of both sexes. It is most common among French Canadian families in Quebec and in Spanish American families in the southwestern United States. .( Bergman T. 1996.)

- **Distal muscular dystrophy (DD).**

DD begins in middle age or later. It causes weakness in the muscles of the feet and hands. It is most common in Sweden and rare in other parts of the world. (Bergman T. 1996).

- **Congenital muscular dystrophy (CMD).**

CMD appears at birth and progresses slowly thereafter. It causes a generalized weakness in muscles throughout the body. One form of the disorder is called Fukuyama, for a district in Japan where it is relatively common. Fukuyama CMD also causes mental retardation. ( Bergman T. 1996.)

### 2.3.7. Definition of spina bifida

Spina bifida is a serious birth abnormality in which the spinal cord is malformed and lacks its usual protective skeletal and soft tissue coverings. ( Lutkenhoff M. 1997)

### 2.3.8. Treatment of physically disability

### 1- Role of a physiotherapist

Physiotherapists can help children with disabilities and their families by:

- Assisting the child to learn how to use parts of the body and develop physical skills

- Helping a child to become mobile (either independently or by using equipment)
- Helping parents to become skilful in assisting their child including lifting, positioning and physical care
- Working with staff from the child's preschool or school.( Kuban, K. C., & Leviton, A. 1994)

## 2- Role of an occupational therapist

Occupational therapists are often called OT. The role of an OT is to help a child become fully involved in all aspects of life - at home, at preschool or school and within the general community.
Occupational therapist work with each child in different ways depending upon the child's disability, interests and skills. For example, an OT may give advice on any physical changes needed in the home or the child's preschool or school.
This advice can include information on the type of stairs, handrail or ramp that will be best for the child. An OT may suggest changes to toys, equipment or furniture and can also advise on ways to improve writing and other hand skills. (Kuban, K. C., & Leviton, A. 1994)

## 3-Role of a speech pathologist

Children with a physical disability may need help with talking. Some will learn to use alternative methods of communication such as:
- Communication boards or charts
- Electronic devices
- Sign language

A speech pathologist will assess a child's ability to understand and express thoughts, feelings and ideas, and help to improve communication skills using speech or alternatives to speech. A speech pathologist can also help with eating and drinking problems.( Kuban, K. C., & Leviton, A. 1994)

## 4- Other important professionals

A number of other health professionals may be involved in helping physically disabled child. These include:

- Orthopedic surgeon who examines a child's muscles and/or bone structure and provides surgery to manage problems related to these.
- Ophthalmologist who is a specialist eye and vision doctor
- Pediatric rehabilitation specialist who assesses and manages the physical condition of children and young people with chronic (ever-present) disabilities
- Orthotist who provides corrective equipment such as splints
- Psychologist who assesses cognitive (thinking) skills and helps to manage emotional and behavioral problems
- Audiologist who assesses hearing. (Kuban, K. C., & Leviton, A. 1994)

# CHAPTER THREE

# Chapter 3

# Literature Review

## 3.1. Introduction

In this chapter the researcher was present the main studies that dealt with relationship between a group of variables and successful integration of physically disabled children in mainstream schools. Those variables included, but not limited to, socioeconomic factors, environmental factors, type of physical disability, and professional help by specialized rehabilitation professionals, anatomical distribution of physical disability, rehabilitation services provided, family motivation in addition to teachers and normal children's attitudes towards physically disabled children. Furthermore, other studies that dealt with successful integration of physically disabled children were tackled. .

## 3.2. Literature Review

Schenker R. et al ( 2005) investigated the neuroimpairments , activity performance , and participation in children with cerebral palsy mainstreamed in elementary schools . Participation and activity performance (motor and cognitive or behavioral) were examined in 148 children with cerebral palsy (CP; 87 males, 61 females; mean age 9y 8mo, SD 1y 11mo; range 6y 1mo to 13y 7mo), mainstreamed in fully inclusive (n=100) and in self-contained classes (n=48) within general schools in Israel, using the School Function Assessment. Differences in participation within these groups were analyzed in relation to the type of CP (mainly spastic hemiplegic, spastic diplegia, and spastic tetraplegia), the level of impairment according to the Gross Motor Function Classification System (GMFCS; level II 55%, level III 37%, and level IV 8%), and additional neuroimpairments. Univariate analyses of variance revealed significant differences in levels of participation and levels of activity performance between different types of CP and GMFCS levels. With regard to additional neuroimpairments, significant differences in participation were found for fully included children with speech and language impairments and those with learning disability within the self-contained group. Physical activity performance partly accounted for differences in participation between children

with different types of CP and different levels of motor impairment. These findings suggest that within the mainstreamed environment, participation and activity performance increase as motor disability and/or additional neuroimpairments (speech and language impairments and learning disability) decrease.

Iijima K. et al (2003) had a study about children with special needs in mainstream schools and the role of nursing teachers . Principals of elementary schools and classroom teachers of children with special needs were surveyed by questionnaire to identify the features of children with special needs in mainstream schools and the role of nursing teachers. Subjects in Y prefecture were asked to consider several items including the following: 1) presence in class of children with special needs; 2) presence of a child with special needs who was a target of a class or a school for children with special needs; 3) presence of education for special needs experience; 4) obstacles that such children face; 5) the relation with a nursing teacher from June to August in 1998. 1. There was no class for children with special needs in 87 among 135 schools. Children with special needs were present in 27 out of 87 schools, and the frequency of children with special needs was about 0.3% in mainstream classes. 2. The total number of children in classes for special needs was 177 including 142 (79.8%) with intellectual disabilities, 77 (43.3%) with complex disabilities and 61 (34.3%) requiring medical care. 3. Ninety percent of teachers of special needs classes asked a school nurse about health care for special needs and how to cope with matters relating to disabilities. 4. Ninety percent of teachers of special needs classes were concerned about matters such as the method of teaching and coping with matters relating to disabilities. The survey found that there are children with special needs in mainstream classes. The situation with the disabilities is an appreciable number of complex, so teachers of special needs classes had many concerns. Those teachers are inclined to be isolated in school. To achieve good educational outcomes for children with special needs it is important to develop a systematic network between school and experts such as medical doctors and educational professionals. Nursing teachers could play an important role in their relation, with medical specialists.

Lawlor K. et al ( 2006) had a qualitative study of the physical, social and attitudinal environments influencing the participation of children with cerebral palsy in northeast England. The social model of disability considers participation to be determined by the social, attitudinal and physical environments experienced by an individual. This study aims to ascertain from families of children with cerebral palsy the features of such environments which facilitate or restrict participation. Thirteen in-depth interviews using a topic guide were conducted with the parents of children with cerebral palsy. Interviews were tape-recorded, transcribed and analyzed with NVivo software. The main themes emerging from the interviews were the importance of mobility, transport, support by and to parents and attitudes of individuals and institutions towards children. Most parents did not raise the policies and legislation determining participation barriers, although these are also likely to be influential. This study confirms the importance of the environment for the participation of children with cerebral palsy. Statutory agencies need to attend the attitudes and policies in their organization in order to plan the inclusive environments which parents report will facilitate their child's participation. This study also contributes to the development of a tool to quantify the environment to allow the development of models to determine the environments which maximize children's participation.

Kinnealey M. and Morse AB (1979) had a study about educational mainstreaming of physically handicapped children. The therapeutic and educational needs of 31 children who, after attending a private pre-school for the physically handicapped, were mainstreamed in public schools are described in this paper. Their adjustment was followed for one to three years. Information was gathered through questionnaires and interviews with parents, children, and classroom teachers on how successful and to what extent the children had been mainstreamed, as well as what physical, academic, and social problems were encountered. Patterns and trends of relative educational abilities and disabilities of children with spina bifida and cerebral palsy are discussed in view of the literature and the problems encountered by this population. Questions that teachers frequently asked of health professionals who are experienced in dealing with the effects of handicapping conditions as well as a procedure for providing

this information are also discussed. Successful mainstreaming depends on cooperative work and mutual advocacy among health professionals, parents, and educational personnel.

Murakami K. (2007) had a study about Present status and problems of schools for physically disabled children from the viewpoint of a school physician. The study evaluated the problems of physically disabled children in schools, and clarified the roles of school physicians and the appropriate state of child neurologists. The range and severity of disabilities of disabled children in schools have gradually been increasing. Although nurses were assigned to provide medical care, the roles of school nurses differ among schools. In addition, about 50% of primary care physicians for these children are not Board-Certified Child Neurologists. Therefore, the instructions of medical care by primary care physicians to teachers and nurses are not well structured, and increase the physical and mental stress on teachers and school nurses. Thus the importance of the roles of school physicians has been increasing. As a school physician, the author request the followings to the Japanese Society of Child Neurology: (1) a proposal concerning support for commuting methods, (2) further improvement in postgraduate education in medical care and support for physically disabled children, (3) the standardization of written instructions for school, and (4) a proposal concerning the roles of nurses in school for disabled children.

Nadeau L and Tessier R. ( 2006) had a study about Social adjustment of children with cerebral palsy in mainstream classes: peer perception. The aim of this study was to describe the social experience of children with cerebral palsy (CP) in mainstream classes in Canada and compare it with that of their classmates without disability. The CP group included 25 females and 35 males (mean age 10 y 5 mo [SD 0.95], range 10 y 4 mo-10 y 10 mo) diagnosed as having hemiplegia (n=44) or diplegia (n=16) and classified as Level I on the Gross Motor Function Classification System (GMFCS). Fifty-seven comparison children, born at term and without any motor and/or sensory impairment, were recruited from the classes of the children with CP during a school visit (mean age 10 y 3 mo, [SD 1.0], range 10 y-10 y 6 mo). They were matched to children

with CP for sex, age, parents' education level, and family income. Social adjustment measures (social status, reciprocated friendships, social isolation, aggression, sociability/leadership, and verbal and/or physical victimization) were obtained by conducting a class-wide sociometric interview (n=943) in the classes of the children with CP. Findings showed that children with CP (specifically females with CP and irrespective of their type of disability) had fewer reciprocated friendships, exhibited fewer sociable/leadership behaviors, and were more isolated and victimized by their peers than their classmates without a disability. This seems to suggest that females and males with CP are perceived differently from their peers in a mainstreaming context. The discussion addresses the issue of age- and sex-related differences and provides avenues of intervention relating to personal and environmental factors that could facilitate or interfere with the social experience of children with CP in a mainstream environment.

Marisa C. et al (2004) had a study about Predicting elementary school participation in children with disabilities To identify predictors of participation in school activities from two sets of functional variables using classification and regression tree analysis. A nationwide sample of 341 children with various disabling conditions, including physical and cognitive/behavioral types of impairment and various severity levels. Children attended public elementary school in 40 states in the United States. Overall participation in elementary school, combining children's participation in six different environments (transportation, transitions, classroom, cafeteria, bathroom, and playground), as measured by the newly developed School Function Assessment. The children were dichotomized into full (n = 117) and limited (n = 224) participation categories. Two classification trees were developed identifying a small set of predictors from variables measuring performance of functional tasks and discrete activities. Final predictive models included physical and cognitive-behavioral variables, suggested important interactions among predictors, and identified meaningful cut-off points that classified the sample into the outcome categories with about 85% accuracy. Limited participation was predicted by information about children's physical capabilities. Full participation was predicted by a combination of physical and cognitive-behavioral variables.

Findings underscore the relative utility of functional performance compared with impairment information to predict the outcome, and suggest pathways of influence to consider in future research and intervention efforts.

Cole KN et al (1991) had a study on effects of preschool integration for children with disabilities. This study examined the effects of integration and segregation in a special education preschool program for children with mild to moderate disabilities to determine whether initial level of development differentially influenced gains achieved. No main-effect differences between the two groups appeared on several pretest and posttest measures. Aptitude-by-Treatment analyses revealed than higher performing students gained more from integrated classes, whereas lower performing students gained more from segregated classes. The data suggest careful monitoring of lower functioning students to ensure appropriate academic and social stimulation.

Ylvisaker M. et al (2001) had a study on Educating students with TBI: themes and recommendations. Ten educational consultants and researchers, each with extensive experience working with children with traumatic brain injury (TBI) in school settings, identified seven themes related to serving this population in public schools. These themes are discussed under the headings (1) incidence of TBI and prevalence of persistent educational disability, (2) diversity and central tendencies within the population, (3) assessment, (4) intervention and support in school settings, (5) training and support for educators, (6) intervention and support for families, and (7) systems change and flexibility. For each theme, a set of recommendations is provided, forming an educational research and policy agenda for pediatric TBI.

York J. et al ( 1991) had a study on Feedback about integrating middle-school students with severe disabilities in general education classes. General educators, special educators, and classmates without disabilities were surveyed at the end of the first year that middle-school students with severe disabilities were integrated into general education classes in two suburban Midwestern communities. Results of this preliminary study revealed many benefits for educators and students. Educators and classmates concurred that positive outcomes, particularly in the area of perceived social competence, were realized

by the students with severe disabilities. Acceptance of these students by classmates was considered to have increased substantially. Educators felt the general class integration experiences were positive for themselves and for students, although there were differences in perspectives between general and special educators.

Another paper based on experience in the Central Remedial Clinic over a number of years that physically handicapped children do not in general do well in ordinary schools. An attempt is made to delineate some of the problems that may confront a handicapped child of generally average intelligence who attends a normal school. These problems are associated with the following conditions: specific learning difficulties, emotional problems, poor school attendance, large classes, limitations in ordinary teacher training and lack of remedial teachers and other special staff. The need for early and continued psychological and educational assessments is emphasized, and it is suggested that most young physically handicapped children of average intelligence would benefit from starting in a special assessment unit, to ensure as far as possible, correct school placement. This view is not currently held by a number of educational authorities who generally advise that physically handicapped children should go to ordinary schools if possible. It was felt that this advice is not always in the best interests of the child. There is need for continuing friendly and informal communications between parents and members of the special school team.(Barry&Garvey1977)

Another study determined how physically disabled children assess their own social function in regular classrooms and compared them with their able-bodied peers. School principals identified 60 visibly disabled children who were integrated into regular classes for at least 50% of the time. A comparison group of 56 randomly selected, same-gender classmates was identified. Children completed the Perceived Competence Scale and a classroom sociometric scale. Parents and teachers were asked to rate each child's social function. Disabled children rated themselves lower on physical competence (mean = 2.53 vs. 2.92, $p = .002$) but not on social or cognitive competence. However, disabled children had fewer friends and scored lower on the classroom sociometric measure than

did their able-bodied classmates (mean = 2.06 vs. 2.39, p = .01). There was no difference between disabled and control children when social function was assessed by parents or teachers. For all children two variables were significantly associated with the child's self-perceived social competence: the child's self-perceived physical competence (R2 = .27) and the peer sociometric rating (R2 = .13). Teacher perception (R2 = .35) and self-perception (R2 = .10) of social function were most strongly associated with the perception of peers. In both cases whether the child was disabled contributed little to the observed association. These findings support the importance of peers in the successful social function of children and suggest that teachers can have an impact on how children are perceived by other children(Amstrong et al 1992)

Another study by Jones A. (2001) dealt with Twelve students with low-incidence disabilities who were observed in their kindergarten through third grade, general education classrooms. Frequency data were collected on the number of teaching opportunities delivered on the learning objectives reflected in the students' Individual Education Programs, the individual who delivered the teaching opportunity, and the instructional context that was occurring at the time the teaching opportunity occurred. Results indicated that teaching opportunities on the learning objectives occurred at an overall rate per minute of 0.224 and 4 students received no teaching opportunities. The general education teacher and special education assistant delivered the most instruction in 1:1 instructional contexts. Results are discussed in relation to improving the quality of instruction when students with disabilities are included in general education classrooms.

In a study conducted by Samsoniene L et al(2006) , Psychosocial environment for the integrated education opportunities of the disabled in Lithuania. The policy of the diminution of the social isolation of the disabled is the main objective of the strategy of the EU new policy concerning the disabled. Lithuanian society faces this objective as well. For this reason, this study aiming at providing the theoretical basis for and predicting the possible psycho-social environment in an integrated education system, as well as at the evaluation of the reasons for the formation of a positive approach to the disabled, is especially relevant, since it creates the prerequisites for the optimization of the process of

the integration of disabled schoolchildren into the general system of education. The sample of the study consisted of 2471 children from the same schools: not integrated (1958), integrated (126) and special schools (382). Empirical methods: questionnaire poll, comparative analysis. The statistical analysis was carried out using *SAS*. Our study showed that the majority of schoolchildren without disabilities and disabled schoolchildren have positive intentions for interpersonal interactions (>82%) and positive emotions (>69%) independently of the discrepant character of interpersonal contacts, different conditions of education and family life, and despite of low level of knowledge. The results of the study confirmed positive intentions for interpersonal interaction between disabled schoolchildren and schoolchildren without disabilities, as well as a positive character of emotions, and disprove the unsound myth of the opponents of the social integration of the disabled stating that disabled children in comprehensive schools would undoubtedly experience offence from their peers without disabilities.

In a study by Bedell GM et al ( 2005) , parents use of strategies to promote social participation of school – age children with acquired brain injuries. The objective of the study o understand parents' perspectives about the strategies they use to promote social participation of their school-age children with acquired brain injuries (ABI) in home, school, and community life. A descriptive research design employing a semi structured interview format was used. Interviews were conducted in the homes of 16 families of school-age children with ABI discharged up to 7 years earlier from one inpatient rehabilitation program. Data were examined using content and constant-comparison analyses. The results is Parents needed time to allow the recovery process to unfold for themselves and their children and developed strategies that fit into or assisted with managing family routines. Over time parents developed insight into the activity demands and their child's potential success to participate in desired activities. Based on these insights, parents used "anticipatory planning," which involved previewing upcoming events and activities and using strategies to promote positive and prevent negative experiences for their children. Specific strategies that parents used to promote social participation were classified into three categories: Creating opportunities, teaching skills, and

regulating cognitive and behavioral function. Understanding how families use and integrate strategies within the context of their daily lives and what factors influence strategy use may provide practitioners with insights needed to support families in promoting their children's social participation.

In a study by Mancini MC and Coster WJ (2004) Functional predictors of school participation by children with disabilities was investigated. This study examined the functional requirements that significantly predicted participation of US elementary school children with a variety of disabling conditions (N = 266), in seven different school settings: Transportation, Transitions, Regular classroom, Special classroom, Mealtime, Bathroom, and Playground. Performance on a number of setting-relevant tasks was expected to be predictive of meaningful participation in each school environment. Stepwise multiple regression analyses were conducted to identify the order of importance of the relevant variables as well as the smaller set of functional tasks that best predicted children's participation in each setting. The results revealed that successful participation in the different elementary school settings was strongly associated with performance of both physical and cognitive/behavioral activities. Furthermore, each setting had a unique set of predictors, suggesting that some aspects of function are context-specific. Findings from this study may inform therapists about the most relevant areas of function that support social and physical participation of children with disabilities who are included in regular schools.

Yude C, and Goodman R. (1999) studied the Peer problems of 9- to 11-year-old children with hemiplegic in mainstream schools. Is it possible to predict relatively early in the life of children with disabilities those who are likely to develop peer problems if they get no extra help? This question is examined in our prospective study of a representative sample of children with hemiplegic attending mainstream schools. Hemiplegic is a particularly suitable model for studying integration as it is a relatively homogeneous condition that does not usually preclude mainstream placement. Our aim was to investigate whether the excess of peer problems could be predicted from information obtained some 4 years earlier. A representative sample of 55 children with hemiplegic in

mainstream education was followed prospectively from a mean age of 7.1 years (Time 1) to a mean age of 10.7 years (Time 2). Using standardized measures of peer rejection, lack of friends, and victimization, two-thirds of the sample had at least one of these problems at Time 2. A greater number of peer problems was primarily predicted by two Time-1 variables: lower IQ and more teacher-reported externalizing problems (disruptiveness and hyperactivity). A risk index based on these two variables identified a high-risk subgroup that might particularly have benefited from early intervention to reduce behavioral problems, and nurture social skills. As more children with special needs are integrated into mainstream schools, it is increasingly important to remember that supporting these children requires appropriate provision to foster their social as well as their academic and physical development.

Mancini et al (2000) had a study on predicting elementary school participation in children with disabilities . The objective is to identify predictors of participation in school activities from two sets of functional variables using classification and regression tree analysis. The design is Relational study. A nationwide sample of 341 children with various disabling conditions, including physical and cognitive/behavioral types of impairment and various severity levels. Children attended public elementary school in 40 states in the United States. The main outcome measure is overall participation in elementary school, combining children's participation in six different environments (transportation, transitions, classroom, cafeteria, bathroom, and playground), as measured by the newly developed School Function Assessment. The children were dichotomized into full (n = 117) and limited (n = 224) participation categories. The results of the study is two classification trees were developed identifying a small set of predictors from variables measuring performance of functional tasks and discrete activities. Final predictive models included physical and cognitive-behavioral variables, suggested important interactions among predictors, and identified meaningful cut-off points that classified the sample into the outcome categories with about 85% accuracy. Limited participation was predicted by information about children's physical capabilities. Full participation was predicted by a combination of physical and cognitive-behavioral variables. Findings underscore the relative utility of functional performance compared

with impairment information to predict the outcome, and suggest pathways of influence to consider in future research and intervention efforts.

Simeonsson RJ et al (2001) had a study about students with disabilities : a national survey of participation in school activity. The policies of integration and full inclusion in school activities have been enacted to promote the independence and social participation of students with disabilities. This study examined the nature and extent of participation in schools by students with disabilities in the context of the physical, social and psychological features of the school environment. A national survey was completed by 1180 teachers of students with disabilities in the US describing student participation in school activities encompassing involvement in social activities, sports, academic and artistic/creative endeavors. Multivariate analysis revealed that school life in elementary, middle and high school could be defined by six distinct factors describing individual and group roles. Structural equation modeling yielded a second order latent variable that captured the complex and multi-dimensional aspect of participation, accounting for availability, eligibility, student characteristics/status, and student choice within a larger framework of participation.

Richard L. et al (2004). had Two experimental procedures for positively modifying the attitudes of regular classroom children towards the handicapped were conducted. In both studies, curriculum and/or experiences with the handicapped were introduced to randomly selected groups of regular class elementary children. The curriculum consisted of literature, filmstrips, and lectures about handicapped children, while the experiences consisted of controlled integration activities. The results indicated that the procedures were partially successful in modifying the attitudes of regular class children towards the handicapped. It was concluded that techniques must be developed systematically for achieving more positive attitudes in regular class children if “mainstreaming” is to become an effective educational concept.

Stevenson DL, and Baker DP (1987) had a study about family-school relation and the child's school performance. Using a nationally representative sample of American households, we examine the relation between parental involvement in

schooling and the child's school performance. With a sample of 179 children, parents, and teachers, we investigate 3 hypotheses: (1) the higher the educational status of the mother the greater the degree of parental involvement in school activities; (2) the younger the age of the child the greater the degree of parental involvement; and (3) children of parents who are more involved in school activities do better in school than children with parents who are less involved. In an analysis of cross-sectional data, we discover support for the 3 hypotheses. The educational status of the mother is related to the degree of parental involvement in schooling, so that parents with more education are more involved. Parental involvement is related to the child's school performance. Also, parents are more involved in school activities if the child is younger. The mother's educational level and the age of the child are stronger predictors of parental involvement in schooling for boys than for girls. We do not, however, find a direct effect of maternal educational status on school performance independent of parental involvement in school activities. We discuss these findings in light of the relation between families and schools.

O'Moore M. ( 1980) had a study about Social acceptance of the physically handicapped child in the ordinary school. It has been recommended by both the Snow don and Warnock reports that greater efforts should be made to provide integrated education for physically handicapped children. The attitudes of the peer group toward the child with a physical handicap are of particular importance in deciding whether to integrate or segregate the disabled child. The present paper reports an exploratory study carried out in schools in Scotland, the purpose of which was to examine the social acceptability of the physically handicapped child in the ordinary school. The subjects, 38 children in the age group 9--11 years, of normal intelligence and with visible physical handicaps affecting movement, were drawn from ordinary day schools. A normal sample of control children was also studied. A modified version of Centers & Centers Social Discrimination test (1963) was administered. The results obtained show that physically handicapped children were not so well accepted by their peers as were their normal controls. The only characteristics which were positively related to social acceptability of the physically handicapped were certain components of emotional adjustment, extraversion and teachers' estimates of

their mathematical ability. It is suggested that peer acceptance might be enhanced by greater dissemination of information and advice to both teachers and the normal peer group.

In a study conducted by Law M. et al, (2007). The study investigated the perceived environmental barriers to recreational , community and school participation for children and youth with physical disabilities. Objective of the study was to comprehensively describe parent perceptions of environmental barriers to recreational, community, and school participation for children with physical disabilities. The design employed was Secondary analysis of cross-sectional data gathered in the first wave of a longitudinal study of the child, family, and environmental factors affecting the recreational and leisure participation of school-age children with physical disabilities. Setting of the study was : General community. Participants were Parent-child pairs (N=427). Child participants included 229 boys and 198 girls with physical disabilities in 3 age cohorts (6-8, 9-11, 12-14 y). interventions : Not applicable. Main outcome measures: Craig Hospital Inventory of Environmental Factors. Results: Barriers to participation were encountered in school and work environments (1.54+/-1.88), physical and built environments (1.36+/-1.35), within institutional and government policies (1.24+/-1.71), services and assistance (1.02+/-1.2), and attitudes and social support (.87+/-1.17). Age, socioeconomic status, level of physical functioning, and behavioral difficulties were related to the impact of barriers reported in certain areas. No significant differences by the sex of the children or rural versus urban community were found. Conclusions: Parents report environmental barriers in several areas, providing valuable information about the environmental factors that support or hinder participation while showing the complexity of these issues. Future research is required to further identify potential avenues for intervention.

Lonton AP et al (1986) studied the integration of spina bifida children--are their needs being met?. After eleven years of vigorously promoting integration, the majority of Sheffield Children's Hospital spina bifida patients were successfully integrated. A parallel study in Greater Manchester confirmed that parents, teachers and the spina bifida children are overwhelmingly in favor of

integration. A large number of children were transferred from special to ordinary schools, and very few had to be transferred back to segregated schooling. The parents found substantial social and educational advantages in integration, together with good levels of involvement with their child's education. The most important areas in need of greater funding were considered to be: non-teaching support for toileting, visiting specialists, particularly physiotherapists, and in-service education of teachers.

Jenks KM et al (2007) had studied The effect of cerebral palsy on arithmetic accuracy is mediated by working memory, intelligence, early numeric, and instruction time. The development of addition and subtraction accuracy was assessed in first graders with cerebral palsy (CP) in both mainstream (16) and special education (41) and a control group of first graders in mainstream education (16). The control group out-performed the CP groups in addition and subtraction accuracy and this difference could not be fully explained by differences in intelligence. Both CP groups showed evidence of working memory deficits. The three groups exhibited different developmental patterns in the area of early numeric skills. Children with CP in special education were found to receive less arithmetic instruction and instruction time was positively related to arithmetic accuracy. Structural equation modeling revealed that the effect of CP on arithmetic accuracy is mediated by intelligence, working memory, early numeric, and instruction time.

Armstrong and Felicity (2007) had studied Disability, Education and Social Change in England since 1960. The exclusion of disabled children from ordinary schools, which occurred routinely in England until the late twentieth century, is mirrored in the way disability and difference have been largely ignored in the history of education. The first half of this paper outlines some of the key developments that have taken place in the field of education and disability, with reference to changes in the social and intellectual context since 1960. The second half of the paper provides an appraisal of contemporary approaches to the historiography of education and disability, in the light of the discussion in the previous sections. It is suggested that the different kinds of historical work that have been carried out can be linked to differences in the way

the identity and interests of disabled children have been conceptualized. Existing work undertaken in disciplines such as disability studies and critical policy studies, and less orthodox historical research such as narrative and 'insider perspective' research, provides fresh starting points for future research in the history of disability and education.

Colleen J. et al (2004) had an analysis study of factors related to the attitudes of regular classroom teachers toward mainstreaming mildly handicapped children. A model of factors was developed in order to examine variables that might be associated with the attitudes of regular classroom teachers toward mainstreaming mildly handicapped children. Using multiple linear regression analyses, the following variables were found to be significant predictors of a positive attitude toward mainstreaming: team-teaching, years of teaching experience (negative correlation), course in diagnosing learning and behavior problems, availability of resource teacher, previous special education teaching experience, number of courses taken in special education, number of students in classroom (25–27), and in service program experience related to exceptional children. An examination of these predictors suggests that they may be used to select those regular educators who are likely candidates for implementing mainstreaming programs and that school systems can enhance their mainstreaming efforts by arranging the integration settings to conform with these predictors of positive attitude.

Wasson CM. et al ( 1992) had a study about Factors affecting the school placement of children with spina bifida. Integrating children with disabilities into mainstream schools has been an active policy in Britain since the 1981 Education Act. 26 children with spina bifida, 13 of whom were educated in mainstream schools, and 13 in special schools were assessed to clarify the relative importance of the following factors 1) IQ, 2) Mobility, 3) Hand function, 4) Bladder and bowel function, and 5) Behaviors. A marked difference was found between those attending mainstream and special schools. 11/13 of the former attained scores within the normal range as compared to only 2/13 of the latter. Neither mobility nor hand function alone were found to influence school placement and a marked correlation was found between the two. Whilst those

educated in special schools had more marked problems, all children functioned poorly compared with the norms for able-bodied peers. Neither bladder nor bowel incontinence hindered attendance at mainstream school, but fecal soiling was considered the more serious problem. The frequency of behavioral problems showed a similar distribution amongst the two groups. Comments from parents highlighted their reservations about both special and mainstream schooling which indicates the policy for integration needs considerably more commitment from Government and Education Authorities in order to succeed.

Tew BJ ( 1988) had a study about Spina bifida children in ordinary schools: handicap, attainment and behavior. Virtually all survivors of a selective surgical treatment policy were reassessed. This paper describes the status of 43 of the 74 in ordinary schools. The small number placed in special units often had very low or deviant scores on all measures. Those fully integrated had scores insignificantly different from the controls on reading, spelling and mathematics, but had weaknesses of tests of hand function. The majority of fully integrated pupils were free from behavioral problems. The extent of physical handicap encountered among pupils in the ordinary school is described.

Vucicevic G. et al ( 1990) had a study about Psychomotor organization in early school age and its effect on success in school. The purpose of this paper was to indicate the link between psychomotor organization and the success of studying. The examined 223 children of the age of 8-12, were divided into three groups. As indicators of psychomotor maturity the following were used: visual motor capabilities--Bender's Visual Motor Gestalt test and complex motor organization--Lury's trial. The paper proves that psychomotor maturity is an important factor in the success of studying in the early school age, and later on other factors from the multi-factorial etiology of unsuccessful studying have an even greater emphasis.

Michelson SI et al (2006) had a study about social integration of adults with cerebral palsy . Social integration and independence is the ultimate goal of habilitation and social support for patients with cerebral palsy (CP). Having a partner and having children provide support for social integration of adults with

or without a disability. We studied 416 participants with CP born between 1965 and 1970 (243 males, 173 females; mean age 32 y 2 mo [SD 2 y]; age range 29-35 y) and compared them with 2247 age-matched comparison individuals. Diagnostic subtypes of the 416 participants were: 31% hemiplegic, 49% diplegia, 11% tetraplegia, and 9% other types. The level of motor impairment, estimated in childhood, with regard to walking ability was 65% able to walk without assistance, 22% with assistance, and 12% not able to walk (for 1% of the participants their walking ability was not known). We found no sign of increased social integration over the past two or three decades in Denmark. Sixty-eight per cent lived independently, 13% lived with their parents, and 16% lived at an accommodation facility arranged by the county (institution). Twenty-eight per cent of the participants were cohabiting and 19% had children. The presence of epilepsy and the severity of physical or cognitive impairment as assessed in childhood predicted independent living and physical and cognitive impairment predicted cohabitation, but parents' socioeconomic position and region of living did not. Fifty-five percent of the participants, compared with 4% of the comparison group, had no competitive employment, cohabiting partner, or biological children. The remaining participants had at least one of these types of social contact, but this more optimally socially integrated half of the participants only combined all three types of social contact half as often as the comparison group. This could be due to cognitive difficulties or premature ageing.

Roberts C and Zubrick S. (1993) had a study about Factors influencing the social status of children with mild academic disabilities in regular classrooms. This article discusses the development and evaluation of a model of social status which has implications for students both with and without mild academic disabilities in integrated classrooms. Behavioral data relating to peer social status were collected from peers, teachers, and independent observers for 97 students with disabilities and 97 without disabilities from the same regular elementary school classes. Path analysis indicated that teachers' attitudes toward integration were not related to the social status of the students with disabilities. However, teacher perceptions of academic behavior, peer perceptions of academic behavior, and peer perceptions of disruptive behavior were found to be related to social status for both groups of students.

The purpose of another study was to describe the differences of 27 handicapped and 27 non-handicapped youngsters in terms of the teachers' expectation for their physical performance, social relations, cooperative behavior and ability to reason during physical education instruction. Matched pairs of handicapped and non-handicapped elementary school-aged children were taught by three elementary physical education specialists in mainstreamed physical education classes. At the beginning of the fall term, teachers were asked to rate their students according to how they expected them to perform in terms of the four expectancy variables. All three teachers had significantly lower expectations for the handicapped students' social relations with peers than the non-handicapped. Non-significant differences were found for the remaining expectancy variables.(Martinek and Karper 1981)

A descriptive study was conducted to determine whether teachers held different student role expectations for physically handicapped first grade students than they did for physically normal students. Contrary to predictions, results demonstrated that the teachers held statistically significantly higher expectations for the physically handicapped students. Such differences might be due to social desirability (responding in what appears to be a socially acceptable manner), or to a "haloing" of expectations for physically handicapped students. The teachers' inflated expectations could result in negative reactions toward handicapped students who do not demonstrate anticipated behaviors or live up to inflated expectations.(Furgang and yerxa1979)

In a qualitative study implemented by Heah T. et al ,( 2007) that dealt with successful participation of lived experience among children with disabilities. Children with disabilities are at risk for limited daily occupational participation. This paper presents a phenomenological study describing the meaning of participation in activities outside of school to children with physical and neurological disabilities and their parents.: Semi-structured interviews were conducted with eight children and their parents. Nine themes, organized under three categories, describe what successful participation means, and the personal and environmental supports and barriers to participation. Successful participation is defined in terms of being with others and being able to perform

tasks independently. This study demonstrates that children with physical and neurological disabilities enjoy the same activities as those children without these disabilities. Activities allowing children to experience enjoyment have the best chance of ensuring children's participation. The role of the parent in providing opportunities for participation, and the importance of environmental and personal resources are particularly important. Finally, implications for occupational therapy and research are discussed.

Judy Mahon and Tara Cusack study (2000) studied society and parents of children with disabilities who become more aware of their right to and the benefits of inclusive education, pressure to provide such a service is increasing. This research explores the role of physiotherapists, as seen by themselves and teachers, in aiding the successful integration of children with cerebral palsy into mainstream schools. It investigates problems experienced, the perceived adequacy of service provision and impediments to its implementation. Two questionnaires were formulated to investigate the perspectives of 21 physiotherapists and 48 teachers working with children with cerebral palsy in mainstream primary schools. Questionnaires were returned by 17 physiotherapists and 32 teachers. Seventy-six per cent of physiotherapists (n = 13) and 78% of teachers (n = 25) considered that physiotherapists can significantly aid the integration of children with cerebral palsy. Roles identified by the physiotherapists and confirmed by the teachers' results include the children's physical preparation (n = 16), providing information to teachers (n = 16) and teaching handling skills (n = 14). Lack of training (n = 31), knowledge (n = 26) and difficulties posed by physical education (n = 27) were problems for teachers. Eighty-eight per cent of physiotherapists (n = 15) thought that service provision was inadequate. Physiotherapists are key figures in promoting successful integration of children with cerebral palsy. To address the needs of service provision, this study advocates an expansion of community physiotherapists' role with an essential increase in hours and staffing levels. Convening of case conferences to discuss problems and progress was suggested by four physiotherapists surveyed. Physiotherapists are crucial in training teachers for managing children with disabilities. Further research exploring

methods of addressing the teachers' lack of education regarding children with physical disabilities is necessary.

In a study by Appleyard WJ, and Baird G. (1975) at the Mary Sheridan Centre serves the needs of two health districts with a population of over half a million. The assessment of the handicapped child is combined with a Day Nursery and Observation Unit which provides therapeutic, educational and supportive guidance. During the year May 1973-74, 207 children were referred for assessment of whom only 11 were found to have no handicap. One-third of these referrals were from the hospital follow-up baby clinic and two-thirds came from community and general practitioner sources. The average age of referral was two years for girls and two and a half years for boys. Of the 196 handicapped children, 33 had neurological disorders, 30 congenital anomalies and 50 an adverse prenatal history. Social factors were thought to contribute significantly in 72; 35 children came from single parent families. Behavior problems were noticed in a high proportion (68). Forty-four children regularly attend the Centre's day nursery whose staff include preschool teacher, occupational therapists and trained nurses for play, speech stimulation and specific therapy; 48 attend for speech therapy and 19 for physiotherapy. The prime aim is to help the parents continue with the therapy and care of their child in their own home.

In a study of Almqvist L. and Granlund M. (2005), patterns of interrelated positive subject and environmental factors related to participation in school activities of pupils with different kinds of disabilities were investigated. Questionnaires concerning participation were collected from 472 pupils with disabilities and their teachers, parents and special education consultants. A person-oriented approach with the aim to identify patterns of variables related to a high degree of participation of pupils with disabilities was used. Cluster-groups were formed based on scores for individual subjects on factors identified as important for participation. Groups with a high degree of participation were characterized by high scores in autonomy and perceived interaction with peers and teachers and an internal locus of control. Type and degree of disability did

not predict cluster group membership. A conclusion is that the outcome participation is better predicted by patterns of interrelated positive subject and environmental factors than by type of disability or any other single factor.

King G. and Meyer K.(2006) had a study on service integration and co-ordination: a framework of approaches for the delivery of co-ordinate care to children with disabilities and their families. This study clarifies the nature of 'service integration' and 'service co-ordination' and discusses how these aspects relate to the fundamental goal of providing co-ordinate care for children with disabilities and their families. Based on a review of the service delivery literatures in the fields of health, social services and rehabilitation, a framework is presented that outlines the scope of the co-ordination-related functions and activities encompassed in three common types of approaches to the delivery of co-ordinate care. These are a system/sector-based service integration approach, an agency-based service integration approach and a client/family-based service co-ordination approach. The functions outlined in the framework include aggregate-level planning of services (designed to map out the scope and plan for service provision in a community or geographical area), administrative functions (designed to ensure wise and equitable access to resources) and client-specific service delivery functions (designed to link clients/families to needed services). The framework is a tool that can be used to support policy making and decision making with respect to the design of efforts to provide co-ordinate care. It provides information about commonly used approaches and the essential elements of these approaches, which can be used in making choices about the scope and nature of an approach towards service integration/co-ordination.

Haupt U. and Frohlich A. (1983) had an evaluation study of results from the Landstuhl school experiments for the general development of severely handicapped children in schools for the physically handicapped. The concept of integrated developmental intervention with profoundly disabled children has been evolved and tested in the school trial carried out at the Landstuhl Rehabilitation Centre Westpfalz. In its basic stage the intervention programmed encompasses the availability of a good caring relationship between caregiver and child, with reliable satisfaction of needs and gentle child-centered care. This

serves as a basis for systematic perceptual development by Basal Stimulation, movement development and initiation of communicative behavior. The second stage in this developmental approach includes facilitation of continued growth of the children by experiencing concrete doing and meaning contexts. In line with the particular life situation of the parents and their children, parent involvement takes on a special dimension. Developmental intervention with profoundly disabled children presupposes the existence of an appropriate general framework.

Chan HS et al (2005) had a study about Neuroimpairment, activity limitation, and participation restriction among children with cerebral palsy in Hong Kong. To study children with cerebral palsy in Hong Kong, their neuroimpairment, activity limitation, and participation restriction in society. Parents' opinion on current medical and rehabilitation services was also sought. Systematic survey using questionnaires. Four associations in Hong Kong: Child Assessment Service, Hong Kong Association for Parents of Children with Physical Disabilities, Association of Parents of the Severely Mentally Handicapped, and Hong Kong Physically Handicapped and Able-Bodied Association. Parents of children with cerebral palsy. Neuroimpairment, activity limitation, and participation restriction. Information from 181 children with cerebral palsy was analyzed. Among them, 56% were boys. The mean age was 7 years 6 months (standard deviation, 3 years 11 months). The most common diagnostic type was spastic cerebral palsy. Co-morbidities in children with cerebral palsy were common. Limitation in daily activities including mobility and self-care tasks was considerable and this posed great stress to parents when taking care of their children. Children's participation in both social and leisure activities was regarded as a low priority. A high percentage (70%) of parents reported difficulty in traveling. The reasons involved problems in transportation, building access (entry and exit), and attitudes of the general public. These environmental factors restricted the social participation of the children and their families. Over 75% of parents were satisfied with the current medical and rehabilitation services. Children with cerebral palsy have multiple and complex needs. The findings of this study may serve as a reference for parents, service providers, and policy makers to work in partnership to achieve a more comprehensive

health-care service for children with cerebral palsy and to facilitate better integration into the community.

Kerr C. et al(2007) had a study about The relationship between gross motor function and participation restriction in children with cerebral palsy: an exploratory analysis. background: Children with cerebral palsy (CP) experience a variety of functional limitations depending on the severity of their condition that impact on their participation in day-to-day activities. The gross motor function and participation restrictions experienced by 60 ambulant children with CP (mean age 11.04 years) were assessed using the Gross Motor Function Measure (GMFM-88) and the Lifestyle Assessment Questionnaire - Cerebral Palsy (LAQ-CP). A significant negative correlation existed between the GMFM-88 and the LAQ-CP ($r = -0.52$, $P < 0.001$). Significant relationships were also identified between the GMFM-88 and the physical independence, mobility, economic burden and social integration domains of the LAQ-CP.: In ambulatory children with CP, better physical function is associated with a lesser impact of disability; however, the relationship between function and participation is complex. Measures of participation restriction may assist with goal setting appropriate to the specific needs of the child and family.

Closs A. et al (2001) had a study about School peer relationships of 'minority' children in Scotland. This paper examines selected issues arising from two studies in mainstream education of two minority groupings of children in Scotland-those with serious medical conditions and refugee children-completed in 1997 and 1999, respectively. It draws on first-person accounts of children, parents and teachers and focuses on school-based peer relationships, including friendships. Many of the described peer experiences were unhappy or mixed, only a minority were positive. The paper relates the research and its findings to current social and educational policy contexts and to theories on peer relationships, friendship and rejection. It challenges the problematizing of groups or individuals with minority experiences and school staff's acceptance of inevitable difficulty in these children's peer relationships. It hypothesizes that ways of developing all children's peer relationships need to be addressed in

schools if the well-being of children who may be socially vulnerable is to be improved.

## 3.3. Summery of literature review

The literature review is based in many dimensions related to the variables of the study. The main part of literatures is based on factors that have impact on successful integration physically disabled children. Also the relationship between motor function and participation children at schools. Second part of literature based on environmental factors related on participation physically disabled children on school activities. Many literatures are studied society and parents of children with disabilities who become more aware of their right to and the benefits of inclusive education. In addition, many theories have studied the problems of integrating physically disabled children in ordinary schools.

A study revealed that within mainstream environment, participation and activity performance increase as motor disability and/or additional neuroimpairments such as speech and language impairment s and learning decreases.
Schnker R. et al(2005)
Another study found that it is important to develop a systematic network between school and experts such as medical doctors and educational professionals and nursing teachers. Iijima k. et al (2003)
A Qualitative study of physical , social and attitudinal environment influencing the participation of children with cerebral palsy in northeast England stressed on importance of mobility , transport, support by and to parents an attitudes of individuals and institutions toward children. The study confirmed the importance of environment for the participation of children with cerebral palsy. Lawlor K.et al (2006)
Study about educational mainstreaming of physically handicapped children found out that successful mainstreaming depends on cooperative work and mutual advocacy among health professionals, parents, and educational personnel. Kinnealey M. and Morse AB(1979)
A study about social adjustment of children with cerebral palsy in mainstream classes : peer perception concluded that children with CP had fewer reciprocated friendships,

exhibited fewer sociable/leadership behaviors, and were more isolated and victimized by their peers than their classmates without a disability .Nadeau L and Tessier R. ( 2006)

Another study that investigated effects of preschool integration for children with disabilities and examined the effects of integration and segregation in special education preschool program for children with mild to moderate disabilities to determine whether initial level of development differentially influenced gains achieved, Results showed that treatment analyses revealed that higher performing students gained more from integrated classes, whereas lower performing students gained more from segregated classes. The data suggest careful monitoring of lower functioning students to ensure appropriate academic and social stimulation.

10 cole KN et al (1991)

A study on Feedback about integrating middle-school students with severe disabilities in general education classes resulted in that educators and classmates concurred that positive outcomes, particularly in the area of perceived social competence, were realized by the students with severe disabilities. Acceptance of these students by classmates was considered to have increased substantially. Educators felt the general class integration experiences were positive for themselves and for students, although there were differences in perspectives between general and special educators.

York J. et al ( 1991)

A study was made in an attempt to delineate some of the problems that may confront a handicapped child of generally average intelligence who attends a normal school. These problems are associated with the following conditions: specific learning difficulties, emotional problems, poor school attendance, large classes, limitations in ordinary teacher training and lack of remedial teachers and other special staff. The need for early and continued psychological and educational assessments is emphasized, and it is suggested that most young physically handicapped children of average intelligence would benefit from starting in a special assessment unit, to ensure as far as possible, correct school placement. There is need for continuing friendly and informal communications between parents and members of the special school team. (Barry&Garvey1977)

Another study's findings supported the importance of peers in the successful social function of children and suggest that teachers can have an impact on how children are perceived by other children. Amstrong et al 1992

A study examined the functional requirements that significantly predicted participation of US elementary school children with a variety of disabling conditions (N = 266), in seven different school settings: Transportation, Transitions, Regular classroom, Special classroom, Mealtime, Bathroom, and Playground. The results revealed that successful participation in the different elementary school settings was strongly associated with performance of both physical and cognitive/behavioral activities. Furthermore, each setting had a unique set of predictors, suggesting that some aspects of function are context-specific. Findings from this study may inform therapists about the most relevant areas of function that support social and physical participation of children with disabilities who are included in regular schools.Mancini MC and Coster WJ (2004. A study of the Peer problems of 9- to 11-year-old children with hemiplegics in mainstream schools revealed that as more children with special needs are integrated into mainstream schools, it is increasingly important to remember that supporting these children requires appropriate provision to foster their social as well as their academic and physical development. Yude C, and Goodman R. (1999). An experimental study of procedures for positively modifying the attitudes of regular classroom children towards the handicapped was conducted. It was concluded that techniques must be developed systematically for achieving more positive attitudes in regular class children if "mainstreaming" is to become an effective educational concept. Richard L. et al (2004).

A study of parental involvement in educational status found that (1)the higher the educational status of the mother the greater the degree of parental involvement in school activities; (2) the younger the age of the child the greater the degree of parental involvement; and (3) children of parents who are more involved in school activities do better in school than children with parents who are less involved. In an analysis of cross-sectional data, we discover support for the 3 hypotheses. The educational status of the mother is related to the degree of parental involvement in schooling, so that parents with more education are more involved. Parental involvement is related to the child's school performance. Also, parents are more involved in school activities if the child is younger. The mother's educational level and the age of the child are stronger predictors of parental involvement in

schooling for boys than for girls. It was not found, however, a direct effect of maternal educational status on school performance .Stevenson DL, and Baker DP (1987)

Reading the previous studies revealed a great deal of variability of the studies conducted concerning both qualitative and quantitative studies. Some of the studies dealt with experimental and quasi-experimental designs while others have been totally descriptive. In addition, qualitative studies using focus group discussion has been included. Many dimensions of disability and integration process were dealt with , such as neuroimpariments , disabled children participation in main stream education, role of nursing , social and attitudinal environments, family-school relation and child's school performance, factors influencing the social status of children with mild academic disabilities in regular classrooms and many other factors related by one way or another to the integration process of the physically disabled children in main stream education. There were various designs that yielded different resutls with various levels of consistency. In many ways, there are contextual differences between studies in literature review and Palestinian context. Unfortunately, in Palestine, there is no previous research that dealt with the issue of integration of physically disabled children and various variables. Hence, the researcher have solely depended on external research primarily produced in western countries. The researcher profoundly read various studies and got benefited from them in the following way:

- The researcher had an extensive idea about research conducted about the topic
- Getting an in-depth idea about theories dealing with integration of physically disabled children.
- This helped the researcher to identify most important variables being discussed in those studies.
- Helped the researcher to select my research's sample
- To include the most significant factors in the researcher research tools such as research questionnaire instrument and the best way to conduct data collection ( to select among data collection methods , either it is a self administered or face to face interviews).

- To identify statistical analysis methods to be applied based on appropriate selected design

# CHAPTER FOUR

# Chapter 4
# Methodology

## 4.1. Method and procedures:

In this chapter, the researcher reports the steps and actions that have been included in the study and determine its approach and the community and the original sample and identify the statistical method used in the study, as follows:

## 4.2. Method of study:

Researcher has utilized a descriptive and analytical approach to answer the objectives and to test the hypotheses of the study, meticulous approach was followed in design of research instrument, selection of sample, data collection, data entry, data analysis and identification of various relationships between a group of predefined variables and success of integration process of physically disabled children.

## 4.3 Population and sample

### 4.3.1. Study population

Target population of the study is physically disabled children between ages of 6–18 years who are enrolled in the mainstream education of both UNRW and MOE. About 850 physically disabled children are already enrolled in the main stream education schools in both UNRWA and MOE in Gaza strip, 431 physically disabled children are enrolled in the ministry of education (MOE) and 419 physically disabled children are enrolled in the UNRWA .Eligible population are physically disable children ages 6-18 , integrated at main stream education schools and , from the source population who meet the inclusion criteria detailed below, whose parents are fully informed of the nature and intent of the study, and give their written consent to participate.

### 4.3.2. Inclusion criteria

- Physically disabled children
- Age between 6-18 years
- Has lived in Gaza strip since birth

-Integrated in main stream education ( UNRWA or MOE) schools

### 4.3.3. Sampling Design:

Sampling units were selected from the same reference population to avoid selection bias. Selection of physically disabled children was from mainstream education schools of both UNRWA and Ministry of Education using systematic random sampling process.

### 4.3.4. Sample size

Sample size is precisely determined after contact with MOE and UNRWA. According to these sources, 850 physically disabled children are already enrolled in the main stream education schools in both UNRWA and MOE in Gaza strip, 431 physically disabled children are enrolled in the ministry of education (MOE) and 419 physically disabled children are enrolled in the UNRWA. We have a sample of 123 subjects that have been randomly selected from rosters of UNRWA and MOE using systematic random sampling process.

## 4.4. Setting

The research took place at UNRWA, MOE main stream education schools at Gaza Strip. The Research was conducted in the period from Sept. 2007 till November 2008.

## 4.5 Ethical considerations

Informed consent was obtained from each physically disabled child or his/her parents as detailed previously. There was no expectation that participants will be exposed to any hazards, or that they will be prevented from any benefits as a result of this study.

## 4.6 Pilot study

The pilot study was conducted as pretest in order to examine the response rate, validity and suitability of questionnaire before starting data collection and to find

the weak areas in the questionnaire component. A sample of 20 subjects where selected from six schools (three governmental schools, and three UNRWA schools), and from all areas of Gaza Strip. Some questions were clarified and required changes of some words and verbs. The rest of the questions were understandable, so the researcher excluded the pilot sample in his main study. Questions were direct, understandable, and clear. There was no need to change any of questionnaire items.

## 4.7 Training workshop for field data collectors:

A two day workshop was conducted for field data collectors to train them on the research instrument (questionnaire). Training is important to standardized field researcher's assistants understanding of the questionnaire.

## 4.8 Data collection

The researcher used questionnaires to interview the target population. The data **c**ollection started on 25 April 2008 and finished after one month.

## 4.9 Quality control procedures on the data collection process:

All field data collectors was audited through the data collection process by researcher. That is spot checking through the data collection mechanism. This is important to make sure that data collectors are adopting the proper procedures in terms of interviewing process.

## 4.10 Data Entry:

After the questionnaires were reviewed and checked thoroughly by data editors, data entry process was commence. The data entry was done using access software.

## 4.11 Data Cleaning and Data Analysis

After data entry process was completed. Data were transferred into SPSS using STAT-Transfer software. Data then were cross-validated again. Univariate, bivariate and multivariate analysis methods were used to analyze data. Logistic Regression was used to determine the most significant independent variables in

predicting dependent variable. The statistical computer software SPSS was used in data analysis.

## 4.12 Instrument of the study

Survey instrument is designed to address objectives of the research and encompass the variables that are measured such as education , age , income , relative relationship between parents , number of family members ,order of children in the family , place of residence , educational level of parents , other family disabled members , diagnosis type and severity , IQ , early detection of the case , type of rehabilitation services and duration of rehabilitation period . Other variables could be also included in the instrument. Both validity and reliability of the questionnaire are measured to make sure that this instrument will measure what it was designed to measure and that it is a reliable instrument over time.

The instrument consisted of one set of questionnaire. The questionnaire ( annex 3) address the following information:

- Name , sex , Date of Birth and other demographic / socio-economic information
- Parents education
- House condition( including any available adaptations)
- Presence of other disabled members in the family
- Health relevant information such as diagnosis , severity of disability and other relevant information
- Provided rehabilitation services
- Integration relevant information in terms of school's information and adaptation facilities present
- Availability of supportive classes and coordination with rehabilitation societies.
- Satisfaction of disabled child himself
- Social worker's perception of the integration process
- Educational supervisor's perception of the integration process.
- Other detailed relevant information to each of the previously mentioned topics.

Data in questionnaire was collected from:

- School ( Social Worker , and educational supervisor)
- Rehabilitation Society( through various members of the rehabilitation team)
- Family members( either by father , mother or other adult members of disabled child's family )

## 4.13 Psychometrics of the questionnaire

### 4.13.1 Reliability

Reliability concerned with the extent to which the procedure is capable of returning an accurate results despite the presence of factors which might influence the outcome in one direction or another. So, for example, reliable questionnaire would be one which is capable of producing the same result when given to the same individual in different occasions (Dyer, 1997, p.127).

In our research we assess the internal consistency by using Alpha Cronbach. , The Alpha Cronbach was found to be .789 which reflects high level of reliability.

**Table( 4.5)Cronbach's Alpha of integration domains with physically disability**

| No. | Domains | Total numbers of items | Cronbach,s Alpha Value |
|---|---|---|---|
| 1. | Socio-demographic variables | 5 | .769 |
| 2. | Disability variables | 7 | .658 |
| 3. | Integration variables | 6 | .791 |
| 4. | Total | 18 | .789 |

## Table(4.6)Reliability Test for Socio-demographic variables

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 20 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

Reliability statistics

| N. of items | Cponbach,s Alpha (a) |
|---|---|
| 5 | .769 |

## Table( 4.7)Reliability Test for Disability Variables

**Reliability Statistics**

| N of Items | Cronbach's Alpha(a) |
|---|---|
| 7 | .658 |

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 20 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

## Table(4.8)Reliability Test for Integration variables

**Reliability Statistic**

| N of Items | Cronbach's Alpha(a) |
|---|---|
| 6 | .731 |

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 20 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 20 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

### 4.13.2 Validity

Content validity was examined by sending the constructed questionnaire to panel of experts working in the same field. A clear explanation of the objectives of the study was given to them and they were asked whether the items measure the phenomena of the questionnaire. After getting feedback from them, some phrases were changed and some words were removed.

## 4.14 Study Limitations

Selection bias and random error was well accounted for in the study design .The investigator believes that proper selection of cases using appropriate sampling was able to reduced variation of race, socioeconomic status and environmental exposures among the study groups.

# CHAPTER FIVE

# Chapter 5

# Results

## 5.1. Sample study:

### 5.1.1.Sample description:

The sample size of the study was 123 physically disabled children in Gaza strip, out of this sample male are 42.3%, while female are 57.7% . The family numbers range from 3-17, the mean of family number was 8.71%. Concerning the address of those children , 33.3% of those disabled children are from Gaza governorate, 16.3% live in Rafah governorate, 18.7% live in Middle area , 22% live in Khan Younis and 9.8 % live in Northern Governorate. Vast majority of those families are nuclear families(78%) while 22% of those children live in extended families. For the economic level of those children , it was found that 43% of children's families has a monthly income less than 500 NIS, 27.6% had a monthly income more than 2000 NIS.

**Table (5.9) Demographic variables of the sample (n = 123)**

| Variable | N | % |
|---|---|---|
| **Sex** | | |
| Male | 52 | 42.3 |
| Female | 71 | 57.7 |
| **Address** | | |
| Rafah | 20 | 16.3 |
| Gaza | 41 | 33.3 |
| Middle | 23 | 18.7 |
| khanyounis | 27 | 22.0 |
| North | 12 | 9.8 |
| **Type family** | | |
| Nuclear | 96 | 78.0 |
| Extended | 27 | 22.0 |
| **The level of family income** | | |
| Less than 500 | 54 | 43.9 |
| 500-1000 | 14 | 11.4 |
| 1000-2000 | 21 | 17.1 |
| 2000 and over | 34 | 27.6 |

## 5.1.2. Vocational, educational level of parents of children:

Results showed that 34.1% of parents obtaining the primary school certificate , and 30.1% obtaining the General Certificate of Secondary Education, and 24.4% possess a university degree . For mothers, 38.2% of mothers have primary education , and 44.7%have general Certificate of Secondary Education. As for professions results showed that 37.4% of parents are unemployed, 27.6% are government employees . For mothers housewives rate was 90.2%. For relationship between parents 36.6% of Parents were first degree relatives, 41.5% has no familial relationships.

**Table (5.10) Vocational and educational level of parents (n = 123)**

| Variable | N | % |
|---|---|---|
| **Educational level of parents** | | |
| Illiterate | 11 | 8.9 |
| Primary | 42 | 34.1 |
| Secondary | 37 | 30.1 |
| University | 30 | 24.4 |
| Postgraduate | 3 | 2.4 |
| **Educational level of mothers** | | |
| Illiterate | 2 | 1.6 |
| Primary | 47 | 38.2 |
| Secondary | 55 | 44.7 |
| University | 18 | 14.6 |
| Postgraduate | 1 | 0.8 |
| **Parents profession** | | |
| Government employees | 34 | 27.6 |
| Special officer | 6 | 4.9 |
| UNRWA employees | 11 | 8.9 |
| Free business | 18 | 14.6 |
| unemployed | 46 | 37.4 |
| Other | 8 | 6.5 |
| **Profession mothers** | | |
| Government official | 6 | 4.9 |
| Special officer | 3 | 2.4 |
| Housewife | 111 | 90.2 |
| UNRWA employees | 3 | 2.4 |

## 5.1.3. Housing conditions for families of the physically disabled:

The analysis showed that 55.3% of children living in the city, while 30.1% lived in the camps, and 14.6% live in villages, the vast majority of children live in the homes of cement, (80.5%), while 19.5% lived at homes of asbestos, but for the type of Homes found that only 66.7% live in the around homes, and 27.6% lived in an apartment without an elevator, and 5.7% lived in an apartment with an elevator, the vast majority of the houses of the sample belongs to them (77.2%), and 4.9% lived in rental houses, and 17.9% live in homes that belongs to UNRWA. As for the adapted houses for disability , it was noted that 26.8% of children believe that their house are adapted, while 35.8% do not see this, and 37.4% of homes adapted to a certain extent.

## (Table5.11) The nature of the circumstances of the family homes of children in the sample

| Housing conditions | N | % |
|---|---|---|
| **Residence** | | |
| City | 68 | 55.3 |
| Camp | 37 | 30.1 |
| Village | 18 | 14.6 |
| **The nature of housing** | | |
| Portland cement | 99 | 80.5 |
| Asbestos | 24 | 19.5 |
| **Type home** | | |
| around homes | 82 | 66.7 |
| apartment without an elevator | 34 | 27.6 |
| apartment with an elevator | 7 | 5.7 |
| **Vast majority of the houses** | | |
| Had | 95 | 77.2 |
| Rental | 6 | 4.9 |
| belongs to UNRWA | 22 | 17.9 |
| **Adaptation home** | | |
| Yes | 33 | 26.8 |
| No | 44 | 35.8 |
| Other | 46 | 37.4 |

## 5.2. Health characteristics of sample:

This section discusses health characteristics specific to disabled children in the sample, including the type of diagnosis and severity of motor disabilities, and the existence of other disabilities and other characteristics specific to children with disabilities.

### 5.2.1. The type of diagnosis, location and severity of physically disability in children location:

Results showed that 34.1% of their children were diagnosed as cerebral palsy, and 16.3%, were muscles atrophy, and 30.1% Other diagnoses. 20.3% of children in the sample showed severe disability, 65% moderate, and 14.6% mild. Where 56.9% showed of children with disabilities that are stationed in both lower limbs. As for the existence of other disabilities associated with physically disability 57.7% have no other disabilities, while 21.1% have a verbal obstruction, and 12.2% have a visual obstruction.

## Table (5.12) Health characteristics of sample subjects

| Health characteristics of sample subjects | N | % |
|---|---|---|
| **Diagnosis** | | |
| Cerebral palsy | 42 | 34.1 |
| Spina bifida | 12 | 9.8 |
| Muscular dystrophy | 20 | 16.3 |
| Motor delay | 9 | 7.3 |
| Amputation | 3 | 2.4 |
| Other | 37 | 30.1 |
| **Severity of the disability** | | |
| sever | 25 | 20.3 |
| moderate | 80 | 65.0 |
| mild | 18 | 14.6 |
| **Location of physically disability** | | |
| Upper limps | 5 | 4.1 |
| Lower limps | 70 | 56.9 |
| Hemi longitudinal | 21 | 17.1 |
| Tripartite | 7 | 5.7 |
| Quadruple | 14 | 11.4 |
| Other | 6 | 4.9 |
| **Other disabilities associated with physically disability** | | |
| Audio defect | 6 | 4.9 |
| Optical defect | 15 | 12.2 |
| Verbal obstruction | 26 | 21.1 |
| Mentally retarded | 2 | 1.6 |
| Epilepsy | 1 | 0.8 |
| Other | 2 | 1.6 |
| No | 71 | 57.7 |

### 5.2.2. Urination and defecation control, rehabilitation services and assistive devices:

An overwhelming majority of physically disabled children have control urination and bowel movement (89.4%), 46.3% of children use assistive devices. 51.8% of the children who use assistive devices are using wheelchairs, and 23.2% are using

crutches, and 17.9 % are using walkers. As for the quality of rehabilitation services, it was found that 71.5% of the children received physiotherapy service, and 23.6% had received special education, and 10.6% had received speech therapy, and 15.4% had received psychological treatment, as well as 15.4% received social rehabilitation. As the average length of service which children had received before the integration process lasted 2.47 years.

## Table(5.13) Health characteristics on control of urination and bowel movement and the rehabilitation services received, using assistive devices

| Control of the process of urination and bowel movement | N | % |
|---|---|---|
| Controlled | 110 | 89.4 |
| Not controlled | 13 | 10.6 |
| **The use of assistive devices** | | |
| Yes | 56 | 46.3 |
| No | 65 | 53.7 |
| **Assist. devices** | | |
| Wheelchair | 29 | 51.8 |
| Crutches | 13 | 23.2 |
| Walkers | 10 | 17.9 |
| Other | 4 | 7.1 |
| **Rehabilitation services received** | | |
| Physical Therapy | 88 | 71.5 |
| Special education | 29 | 23.6 |
| Speech therapy | 13 | 10.6 |
| Occupational therapy | 9 | 7.3 |
| Psycho therapy | 19 | 15.4 |
| Social rehabilitation | 19 | 15.4 |
| Other services | 2 | 1.6 |
| Don’t receive | 26 | 41.9 |

## 5.3. Extent of integration of physically disabled students in the school:

The average age of physically disabled students when they were integrated in ordinary schools was 6.26 years with 0.76 standard deviation. The vast majority of students with physically disabilities integrated in the first grade (95.9%), while

2.4% had been integrated in the second grade, and 1.6% were integrated at other grades . It was also noted that 51.2% of students with physically disabilities were integrated in UNRWA schools, 48.8% were integrated in government schools, but for the responsible party it was 60.2% of students have been through their family, and 25.2% were integrated through Rehabilitation institutions. 61.8% of the students didn't receive rehabilitation services while they are at school, while 13.8% have rehabilitation services during school time.

**(Table 5.14), Information about the process of integrating students into society**

| **Teaching grade when the disabled student integrated** | N | % |
|---|---|---|
| First grade | 118 | 95.9 |
| Second grade | 3 | 2.4 |
| Other | 2 | 1.6 |
| **Type of School** | | |
| Government | 60 | 48.8 |
| UNRWA | 63 | 51.2 |
| **Who carried out integration process** | | |
| Rehabilitation Foundation | 31 | 25.2 |
| Kindergartens | 18 | 14.6 |
| Family | 74 | 60.2 |
| **Rehabilitation services during school time** | | |
| Continuous | 17 | 13.8 |
| Continuing to some extent | 30 | 24.4 |
| stopped | 76 | 61.8 |

## 5.4. The viewpoint of the educational supervisor on physically disabled students:

This section discusses the viewpoint of educational supervisors for physically disabled students, knowledge of the availability of appropriate conditions for students with physically disability, and this is reflected through the following:

### 5.4.1 The school environment and the integration process:

Results showed that 76.4% of educational supervisors think that the environmental facilities were suitable for physically disabled children in schools. Out of those 33.7% consider environmental facilities at schools are paths, adapted bathroom, ramp and rail. 48.4% think that environmental facilities are paths, ramp and rail. 48% of supervisors think that physically disabled children arrive to school without assistance while 24.4% think that children arrival using assistive device. Results showed that 43.1% think that distance between school and home is more than 500 meter. 42.3% think that distance between homes and school is more than 1000 meter. Vast majority of supervisors think that road from school to home is paved (74%).

**(Table 5.15) Viewpoint of educational supervisor on the circumstances of the school environment to suit the physically disabled**

| **School environmental facilities** | N | % |
|---|---|---|
| Yes | 94 | 76.4 |
| No | 29 | 23.6 |
| **Environmental facilities suitable for physically disabled children in schools** | | |
| Paths | 3 | 3.2 |
| adapted bathroom | 5 | 5.3 |
| ramp | 7 | 7.4 |
| Railing | 2 | 2.1 |
| All of the above | 32 | 33.7 |
| Paths, ramp and railing | 46 | 48.4 |
| **How to arrive to school** | | |
| private taxi | 21 | 17.1 |
| Help parents | 13 | 10.6 |

| | | |
|---|---|---|
| Without assistance | 59 | 48.0 |
| using assistive devices | 30 | 24.4 |
| **Distance between homes and school** | | |
| More than 100 meters | 52 | 42.3 |
| More than 500 meters | 53 | 43.1 |
| More than 1 km | 18 | 14.6 |
| **The road from home** | | |
| Paved | 91 | 74.0 |
| Dirt | 15 | 12.2 |
| flags | 16 | 13.0 |
| Other | 1 | 0.8 |

## 5.4.2. The integration process for the physically disabled student:

Results showed that about half of students with disabilities felt that there was no follow-up by the rehabilitation institutions, while 36.6% believe that sometimes there is follow-up by the institutions of rehabilitation for them. Most students felt that there were no disabled students within their classroom. Supervisors responded that half the students have a high commitment toward homework (52%), while 32.5% believe that students have moderate commitment towards homework .74% of the supervisors felt that students in the classroom accept students with physical disabilities, and the supervisors responded that the physically disabled students are involved in Some extracurricular activities (56.1%), and 34.1% do not participate in activities.

**Table (5.16) Descriptive statistics on the process of integration of physically disabled students**

| Follow-up school by the rehabilitation institutions | N | % |
|---|---|---|
| Yes | 11 | 8.9 |
| No | 67 | 54.5 |
| Sometimes | 45 | 36.6 |
| **The presence of disabled students within their classroom** | | |
| Yes | 5 | 4.1 |
| No | 118 | 95.9 |
| **Student commitment toward homework** | | |
| Higher | 64 | 52.0 |
| Average | 40 | 32.5 |
| Low | 19 | 15.4 |
| **Acceptance of disabled students in classroom** | | |
| Largely | 91 | 74.0 |
| To some extent average | 29 | 23.6 |
| Weak | 3 | 2.4 |
| **Participation of disabled activities** | | |
| Participates | 12 | 9.8 |
| involved in Some extracurricular activities | 69 | 56.1 |
| Is not involved | 42 | 34.1 |

### 5.4.3. Family's role ( point view of Educational Supervisor)

Results showed that 47.2% of educational supervisors were convinced the family attitudes about usefulness of integration is high , while 39.8% assessed as average, 11.4% believed were low. About half of the supervisors believe that the family does not help students with physically disabilities access to school (50.4%). While 35.8% believe that sometimes one of the family members of students with physically disabilities accompany students with disabilities to the school, while only 13.8% are always accompany students with physically disabilities. 23.6% of the supervisors feel that families of disabled children follow up their school homework, while 10.6% sometimes followed up. While 47.2% believe that the family did not follow up school homework with students with physically disabilities. 74% of the supervisors believe that students are receiving supportive at homes.

**Table (5.17) Descriptive statistics about the family and its role in the integration process for students with physically disability**

| The viewpoint supervisor | N | % |
|---|---|---|
| **Convinced the family attitudes about usefulness of integration** | | |
| High | 58 | 47.2 |
| Medium | 49 | 39.8 |
| Low | 14 | 11.4 |
| I do not know | 2 | 1.6 |
| **Family help students with physically disabilities access to school** | | |
| Always | 17 | 13.8 |
| Sometimes | 44 | 35.8 |
| No | 62 | 50.4 |
| **Family follow up school homework with students with physically disabilities** | | |
| Always | 29 | 23.6 |
| Sometimes | 13 | 10.6 |
| No | 58 | 47.2 |
| I do not know | 23 | 18.7 |
| **Physically disabled students are receiving supportive at homes** | | |
| Yes | 10 | 8.1 |
| No | 91 | 74.0 |
| Other | 8 | 6.5 |
| I do not know | 14 | 11.4 |

### 5.4.4. Process of PH integration ( point view of Educational Supervisor):

Results showed that 57.7% of the educational supervisors have great conviction in the process of integrating students with physically disabilities in public education, while 37.4% believe that their conviction toward this medium. As for the educational supervisor for the qualification of Educational particular, it was noted that 65% believed that It is necessary to obtain the educational supervisor for special education qualification, while 30.9% do not believe so. Results showed that 30.9% of the supervisors believe that the process of integrating students in schools and largely successful, while 57.7% believe it is successful and the average and 9.8% a few. As for the participation of students in extracurricular activities has found that 35% of the supervisors believe that students with physically Disability involved in extracurricular activities moderately, and while 53.7% involved a few. Results indicated the presence of interaction between students of others disabled students with disabilities and significantly, by 42.3%, while 49.6% believed were average. "Also found that 26% of the supervisors see an improvement in the academic level of students with disabilities, while 51.2% believe that the level of students improved, but more Average. "As for the level of academic supervisors that he felt students as possible to obtain a university degree, and by 51.2%, while 26.8% of the supervisors believe that students as possible to obtain a General Certificate of Secondary Education, and is evident through the following table:

### (Table5.18 ) Viewpoint of educational supervisor in the process of integrating students with disabilities in the educational process

| The viewpoint supervisor | N | % |
|---|---|---|
| **supervisors conviction in the process of integrating students with disability in public education** | | |
| Great | 71 | 57.7 |
| Medium | 46 | 37.4 |
| Weak | 6 | 4.9 |
| **The educational supervisor for** | | |

| | | |
|---|---|---|
| **the qualification of Educational particular** | | |
| Yes | 80 | 65 |
| No | 38 | 30.9 |
| I do not know | 5 | 4.1 |
| **Supervisors believe on the process of integrating students in schools** | | |
| Significantly | 38 | 30.9 |
| In the average | 71 | 57.7 |
| A few | 12 | 9.8 |
| I do not know | 2 | 1.6 |
| **Participation of students in extracurricular activities** | | |
| Great | 3 | 2.4 |
| Medium | 43 | 35 |
| A few | 66 | 53.7 |
| Bad | 11 | 8.9 |
| **Interaction between students of others disabled students with disabilities** | | |
| Great | 52 | 42.3 |
| Medium | 61 | 49.6 |
| A few | 7 | 5.7 |
| Bad | 3 | 2.4 |
| **The improvement of academic level of students with disabilities** | | |
| Significantly | 32 | 26 |
| In the average | 63 | 51.2 |
| A few | 26 | 21.1 |
| Never | 2 | 1.6 |
| **The level of academic supervisors that he felt students as possible to obtain** | | |
| University | 63 | 51.2 |
| Secondary | 33 | 26.8 |
| Primary | 4 | 3.3 |
| I do not know | 23 | 18.7 |

## 5.5.Hypotheses testing :

### 5.5.1. Factors influencing success of Integration process

To identify the most important factors that could have an impact on the success of the process of integrating the physically disabled children in the mainstream education, logistic regression method was used to build a statistical model to show the most important factors that have a direct impact on the success of integrating physically disabled children in ordinary schools, and the results were as the following:

#### 5.5.1.1. Logistic regression models:

Regression method is generally preferred to determine the nature of the relationship between variables and use that relationship to predict what the values of variable (the dependent variable) when the value of the independent variable is known. In other words, the basic purpose of the use of methods of estimating the regression is a model that represents the relationship between variables for use in statistical prediction. And also the main purpose of logistics is the use of models to predict the odds of occurrence or not of a certain event or appearance or non-appearance of a particular phenomenon.

## 5.6. Factors used to establish logistic model:

### 5.6.1. Dependent variable:

Is the Grade Point Average (GPA )of students at the school, divided into (0: less than 50, 1: 50 and above)

### 5.6.2 Independent variables:

Sex, parental education, profession, parents, family income level, patients diagnosis, severe motor disabilities, concentration of motor disabilities, other disabilities associated with physically disabled children, the use of assistive devices,

rehabilitative services received by the disabled, type of school in which physically disabled child was integrated at , the existence Environmental facilities at the school, and means of assistance to go to school, how close follow-up for the school by rehabilitation institutions, the presence of disabled students in the classroom, the extent to which physically disabled child is being accepted by colleagues at school, the family attitude toward integration process, the follow up of family to the physically disabled child's homework , whether or not the physically disabled child received supportive classes at home or elsewhere, qualifications of academic supervisor .

## 5.7. Logistic regression model results:

The following table illustrates the relative importance for each of the independent variables in the logistic regression model suggested for prediction of dependent variable (GPA). Values of statistically significant values for independent variables in this model ( P value < 0.05) and the variables are ( Father's education , location of disability, existence of follow up to school by rehabilitation organizations, the extent of acceptance of physically disabled child by his/her colleagues in the classroom, attitude of the family about the usefulness of integration process, follow up of one of family members to child's homework) . It was statistically proven that these independent variables are the best to distinct between physically disabled children who have been successfully integrated in the education process and the physically disabled children who have not been successfully integrated in the mainstream education. Those variables have been selected according to Wald statistics which points to the importance of independent variables to the suggested model, and to test the coefficient of the independent variables if it was statistically significant and the null hypothesis is rejected concerning this variables. Also , it was found that the standard error of the model coefficients had a standard error less than 2 which means that we can rely on these factors in explaining the results of classification which and also that we don't face any numerical problems.

**Table (5.19): Results of the Wald method for Logistic Regression Model, explaining the values of independent variable's coefficients, and their statistical significance**

| Independent Variable | B | S.E. | Wald | df | Sig. | Exp(B) | 95% C.I.for EXP(B) | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | Lower | Upper |
| Education father (X1) | 0.64 | 0.30 | 4.74 | 1 | 0.03 | 1.90 | 1.07 | 3.39 |
| Concentration of disability (X2) | 0.52 | 0.23 | 4.97 | 1 | 0.03 | 1.68 | 1.06 | 2.65 |
| And a follow-school education institutions (X3) | 1.11 | 0.47 | 5.72 | 1 | 0.02 | 3.05 | 1.22 | 7.59 |
| The extent to accept the disabled colleagues in the classroom (X4) | -1.23 | 0.53 | 5.40 | 1 | 0.02 | 0.29 | 0.10 | 0.83 |
| Convinced of the usefulness of family integration process (X5) | -0.80 | 0.41 | 3.87 | 1 | 0.05 | 0.45 | 0.20 | 1.00 |
| Follow-up to a family member of the disabled in his school (X6) | -0.64 | 0.28 | 5.18 | 1 | 0.02 | 0.52 | 0.30 | 0.91 |
| constant | 0.31 | 1.83 | 0.03 | 1 | 0.87 | 1.36 | | |

**How to use the proposed logistic regression model to predict the success of the integration process:**

From the previous table we can build the equation of the logistic regression model from the available data in the following formula:

Log Odds ( score) = 0.31 +0.64(x1) + 0.52(x2)+ 1.11 (x3) -1.23(x4) – 0.80(x5) – 0.64 (x6)

Testing the proposed Logistic Regression Model's power to predict :

To test the ability of the logistics model to predict the success of the proposed process of integrating the disabled in the educational process, were as follows:

**Table (5.20): Classification of successful and un-successful physically disabled students**

| Amended | Amended | | Total |
|---|---|---|---|
| | Failed | Successful | |
| Failed | 14 | 19 | 33 |
| Successful | 12 | 77 | 89 |

**Accuracy rate in the classification = of 74.6%**

The previous table explains the classification results of unsuccessful physically students , 31 errors were calculated in the prediction , 19 of the unsuccessful physically disabled children among the successful children , wile 12 of the successful physically disabled students were included in the unsuccessful physically disabled students , in addition 14 unsuccessful students were categorized among the unsuccessful students and 77 successful students were classified among the successful students. This means that the accuracy rate in predicting the success of physically disabled students in schools equals 74.6%.

## 5.8. Discussion

The researcher here introduced the main results that achieved in chapter five and its discussion on the viewpoint of the researcher. Furthermore, it's important here to clarify the results and their relation with other studies that may be helpful in supporting our findings. However, we will put on the hand some of implications and recommendation regarding the integration of physically disabled children in ordinary schools that are likely to be taken in consideration in the application of the future building. Also, recommendation for further research will be provided on the basis of the results of the current study

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### 5.8.1 Main results

The following variables were statistically significant in relation with integration process:

1- The parents education.

2- The location and distribution of physically disability.

3- Follow- up of physically disabled students by rehabilitation institution

4- Acceptance of the physically disabled by his/ her colleagues in the classroom

5- The family attitude toward usefulness of the integration process

6- The follow-up of a family member to physically disabled child in his school (homework).

### 5.8.2 The results from the viewpoint of the researcher:

Results showed that the main factors which have a significant impact on the success of the integration of physically disabled in regular schools. This was measured by application of logistic regression model. The application included more than twenty variables which was thought of having relationship with integration of physically disabled children in mainstream education. The researcher found out that the results were objective, as the factors that have a significant impact on the successful integration represents various domains of fathers education (demographic), location of physically disability , follow up to physically disability students by rehabilitation institution (education), acceptance of physically disabled students by his/her colleagues in the classroom (social), family attitudes towards usefulness of the integration process and follow up of physically disabled children in his school (homework).

1 - Fathers education: from the viewpoint of education, the researcher believes that the father has a big role in the success of the integration of physically disabled in regular schools. Where the father is that when the learner motivate children to education in addition to understanding of springs importance of education for his educated father will do his best to guarantee the success of his physically disabled (sons, daughters).

In this context, and surprisingly, A study of parental involvement in educational status found that (1) the higher the educational status of the mother the greater the degree of parental involvement in school activities; (2) the younger the age of the child the greater the degree of parental involvement; and (3) children of parents who are more

involved in school activities do better in school than children with parents who are less involved. The educational status of the mother is related to the degree of parental involvement in schooling, so that parents with more education are more involved. Parental involvement is related to the child's school performance. Also, parents are more involved in school activities if the child is younger. The mother's educational level and the age of the child are stronger predictors of parental involvement in schooling. Stevenson DL, and Baker DP (1987). Though results of this study had more emphasis on mother role and mother education in the parental involvement in the educational performance of children (normal ones), but naturally, this will apply for disabled students in terms of educational performance. In this research educational level of the mothers and it's relationship with parental involvement was studied and it was proven that there is a direct positive relationship between parental involvement and educational performance , and in our case is a key indicator on success of the integration process. Maybe cultural issues due to differences between western and eastern cultures played a role in having our results with father's education as a predictor of success of integration process rather than mothers' educational level as in the case of Stevenson DL, and Baker study. Also, another factor could explain this variation which is nature of children in our study, physically disabled , while in above mentioned study , normal children educational performance was measured.

2 – Location of physically disability: Findings suggest that concentration of physically disability is a very important factor in the success of the process of integrating physically disabled in regular

education, physically disabled children with disabilities in their lower limbs have higher chances of succeeding in integration process since they are capable of using their upper limbs more freely. In addition they can use their upper limbs in various activities of daily living and hence more able to integrated in society.

3 - Follow-up by rehabilitation institutions of the physically disabled children has great importance in the success of the integration process. This mean that, The physically disabled children who have received various rehabilitation services assist in the success of integration process. Also this might imply that the professional teams at the rehabilitation institutions and he/she was appropriately selected to be integrated through professional academic assessment.

In addition follow up by rehabilitation institutions may have equal importance as the educational areas such as social and psychological timely intervention which provide continuous support of physically disabled students and enable him to succeed. This result is consistent with Ikjima k. et al study where it was found that is important to develop a systematic network between school and experts such as medical doctors and educational professionals and nursing teachers. Also a study by Kinnaealey M. and Morse AB(1979) have similar findings in that successful mainstreaming depends on cooperative work and mutual advocacy among health professionals, parents, and educational personnel.

4 - Acceptance of the physically disabled students by his/her colleagues in the classroom: researcher believe that this is a very important factor in social wellbeing of physically disabled students, this will be directly reflected on his psychological condition which proven to have a direct relationship with physically disabled students academic performance.

This finding is supported through literature, a study conducted by Lawler K. et al (2006) that dealt with physical, social and attitudinal environment influencing the participation of children with cerebral palsy in northeast England stressed on importance of mobility, transport, support by and to parents' attitudes of individuals and institutions toward children. The study confirmed the importance of environment for the participation of children with cerebral palsy. In the same context , a study about social adjustment of children with cerebral palsy in mainstream classes : peer perception concluded that children with CP had fewer reciprocated friendships, exhibited fewer sociable/leadership behaviors, and were more isolated and victimized by their peers than their classmates without a disability .Nadeau L and Tessier R. ( 2006)

In the same context, Armstrong et al study (1992) findings supported the importance of peers in the successful social function of children and suggest that teachers can have an impact on how children are perceived by other children.

Also, a descriptive study was conducted to determine whether teachers held different student role expectations for physically handicapped first grade students than they did for physically normal students. Contrary to predictions, results demonstrated that the teachers held statistically significantly higher expectations for the physically handicapped students. Such differences might be due to social desirability (responding in what appears to be a socially acceptable manner), or to a "haloing" of expectations for physically handicapped students. The teachers' inflated expectations could result in negative reactions toward handicapped students who do not demonstrate anticipated behaviors or live up to inflated expectations .Furgang and yerxa1979

In the view of study's findings and findings of the previously mentioned studies, researcher believes that acceptance of physically disabled children in mainstream education doesn't involve only peers in class but involves teachers themselves by whom normal children acceptance of physically disabled children is greatly influenced.

5 – Family attitudes about usefulness of the integration process: Researcher believes this factor has a major impact on the success of the integration process. If the family is convinced of usefulness of integration process, they will facilitate all the surrounding factors and the environmental conditions that will help in success of integration process of physically disabled students.

6 - Follow up by a family member of physically disabled students' homework: Researcher believe that this variable has a strong relationship with the previous one dealing with family attitudes towards usefulness of integration process. The first variable will support and had to the second. By itself helping physically disabled children in completing their homework, in addition to preparation of prospective lessons will certainly contribute in the success of integration process.

### 5.9. Conclusion

It is found that the previously mentioned factors , parents education, location of physical disability, follow up at school by rehabilitation institutions , acceptance of physically disabled students by his/her colleagues at classroom, attitudes of the physically disabled students family towards usefulness of integration process, and follow up by a family member in doing physically disabled student homework. Those variables showed statistically significant results with the dependent variable "Integration" of physically disabled students in the mainstream

school. Although researcher has expected other variables such as diagnosis, IQ, rehabilitation services, school environment and some other variables to show statistical significant results with integration, the researcher is not surprised by the results he has got. In one way or another the statistically significant independent variables have a common showed no statistically significant of researcher is that those results are reasonable and that this could be verified and elaborated in further research.

# CHAPTER SIX

# Chapter 6

## Recommendations and Suggestions

### 6.1.Recomendations

1- To work on raising community awareness about the issue of disability especially among schools to increase acceptance of physically disabled children at schools in particular and community in general .

2- To work on changing the attitudes of families with physically disabled students about the usefulness of integration of physically disabled children in mainstream education .

3- To encourage the integration of physically disabled students in schools through rehabilitation institutions. This has a positive impact on the success of integration in terms of educational level and follow up at schools .

4- Motivation of families of physically disabled students to follow up their children at school in terms of homework assistance and preparation for classes

5- To work on implementation of disability law through advocacy activities that include policy makers, legislative council members and other levels in their political hierarchy

.

### 6.2 Suggestions

1- Further studies that might include descriptive, experimental, quasi-experimental, qualitative studies in this field are highly recommended to profoundly investigate the factors which help in improving the lives of physically disabled children.

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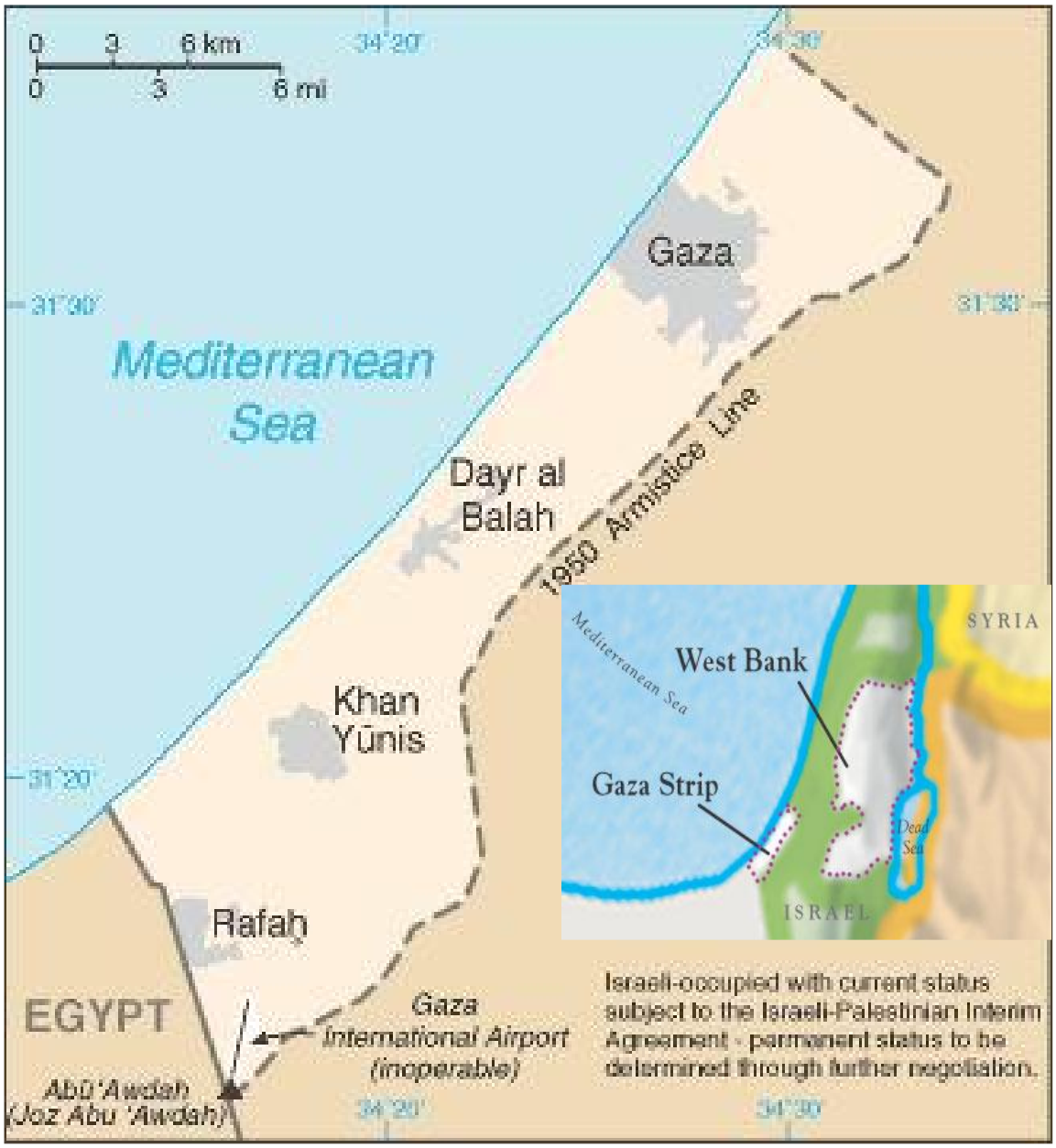
# ANNEXES

## Annexes

## Annexes I



## Annexes 2

**1) <u>المعلومات الشخصية</u>**

1. الاسم: _____ 2. الجنس أ) ذكر ☐ ب) أنثي ☐

3. تاريخ الميلاد : _____ 4. رقم التليفون المنزل :_____

5. العنوان:_____

6. عدد أفراد الأسرة : أ) 1-3 ☐ ب) 4-7 ☐ ج) 8- أكثر ☐

7. تعليم الوالدين:-

أ) الأب أ) ابتدائي ☐ ب) ثانوي ☐ ج) جامعي ☐

ب) الأم أ) ابتدائي ☐ ب) ثانوي ☐ ج) جامعي ☐

8. مهنة الوالدين :-

أ) الأب أ) ابتدائي ☐ ب) ثانوي ☐ ج) جامعي ☐

ب) الأم أ) ابتدائي ☐ ب) ثانوي ☐ ج) جامعي ☐

9. صلة القرابة بين الوالدين :

أ) درجة أولى ☐ ب) درجة ثانية ☐ ج) درجة ثالثة ☐ د)لا يوجد ☐

10. مستوي دخل الأسرة :

أ) 300-500 ☐ ب)600-1000 ☐ ج) 1000-2000 ☐ ☐

د)2000فأكثر

11. وجود أفراد آخرين معاقين في الاسره :

أ) واحد ☐ ب) اثنان ☐ ج) ثلاثة ☐ د) أكثر ☐

12. طبيعة المسكن :

أ) باطون ☐ ب) كرميد ☐ ج) شقة ☐ د) غير ذلك ☐

13. تكييف المنزل بما يتناسب والمعاق :

أ) نعم ☐ ب) لا ☐ ج) إلي حد ☐

14. قناعة الأسرة في عملية الدمج :

ا) عالية ☐ ب) متوسطة ☐ ج) الي حد ما ☐

15. مساعدة أفراد الاسره للمعاق في الوصول الي المدرسة ومتابعة واجباته المدرسية

أ) دائما ☐ ب) أحيانا ☐ ج) لا ☐

## 2) المعلومات الصحية :-

1. التشخيص :_____

أ) شلل دماغي ☐ ب) استسقاء حبل شوكي ☐ ج) ضمور عضلات ☐

د) تأخر حركي ☐ هـ) غير ذلك ☐

2. شدة الإعاقة الحركية :

أ) شديدة ☐ ب) متوسطة ☐ ج) خفيفة ☐

3. تمركز الإعاقة الحركية:

أ) الطرفين العلويين ☐ ب) الطرفي السفلين ☐ ج) نصفي طولي ☐

ب) ثلاثي ☐ هـ) رباعي ☐

4. إعاقات أخري مصاحبة للإعاقة الحركية

أ) إعاقة سمعية ☐ ب) إعاقة بصرية ☐ ج) إعاقة كلامية ☐

د) عاقة ذهنية ☐ هـ) صرع ☐ و) لا يوجد ☐

5.التحكم في عملية التبول والتبرز

أ) يتحكم ☐ ب) لا يتحكم ☐

6. يستخدم أجهزة مساعدة :

أ) كرسي متحرك ☐ ب) عكاز ☐ ج) وكر ☐

7. معيار الذكاء I Q :_____

8. العمر عند الإصابة بالإعاقة الحركية :_____

9. العمر عند اكتشاف الإعاقة :_____

10. الخدمات التأهيلية المقدمة :

أ) علاج طبيعي ☐ ب) تعليم خاص ☐ ج) علاج نطق ☐ د) علاج نفسي ☐

هـ) أخرى ☐

11. مدة الخدمة التأهيلية المتلقاة :_____

12. العمر في بداية تلقي الخدمة :_____

2) **الـدمـج**

1. العمر في بداية المدرسة :_____

2. الصف :_

أ) أول ☐ ب) ثاني ☐ ج) ثالث ☐ د) غير ذلك ☐

3. المدرسة التي تم دمجه فيها :_____

4. تليفون المدرسة :_____

5. نوع المدرسة :-

أ) حكومي ☐ ب) وكالة ☐ ج) خاص ☐

6. المدة الزمنية التي مرت علية في الدمج :_____

7. ما هي الطريقة التي تم دمجه فيها

أ) مؤسسة تأهيل ☐ ب) رياض أطفال ☐ ج) الأسرة ☐ د) غير ذلك ☐

8. استمرارية خدمات التأهيل :

أ) مستمرة ☐ ب) الي حد ما ☐ ج) متوقفه ☐

9. وجود مرافق بيئية في المدارس تتناسب والإعاقة الحركية :-

أ) ممرات ☐ ب) حمام مكيف ☐ ج) رامب ☐ د) دربزين ☐

هـ) جميع ما سبق ☐ و) لا يوجد ☐

10. هل يتلقى دروس تقوية في البيت :-

أ) نعم ☐ ب) لا ☐ ج) الي حد ما ☐

11. هل يوجد متابعة مدرسية من قبل مؤسسات التأهيل

أ) نعم ☐ ب) لا ☐ ج) احياناً ☐

12. هل يوجد طلاب معاقين أخرين في نفس الفصل

أ) نعم ☐ ب) لا ☐

13. عدد طلاب الفصل :_____

14. مدي رضي الطالب المعاق عن نفسه في المدرسة:-

أ) عالي ☐ ب) متوسط ☐ ج) متدني ☐

15. كيفية وصول الطالب المعاق ومعاودته للمدرسة :-

أ) تاكسي خاص ☐ ب) بمساعدة أهله ☐ ج) بدون مساعدة ☐ د) غير ذلك ☐

16. المسافة التي تبعد فيها المدرسة عن المنزل

أ) أكثر من 100 متر ☐ ب) أكثر من 500 متر ☐ ج) أكثر من 1 كيلو متر ☐

17. مدي تقبل زملائه في الفصل له:-

أ) إلي حد كبير ☐ ب) إلي حد متوسط ☐ ج) ضعيف ☐

18. مدي مشاركة الطالب المعاق في الأنشطة اللامنهجية

أ) يشارك ☐ ب) بعض منها ☐ ج) لا يشارك ☐

19. مدي قناعة المشرف في عملية الدمج :-

أ) كبيرة ☐ ب) متوسطة ☐ ج) ضعيفة ☐

20. هل يوجد مؤهلات تربية خاصة

أ) نعم ☐ ب) لا ☐

21. علامات الطالب في أخر فصل دراسي

أ) عربي ☐ ب) حساب ☐ ج) علوم ☐ د) لغة انجليزية ☐

## Annexes 3

### 3) **المعلومات الشخصية**

1-1. الرقم :_____ 1-2. الجنس أ) ذكر ☐ ب) أنثي ☐

1-3. تاريخ الميلاد : _____ 1-4. رقم تليفون المنزل :_____

1-5. العنوان : _____

**الأسئلة التالية توجه للباحث الاجتماعي في المدرسة**

### 2) **البيانات الديمغرافية**

2-1. عدد أفراد الأسرة : _____

2-2. نوع الأسرة : أ) نووية ☐ ب) ممتدة ☐

2-3. تعليم الوالدين:-

2-3-1. الأب أ) أمي ☐ ب)ابتدائي ☐ ج) ثانوي ☐

د) جامعي ☐ ه) دراسات عليا ☐

2-3-2. الأم أ) أمية ☐ ب) ابتدائي ☐ ج) ثانوي ☐

د) جامعي ☐ ه) دراسات عليا ☐

2-4. مهنة الوالدين :-

2-4-1. الأب أ) موظف حكومي ☐ ب) موظف خاص ☐

ج) موظف وكالة ☐ د)أعمال حرة ☐ ه) عاطل ☐ و) غير ذلك، حدد..... .

2-4-2. الأم أ) موظف حكومة ☐ ب) موظف خاص ☐ ج) ربة بيت ☐

د) موظف وكالة ☐ ه) غير ذلك ، حدد

.....

2-5. صلة القرابة بين الوالدين :

أ) درجة أولى ☐ ب) درجة ثانية ☐ ج) درجة ثالثة ☐ د) لا يوجد ☐

2-6. مستوي دخل الأسرة بالشكل :

أ) 0-500 ☐ ب)500- 1000 ☐ ج) 1000-2000 ☐ د)2000فأكثر ☐

2-7.هل يوجد أفراد معاقين آخرين في الأسرة ؟

أ) نعم ☐

ب) لا ☐ ----------> انتقل إلى سؤال 3

2-8 . كم عدد الأفراد المعاقين الآخرين داخل الأسرة ؟

أ) واحد ☐ ب) اثنان ☐ ج) ثلاثة ☐ د) أكثر ، حدد.....

## 3) المسكن

3-1. مكان المسكن :

ا) مدينة ☐ ب) مخيم ☐ ج) قرية ☐ د) آخر، حدد .....

3-2. طبيعة المسكن :

أ) باطون ☐ ب) قرميد ☐ ج) اسبست ☐ د) غير ذلك ، حدد.....

3-3. نوع المنزل :-

أ) بيت أرضي ☐ ب) عمارة بدون مصعد ☐ ج) عمارة لها مصعد ☐

3-4 . ملكية المنزل

أ) ملك ☐ ب) إيجار ☐ ج) وكالة ☐

د) غير ذلك، حدد .....

3-5. تكييف المنزل بما يتناسب والمعاق حركيا :

أ) نعم ☐ ب) لا ☐ ج) إلي حد ما ☐

**الأسئلة التالية من ملف الطالب الاجتماعي**

## 4) المعلومات الصحية :-

4- 1. التشخيص :-

أ) شلل دماغي ☐ ب) استسقاء حبل شوكي ☐ ج) ضمور عضلات ☐

د) تأخر حركي ☐ هـ) بتر أحد الأطراف ☐ و) أخري، حدد.....

4-2. شدة الإعاقة الحركية :-

أ) شديدة ☐ ب) متوسطة ☐ ج) خفيفة ☐

4-3. تمركز الإعاقة الحركية:-

أ) الطرفين العلويين ☐ ب) الطرفي السفليين ☐ ج) نصفي طولي ☐

ب) ثلاثي ☐ هـ) رباعي ☐ و) غير ذلك، حدد.....

4-4. إعاقات أخرى مصاحبة للإعاقة الحركية:-

☐ ☐ ☐

أ) إعاقة سمعية ب) إعاقة بصرية ج) إعاقة كلامية

د) إعاقة ذهنية ☐ هـ) صرع ☐ و) أخرى حدد، ..... ز) لا يوجد ☐

4-5.التحكم في عملية التبول والتبرز :-

أ) يتحكم ☐ ب) لا يتحكم ☐

4-6. هل يستخدم أجهزة مساعدة ؟

أ) نعم ☐ ب) لا ☐ ----------> انتقل إلى سؤال4 -8

4-7 . ما هي الأجهزة المستخدمة ؟

أ) كرسي متحرك ☐ ب) عكاز ☐ ج) مشاية ☐ د) أخرى حدد ، .....

4-8.هل تم عمل اختبار ذكاء IQ للطالب المعاق قبل دمجه بالمدرسة ؟

أ) نعم ☐ ب) لا ☐

4-9. إذا الإجابة كانت بنعم ما هي درجة الاختبار؟ _____

4-10. العمر عند الإصابة بالإعاقة الحركية :----------

4-11. العمر عند اكتشاف الإعاقة الحركية :----------

4-12. الخدمات التأهيلية التي تلقاها الطالب المعاق حركيا:

أ) علاج طبيعي ☐ ب) تعليم خاص ☐ ج) علاج نطق ☐ د) علاج وظيفي ☐

هـ) تأهيل نفسي ☐ د) تأهيل اجتماعي ☐ ه ) أخرى ، حدد .....

4-13. مدة الخدمة التأهيلية التي تلقاها الطالب المعاق حركيا قبل الدمج :----------

4-14. العمر في بداية تلقي الخدمة :----------

## 5) معلومات عامة عن دمج الطالب المعاق حركيا في المدرسة:

5-1. العمر في بداية إلتحاقة بالمدرسة :----------

5-2. المستوى الدراسي الذي تم دمجه فيه :-

أ) أول ☐ ب) ثاني ☐ ج) ثالث ☐ د) غير ذلك، حدد.....

5-3. المدرسة التي تم دمجه فيها :----------

5-4. تليفون المدرسة :----------

5-5. نوع المدرسة :-

أ) حكومي ☐ ب) وكالة ☐ ج) خاص ☐

5-6. المدة الزمنية التي مرت علية في الدمج :----------

5-7. الجهة التي قامت بعملية الدمج :

أ) مؤسسة تأهيل ☐ ب) رياض أطفال ☐ ج) الأسرة ☐ د) غير ذلك، حدد.....

5-8. استمرارية خدمات التأهيل أثناء تواجد الطالب المعاق حركيا في المدرسة:

أ) مستمرة ☐ ب)مستمرة إلي حد ما ☐ ج) متوقفة ☐

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***<u>الأسئلة التالية توجه للمشرف التربوي في المدرسة</u>***

**6)<u>البيئة المدرسية والدمج:</u>**

6-1. هل توجد مرافق بيئية في المدرسة تتناسب والإعاقة الحركية ؟

أ) نعم ☐ ب) لا ☐ إذا كانت الإجابة بلا انتقل لسؤال ------> 6-3

6-2. ما هي المرافق البيئية المتوفرة في المدرسة ؟

أ) ممرات ☐ ب) حمام مكيف ☐ ج) منحدر ☐ د) درابزين ☐

هـ) جميع ما سبق ☐ و) أخرى ، حدد .....

6-3. كيفية وصول الطالب المعاق حركيا ومعاودته للمدرسة :-

أ) تاكسي خاص ☐ ب) بمساعدة أهله ☐ ج) بدون مساعدة ☐ د) بواسطة جهاز مساعد ☐

ه) غير ذلك، حدد.....

6-4. المسافة التي تبعد فيها المدرسة عن المنزل :-

أ) أكثر من 100 متر ☐ ب) أكثر من 500 متر ☐ ج) أكثر من 1 كيلو متر ☐

6-5. الطريق من المنزل إلي المدرسة هل هو :-

أ) معبد ☐ ب) ترابي ☐ ج) بلاط ☐
د) أخرى ، حدد.....

## 7)الدمج بالنسبة للطالب المعاق:-

7-1. هل يوجد متابعة مدرسية من قبل مؤسسات التأهيل ؟
أ) نعم ☐ ب) لا ☐ ج) أحيانا ☐

7-2. هل يوجد طلاب معاقين آخرين في نفس الفصل ؟
أ) نعم ☐ ب) لا ☐ إذا كانت الإجابة بلا انتقل لسؤال ------> 7-4

7-3. ما هي نوع الإعاقة ؟----------

7-4. علامات الطالب في أخر فصل دراسي :-
أ) عربي ☐ ب) حساب ☐ ج) علوم ☐ د) لغة انجليزية ☐
ه) المعدل العام( نسبة مئوية) ☐

7-5. عدد طلاب الفصل :----------

7-6. مدا التزام الطالب المعاق حركيا بواجباته المدرسية :-
أ) عالي ☐ ب) متوسط ☐ ج) متدني ☐

7-7. مدا تقبل زملائه في الفصل له:-
أ) إلي حد كبير ☐ ب) إلي حد متوسط ☐ ج) ضعيف ☐

7-8. مدا مشاركة الطالب المعاق حركيا في الأنشطة اللامنهجية :-
أ) يشارك ☐ ب) يشارك في بعض منها ☐ ج) لا يشارك ☐ د) لا أعرف ☐

***الأسئلة التالية توجه للمشرف التربوي في المدرسة***

## 8) الأسرة والدمج

8-1 : كيف تقيم قناعة الأسرة بجدوى عملية الدمج للطفل المعاق في التعليم العام ؟
ا) عالية ☐ ب) متوسطة ☐ ج) منخفضة ☐ د) لا أعرف ☐

8-2. هل يساعد أحد أفراد الأسرة الطالب المعاق حركيا في الوصول إلي المدرسة؟
أ) نعم ، دائما ☐ ب) نعم ، أحيانا ☐ ج) لا ☐ د) لا أعرف ☐

8-3. هل يتابع أحد أفراد الأسرة الطالب المعاق حركيا في واجباته المدرسية؟

ا) دائماً ☐ ب) أحياناً ☐ ج) لا ☐ د) لا أعرف ☐

8-4. هل يتلقى الطالب المعاق حركيا دروس تقوية في البيت ؟

أ) نعم ☐ ب) لا ☐ ج) إلي حد ما ☐ د) لا أعرف ☐

8-5. إذا كانت الإجابة نعم من الجهة التي توفر دروس التقوية ؟

أ) الأسرة ☐ ب) مؤسسات التأهيل ☐ ج) المدرسة ☐ د) غير ذلك، حدد.....

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***<u>الأسئلة التالية توجه للمشرف التربوي</u>***

**<u>9) الدمج بالنسبة للمشرف التربوي:-</u>**

9-1. ما مدى قناعتك بجدوى دمج الطالب المعاق حركيا في التعليم العام ؟

أ) كبيرة ☐ ب) متوسطة ☐ ج) ضعيفة ☐ د) غير مجدية على الإطلاق ☐

ه) لا أعرف ☐

9-2. هل من الضروري أن يكون المشرف التربوي حاصل علي مؤهل تربية خاصة ؟

أ) نعم ☐ ب) لا ☐ ج ) لا أعرف ☐

9-3. من خلال خبرتك الخاصة ، هل تعتقد بأن عملية الدمج للمعاقين حركيا ناجحة ؟

أ) ناجحة بشكل كبير ☐ ب)ناجحة بشكل متوسط ☐ ج)ناجحة بشكل قليل ☐

د ) غير ناجحة على الإطلاق ☐ ه ) لا أعرف ☐

9-4. كيف ترى مشاركة الطالب المعاق حركيا في الأنشطة الامنهجية ؟

أ) كبيرة ☐ ب) متوسطة ☐ ج) قليلة ☐ د) معدومة ☐ ه ) لا أعرف ☐

9-5. كيف تقيم تفاعل الطلاب الغير معاقين مع الطالب المعاق حركيا ؟

أ) كبير ☐ ب) متوسط ☐ ج) قليل ☐ د) معدوم ☐ ه) لا أعرف ☐

9-6. كيف تقيم/ين تحسن التحصيل الأكاديمي للطالب المعاق حركيا:-

أ) يتحسن بشكل كبير ☐ ب) يتحسن بشكل متوسط ☐ ج) يتحسن بشكل قليل ☐

د)لا يتحسن مطلقا ☐

9-7. من وجهة نظرك إلي أي مستوي تعليمي يستطيع أن يستمر المعاق حركيا ؟

أ) الجامعي ☐ ب) الثانوي ☐ ج) الابتدائي ☐ د)لا أعرف ☐

## Annexes 4

## Experts Panel Names :

| | |
|---|---|
| 1- Dr. Samir Qouta | Islamic University |
| 1- Dr. Sana'a Abu daga | Islamic University |
| 2- Dr. Atef Alagaa | Islamic University |
| 3- Dr. Mohammed alhellow | Islamic University |
| 4- Dr. Gamil Altahrawi | Islamic University |
| 5- Dr. mahmoud doulaa | Palestine Avenir for Childhood foundation |
| 6- Dr. Nahed Eied | Palestine Avenir for Childhood foundation |
| 7- Dr. Wassef Alwkhairi | Palestine Avenir for Childhood foundation |
| 9- Dr. Khaled Albatrawi | Director Shams Center for Handicap |

## Annexes 5

I 1) Personal Information
1.1 Number ---------- 1.2 sex a) Mail ☐ b) female ☐
1.3 D.O.B.---------- 1.4 House Tel. Number----------
1.5 Address----------

2) Socioeconomic status family
2.1 Family member----------
2.2 Type Family a) Nuclear ☐ b) Extended ☐

2.3 Parents Education
2.3.1 Father a) Illiterat ☐ b) Primary education ☐ c) Secondary ☐
d) University ☐ e) High education ☐
2.3.2 Mother a) Illiterate ☐ b) Primary education ☐ c) Secondary ☐
d) University ☐ e) High education ☐

2.4 Vocational Parents
2.4.1 Father a) government employees ☐ b) Special office ☐
c) UNRWA employs ☐ c) Free busines ☐ d) unemployed ☐
e) Other ----------
2.4.2Mother a) government employees ☐ b) Special officer ☐
c) UNRWA employs ☐ d) Free business ☐
e) Housewife ☐ f) Other ----------

2.5. Parents Relationship
a) first degree relative ☐ b) second degree relative ☐
c) third degree ☐ d) no familiar relationships ☐

2.6 The level of family income
a) Less than 500 ☐ b) 500-1000 ☐
c) 1000-2000 ☐ d) 2000 and over ☐

2.7 Other disabled persons in the family
a) Yes ☐
b) No ☐ ……..> go to question number 3

2.8 How many disabled persons in the family

a) One ☐ b) two ☐ c) three ☐

3. House

3.1 House Residence

a) City ☐ b) Camp ☐ C) Village ☐ d) Othe ☐

3.2 The nature of housing

a) cemen ☐ b) asbestos ☐ d) Other ☐

3.3 Type of Homes

a) around homes ☐ b) apartment without an elevator ☐

c) apartment with an elevator ☐

3.4 Vast majority of the houses

a) Had ☐ b) rental houses ☐ c) belongs to UNRWA ☐

d) Other ----------

3.5 Adapted houses for disability

a) adapted ☐ b) no adapted ☐ c) adapted to a certain extent ☐

4. Health characteristics

4.1 Diagnosis

a) Cerebral palsy ☐ b) Spina bifida ☐ c) Muscular dystrophy ☐

d) Motor delay ☐ d) Other ☐

4.2 Severity of physically disability

a) severe disability ☐ b) moderat ☐ c) mil ☐

4.3 Location of physically disability

a) Upper limps ☐ b) Lower limps ☐ c) Hemi longitudinal ☐

d) Tripartite ☐ e) Quadruple ☐ f) other ----------

4.4 Other disabilities associated with physically disability

a) audio defect ☐ b) Optical defec ☐ c) Speech defect ☐

d) menta ☐ e) epilepsy ☐ f) no present ☐ h) other-------

4.5 Urination and defecation control

a) have control urination and bowel moveme ☐ b) no contro ☐

4.6 Use assistive devices

a) Yes ☐ No ☐ ---------- go to question 4.8

4.7 Type of assistive devices

a) Wheelchai ☐ b) Crutche ☐ c) walker ☐ d) other-----

4.8 IQ test before integration

a) Yes ☐ b) N ☐ ----------→ go to question 4.10

4.9 IQ result ----------

4.10 Child age when the disability present ----------

4.11 Age detection the physically disability ----------

4.12 Rehabilitation services the physically disabled children receive

a) physiotherapy servic ☐ b) special educatio ☐ c) speech therapy ☐

d) occupational therap ☐ e) psychosocial therapy ☐ f) Other ---

h) Don't receive ☐

4.13 Duration rehabilitation services before integration ----------

4.14 Beginning rehabilitation services ----------

5. Extent of integration of physically disabled students in the school

5.1 Age of physically disabled students when they are integrated in ordinary schools----------

5.2 Teaching grade when the disabled student integrated

☐ ☐ ☐

a) First grade b) second grade c) third grade d) other--
--

5.3 The disabled student age when he integrated ----------

5.4 School telephone number ----------

5.5 Type of School

a) governmental ☐ b) UNRWA school ☐

5.6 Duration integration process ----------

5.7 Who carried out integration process

a) rehabilitation institutions ☐ b) Family ☐ c) Kindergartens ☐

5.8 Rehabilitation services during school time.

a) Continuous ☐ b) Continuing to some extent ☐ d) stopped ☐

6. School environmental facilities

6.1 Environmental facilities suitable for physically disabled children in schools

a) paths ☐ b) adapted bathroom ☐ c) ramp ☐

c) rail ☐ d) all of the above ☐

6.2 Arrive physically disabled children to school

a) private taxi ☐ b) family assistance ☐ c) using assistive devices ☐

d) without assistance ☐

6.3 Distance between homes and school

a) More than 100 meters ☐ b) More than 500 meters ☐

c) More than 1 km ☐

6.4 Road from school to home

a) paved ☐ b) Dirt ☐ c) flags ☐ d) other ----------

7. The integration process for the physically disabled student

7.1 Follow-up by the rehabilitation institutions

a) Yes ☐ b) No ☐ c) Sometimes ☐

7.2 There was disabled students within their classroom

a) Yes ☐ b) No ☐

7.3 Grad point physically disabled students in last semester

a) Arabic ☐ b) mathematics ☐ c) English ☐ d) sciences ☐

e) Grade point average ----------

7.4 Equal students in the classroom ----------

7.5 Commitment disabled students toward homework

a) high commitment ☐ b) moderate commitment ☐ c) Low ☐

7.6 Students in the classroom accept students with physical disabilities

a) Largely ☐ b) To some extent average ☐ c) Weak acceptance ☐

7.7 Are physically disabled students involved in Some extracurricular activities ?

a) Participates ☐ b) Some of them ☐ c) no participate ☐

8. Family's role in the success of the integration process of physically disabled children

8.1 Convinced the family attitudes about usefulness of integration

a) high ☐ b) moderate ☐ c) low ☐ d) don't know ☐

8.2 Family help students with physically disabilities access to school

a) always accompany ☐ b) sometimes ☐ c) No ☐

d) don't know ☐

8.3 Family follow up school homework with students with physically disabilities

a) Always ☐ b) sometimes ☐ c) No ☐ d) don't know ☐

8.4 Physically disabled students are receiving supportive at homes

a) Yes ☐ No ☐ c) to some extent ☐ d) don't ☐ know

9. Viewpoint of educational supervisor in the process of integration of disabled students in schools

9.1 Educational supervisors conviction in the process of integrating students with physically disabilities in public education

a) Great ☐ b) moderate ☐ c) weak ☐

9.2 The educational supervisor for the qualification of Educational particular

a) Yes ☐ b) No ☐ c) don't know ☐

9.3 Supervisors believe on the process of integrating students in schools

a) Largely successful ☐ b) successful and the average ☐ c) few ☐

c) don’t know ☐

9.4 Participation of students in extracurricular activities

a) Great ☐ b) medium ☐ c) A few ☐ d) bad ☐

c) don’t know ☐

9.5 Interaction between students of others disabled students with disabilities

a) Great ☐ b) medium ☐ c) A few ☐ d) bad ☐

e) don’t know ☐

9.6 The improvement of academic level of students with disabilities

a) Significantly ☐ b) In the average ☐ c) A few ☐

c) Never ☐

9.7 The level of academic supervisors that he felt students as possible to obtain

a) primary school ☐ b) secondary school ☐ c) university ☐

d) don’t know ☐

**Annexes 6**

بسم الله الرحمن الرحيم

سعادة / ـــــــــــــــــــــــــــــــــــــــــــــــ المحترم

السلامة عليكم ورحمة الله وبركاته

الموضوع / تحكيم أداة رسالة ماجستير

بالإشارة إلي الموضوع أعلاه أرجو من سيادتكم تحكيم هذه الأداة المرفقة مع الرسالة والتي من شانها قياس دراسة ماجستير بعنوان " العوامل المرتبطة بنجاح عملية دمج المعاقين حركيا في المدارس العادية في قطاع غزة " Factors Related To Successful Integration Of Physically Disabled Children In Schools Of Gaza Strip.

حيث أن هذه الدراسة تهدف إلي تحقيق دراسة العلاقة بين المتغيرات مثل ( التشخيص ، نوع الإعاقة الحركية ، شدة الإعاقة الحركية، معيار الذكاء ، خدمات التأهيل المقدمة ، مدة خدمات التأهيل ، استمرارية خدمات التأهيل، السكن، الجنس ، تعليم الوالدين ، المستوي المعيشي ،دروس التقوية ، الموائمة المدرسية، اتجاهات المدرسين ، نوع المدرسة، ... بالإضافة إلي متغيرات أخري ذات صلة ) ونجاح عملية الدمج في المدارس العادية. هذا بالإضافة إلي تحديد المتغيرات التي لها علاقة مباشرة بنجاح عملية الدمج ، كذلك بناء قاعدة بيانات أولية خاصة بدمج المعاقين حركيا في المدارس .

تكمن أهمية هذه الدراسة في أنها لم تدرس سابقا في قطاع غزة .

والله ولي التوفيق

باحث

عبدا لرازق فضل خضير

## Annexes 7

بسم الله الرحمن الرحيم


الجامعة الإسلامية – غزة
The Islamic University - Gaza

هاتف داخلي: 1150

عمادة الدراسات العليا
Ref. ج س غ/35/
Date 2008/03/23


الأخ الدكتور/ وكيل وزارة التربية والتعليم حفظه الله،

السلام عليكم ورحمة الله وبركاته،

**الموضوع/ تسهيل مهمة طالب ماجستير**

تهديكم عمادة الدراسات العليا بالجامعة الإسلامية أعطر تحياتها، وترجو من سيادتكم التكرم بتسهيل مهمة الطالب/ **عبد الرازق فضل عبد الرازق خضير** برقم جامعي **2004/4855** المسجل في برنامج الماجستير بكلية **التربية** تخصص **الصحة النفسية المجتمعية/علوم التأهيل**، وذلك بهدف تطبيق استبانته والحصول على المعلومات التي تساعده في إعداد دراسته والمعنونة:

**"العوامل المرتبطة بنجاح عملية دمج المعاقين حركياً في المدارس العادية"**

والله ولي التوفيق،،،

عميد الدراســات العليا

د. مازن إسماعيل هنية

صورة إلى:-
- الملف.


P.O. Box 108, Rimal, Gaza, Palestine fax: +970 (8) 286 0800 tel: +970 (8) 286 0700
public@iugaza.edu.ps www.iugaza.edu.ps

## Annexes 8

بسم الله الرحمن الرحيم

السلطة الوطنية الفلسطينية
وزارة التربية والتعليم العالي
مكتب الوكيل

Palestinian National Authority
Ministry of Education & Higher Education
Deputy Minister Office

الرقم : و ت غ / مذكرة داخلية ٦٨٤
التاريخ : 30 /3 /2008

السادة / مديرو التربية والتعليم – محافظات غزة حفظهم الله،،،

السلام عليكم ورحمة الله وبركاته،،،

الموضوع : تسهيل مهمة بحث

يقوم الباحث / **عبد الرازق فضل خضير**، والمسجل ببرنامج الماجستير بالجامعة الإسلامية، تخصص الصحة النفسية المجتمعية – علوم التأهيل بعمل بحث بعنوان " **العوامل المرتبطة بنجاح عملية دمج المعاقين حركياً في المدارس العادية** " .

لا مانع من قيام الباحث من تطبيق أداة بحثه وهي استبانة على عينة عشوائية من الطلبة المعاقين حركياً في المدارس الحكومية في محافظات غزة ، وذلك حسب الأصول .

وتفضلوا بقبول فائق الاحترام ،،،

د. محمد أبو شقير
وكيل وزارة التربية والتعليم العالي

السلطة الوطنية الفلسطينية * وزارة التربية والتعليم العالي *

نسخة : الملف

غزة. هاتف(08-2861409 -2849311) فاكس(08-2865909) Gaza (08-2861409-2849311) Fax:( 08-2865909)
E-MAIL: MOEHE@GOV.PS

## Annexes 9

بسم الله الرحمن الرحيم


الجامعة الإسلامية – غزة
The Islamic University - Gaza

هاتف داخلي: 1150

عمادة الدراسات العليا
الرقم Ref. ج س غ/35/
التاريخ Date 2008/03/23


الأخ الفاضل/ رئيس برنامج التعليم بوكالة الغوث الدولية بغزة حفظه الله،

السلام عليكم ورحمة الله وبركاته،

**الموضوع/ تسهيل مهمة طالب ماجستير**

تهديكم عمادة الدراسات العليا بالجامعة الإسلامية أعطر تحياتها، وترجو من سيادتكم التكرم بتسهيل مهمة الطالب/ عبد الرازق فضل عبد الرازق خضير برقم جامعي **2004/4855** المسجل في برنامج الماجستير بكلية التربية تخصص الصحة النفسية المجتمعية/علوم التأهيل، وذلك بهدف تطبيق استبانته والحصول على المعلومات التي تساعده في إعداد دراسته والمعنونة:

"العوامل المرتبطة بنجاح عملية دمج المعاقين حركياً في المدارس العادية"

والله ولي التوفيق،،،

عميد الدراسات العليا

د. مازن إسماعيل هنية

صورة إلى:-
- الملف.


P.O. Box 108, Rimal, Gaza, Palestine fax: +970 (8) 286 0800 فاكس tel: +970 (8) 286 0700 تلفون ص.ب 108 الرمال غزة فلسطين
public@iugaza.edu.ps www.iugaza.edu.ps