

TYPHLOPEDAGOGICAL APPROACHES IN SPECIAL EDUCATION

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Annotation: This article explores the various typhlopedagogic methods employed in the education of visually disabled children. It highlights the significance of tailored educational approaches that address the unique learning needs of these children. By examining multi-sensory learning, individualized education plans, assistive technologies, and inclusive practices, this study aims to provide a comprehensive overview of effective strategies that enhance the educational experiences of visually impaired students.

Keywords: Typhlopedagogy, visually impaired children, education methods, multi-sensory learning, assistive technology, individualized education plans, inclusive education.

Introduction

Education plays a crucial role in the development and empowerment of all children, including those with visual impairments. Typhlopedagogy, as a specialized branch of pedagogy, focuses on creating effective educational strategies for visually disabled individuals. The unique challenges faced by these learners necessitate a diverse range of teaching methods that accommodate their specific needs and enhance their learning experiences. This article aims to explore various typhlopedagogic methods that have proven effective in the education of visually disabled children, emphasizing the importance of individualized approaches and the incorporation of assistive technologies.

Children who are visually handicapped start to use their aural and sensory skills to comprehend all of the information they are exposed to through their eyes. They learn to use them by touching them with their hands and gaining an understanding of the colour, shape, movement, proximity, distance, and position of objects in space. Parental members of households with children fall into this category. Educators and teachers working in preschool and general secondary education institutions must possess pedagogical knowledge and abilities.

Main part

Typhlopedagogy (derived from the Greek word tyflos blind) science of education of blind children". It is important that this subject is related to Ophthalmology, Pediatrics, and Psychology.

Visual impairment comes in two varieties: acquired and congenital. Damage to the embryo's development or genetic makeup results in congenital visual impairment. An injury or a side effect of another illness might cause acquired vision impairment.

"Children with vision problems are divided into 2 types according to visual acuity:

1. Totally blind children with 0 percent visual acuity read and write based on Braille. 2. Partially blind children with visual acuity up to 0.05 can read and write in simple script using preserved vision.

Visually impaired people are divided into the following types according to their visual acuity:

1. Visual acuity from 0.05 to 0.1;

2. Visual acuity from 0.1 to 0.2;
3. Visual acuity is from 0.2 to 0.4.

In the classroom, blind youngsters primarily use their tactile and auditory senses to study the content. For youngsters who must wear glasses, suitable hygienic and sanitary circumstances must be established. It is important that the child's workspace has sufficient lighting. The child's ability to see the table, blackboard, cards with drawings on them, and other teaching aids is taken into consideration. Children with refraction who require special assistance must have their work varied as often as possible throughout the session in order to rigorously regulate the amount of labour and eye gaze-related tasks. This is because their eyes become fatigued easily.

Even children with visual impairments have varying vision levels. People who are colourblind are unable to identify colours and cannot see far away or at close range.

Children with visual impairments require the adoption of modified techniques. Children who have refraction require extra support. When described more explicitly, close vision causes distant things to appear indistinct, making it difficult to read, write, draw, and observe while walking. Children who suffer from this kind of illness should not lift heavy objects, shake their bodies, bend down rapidly, or work with little objects for extended periods of time. It is not permitted to have dim lighting.

Being farsighted In this instance, distant things are seen. Understanding objects near the eyes is challenging. Children with this illness struggle to read, write, and understand handouts, and they have problems seeing little objects. They can still accomplish physical jobs, but they can't work with close things for extended periods of time.

Some children are found to have amblyopia. Poor vision is the cause of this condition. This situation creates a two-sided issue. Reading, writing, drawing, and studying maps and tables are all extremely challenging when suffering from this illness.

An involuntary, repetitive, rhythmic eye movement is called nystagmus. The visuals in the viewing environment seem to spread in this instance. The toddler is unable to focus in this situation. It is especially difficult to perceive objects in motion.

The mix of near and far vision is known as astigmatism. A corneal abnormality causes rays to be refracted improperly. Children with this disorder have distorted perception in vertical, horizontal, and other directions on their retina, which causes them to imagine the body's shape incorrectly. These conditions include microphthalmia, albinism, cataracts, and optic nerve atrophy, among others. Clouding of the eyeball is called cataract. This condition is addressed by surgically removing the gem and replacing it with a new one.

Aphasia is the absence of a gem.

The function of the cornea is to refract light. Physical tasks are limited in children with aphasia and ataxia.

Brain traumas, retinal disorders, brain tumours, and optic nephritis can all cause visual atrophy. The eye and the centre are not connected in this instance. There is no cure for this illness. However, it must be prevented from causing secondary problems. Teaching kids with this illness by eye shouldn't take longer than five to ten minutes. A condition affecting the activity of the rods in the retina is called pigment retinent. In this situation, the field of vision is either completely lost or narrowed. The disease has no known cure.

Albinism is a lack of pigment in the retina. In this case, the child's eyes will be red, hair and body will be white. It is recommended to protect them from sunlight.

The outer layer of the retina leaks. Children with myopia are often prone to this condition. They can't do heavy lifting or exercise. Continuous work with them should not exceed 5 minutes.

When teaching blind children who have no vision, techniques that improve their perceptual skills are employed. Additionally, it should be mentioned that these youngsters have lost their vision as a result of congenital and acquired (depending on how old they were acquired) eye illnesses. Possessing pertinent information is crucial. In any other case, his health could be harmed. A child's vision of life will be richer and easier to enhance the later in life that blindness sets in.

Visually impaired children can attend general education schools and residential schools called "Nurli Maskan" if their parents or other appropriate adults so want. However, it is best to have the youngster evaluated by an ophthalmologist before sending him to school and base his choice of study location on the expert's advice. Preserving their visual talents, making necessary repairs, and avoiding potential secondary mental problems are all part of the education of visually impaired children in special kindergartens and schools.

Multi-sensory learning is a cornerstone of typhlopedagogy, as it engages multiple senses to facilitate understanding and retention of information. Tactile materials, such as Braille books and raised-line drawings, allow visually impaired students to explore concepts through touch. Auditory resources, including audiobooks and verbal instructions, provide alternative means for accessing information. By engaging both tactile and auditory senses, educators can create a more inclusive learning environment that caters to diverse learning styles.

Individualized Education Plans are essential for addressing the unique needs of visually disabled students. IEPs involve collaboration among educators, parents, and specialists to develop personalized learning objectives tailored to each child's strengths and weaknesses. This process ensures that students receive appropriate accommodations and support, allowing them to thrive academically and socially. Regular assessments and updates to IEPs help track progress and make necessary adjustments to teaching strategies.

Orientation and mobility training is vital for fostering independence among visually impaired children. This training equips students with essential skills for navigating their environments safely and confidently. Techniques such as long cane training, spatial awareness exercises, and sighted guide methods enable children to develop a sense of direction and spatial orientation. These skills not only enhance mobility but also contribute to overall self-esteem and independence.

The integration of assistive technology has revolutionized the education of visually disabled children. Tools such as screen readers, Braille displays, and audio software provide access to a wealth of information that would otherwise be inaccessible. Additionally, technology can facilitate communication and collaboration among peers. Educators must stay informed about emerging technologies and ensure that students are trained in their use to maximize their educational benefits.

A functional curriculum emphasizes practical life skills that prepare visually impaired children for everyday living. This approach includes teaching skills such as cooking, personal care, and social interaction, which are critical for fostering independence. By focusing on real-world applications

of knowledge, educators can help students develop the confidence and competence needed to navigate daily challenges.

Encouraging peer interaction is crucial for the social development of visually impaired children. Collaborative projects and group activities provide opportunities for students to engage with their sighted peers, fostering communication skills and teamwork. Social skills training can also be integrated into the curriculum to help students build relationships and navigate social situations effectively.

Inclusive education practices promote the integration of visually impaired students into mainstream classrooms. This approach not only benefits visually disabled children but also enriches the learning environment for all students. Teachers can implement accommodations such as providing materials in accessible formats and utilizing non-visual cues to ensure that all learners can participate fully in classroom activities.

Conclusion

It can be concluded that if sufficient conditions are created for blind children to receive education in a suitable place for them, if the necessary typhlopedagogic methods and correction work are properly organized, if they are supported in every way, there is no doubt that such children will grow up to contribute to the society, have their own profession, and have high morale. The education of visually disabled children requires a multifaceted approach that recognizes their unique needs and abilities. Typhlopedagogy offers a range of effective methods that can enhance learning experiences, promote independence, and foster social skills among visually impaired students. By employing multi-sensory learning techniques, individualized education plans, assistive technologies, and inclusive practices, educators can create an enriching environment that empowers these children to reach their full potential. Continued research and professional development in typhlopedagogy are essential for advancing educational practices and improving outcomes for visually disabled learners.

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