Introduction

Feelings of helplessness and disappointment often confront the family of a child with special needs. The family's stress-causing feelings pose significant effects on child's development. To alleviate this, early intervention is recommended. Playing the key role in handling these feelings, family-centered intervention is one of its types (US Department of Education, 2002).

There are many reasons for early interventions in dealing with an exceptional child: to enhance the child's development, to provide support and assistance to the family, and to maximize the child and family's benefit to society. Early intervention services also have a significant impact on the parents and siblings of an exceptional infant or young child. The family of a young exceptional child often feels disappointment, social isolation, added stress, frustration, and helplessness. The compounded stress of the presence of an exceptional child may affect the family's well-being and interfere with the child's development. Families of handicapped children are found to experience increased instances of divorce and suicide, and the handicapped child is more likely to be abused than is a non-handicapped child (Why intervene early..., n.d.). Early intervention can result in parents having improved attitudes about themselves and their child, improved information and skills for teaching their child, and more release time for leisure and employment. Parents of gifted preschoolers also need early services so that they may better provide the supportive and nourishing environment needed by the child.

Another reason for intervening early is that society will reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, the family's increased ability to cope with the presence of an exceptional child, and perhaps the child's increased eligibility for employment, all provide economic as well as social benefits (US Department of Education, 2002).

One of the intervention services, implemented in the United States, Great Britain and in Asia is the Portage Guide to Early Education or PGEE. It is an enhanced curriculum for children between birth to six years old of age. It has also been found to be suitable for use with older children and adults with behaviors common to preschool children. It is designed as a guide to teachers, parents, professional and paraprofessional teachers, aides, nurses, physicians, and other caregivers who need to assess a child's behavior and plan realistic curriculum goals that lead to additional skills. It has three parts: 1) a Checklist of behaviors, 2) a Card File listing possible methods of teaching these behaviors, and 3) a Manual of directions on how to use the Checklist and Card File in assessment, curriculum planning, and in implementing the curriculum.
The Portage Project of the Cooperative Educational Service Agency 12 of Portage, Wisconsin, USA developed the PGEE in 1969 with initial funding from the Bureau of Education for the Handicapped. It is used in the United States and many other countries.

The PGEE has been used also with children with handicapped conditions within a variety of instructional delivery systems: home, classrooms, and institutions. It can be used for individual teaching or with a number of children learning together. Teacher training schools and colleges use it as a teaching tool to develop understanding of early child development, in curriculum design, and to help pre-service teachers develop teaching skills for early education.

Many people and programs have used the Guide for various purposes. The Checklist of behaviors is used to assess and to record the child’s development skills and progress. It is also used as a curriculum plan, as a list of the skills the child has already learned and those he has yet to learn. The Card File is a useful listing of possible methods for teaching these skills.

The development and assessment of illustrated PGEE specifically the self-help component is the main objective of this study. It is envisioned that those reports of successful gains experienced in some countries which had used illustrated PGEE can also be replicated in the Philippines. Having the card file listing the possible methods of teaching self-help skills illustrated, parents and service providers who have none or have little education will gain more knowledge on how to make their handicapped children learn the basic skills in taking care of their own needs.

It is hoped that through this study service providers including parents, professionals and caregivers will be encouraged to pursue their advocacy in uplifting basic skills necessary to take care of the needs of special children.

**Related Literature**

**Portage Around the World**

United States has been the first to give birth of the Portage Project after the enactment of the Early Education Act in 1968. There followed the implementation of PL 94-142 (Education of All Handicapped Children Act and provision of aids to all handicapped children and families.

In 1976, Great Britain adopted the Portage Project. Together with nationwide services and research initiatives, the Portage became successful being an exemplary service (Cameron, 1988). The Portage model of Shearer and Shearer (1972) in the USA attracted the Wessex Health Care Evaluation Research Team in Winchester, Hampshire which resulted to publicize the Portage model as a national model, creating a number of services that also led to the formation of the National Portage Association in the UK.

In Asia, Prof. Kaoru Yamaguchi first initiated the implementation of the Portage Project in Japan. The Japanese Portage Association (JPA) was established in March 1985. Significant to the JPA’s achievement involves the Broadcasting Cooperation Educational TV Program in Japan on “Counseling on Child Development” where Portage teaching was introduced and continuously aired even to this very day.
Records reveal that the Philippines Association for the Retarded (PAR) headed by Dr. Erlinda G. Lolarga and Dr. Teresita G. Inciong (Pres. Of the Philippine Portage Association -1989) are responsible persons who initiated in the adaptation and validation of the Portage Project in the Philippines.

In southern Philippines, especially in the city of Davao, the Mindaphil Portage Association for Early Intervention Inc. was launched in 1997 by Dr. Nieto L. Vitto, the founder. His knowledge in Portage was acquired from his adviser Prof. Kaoru Yamaguchi at the Tokyo Gakugei University and at the Meiji Gakuin University. The Mindaphil Portage Association for Early Intervention, Inc envisions implementing the Portage Guide to Early Education (PGEE) in a simplified way.

Studies on Early Intervention

In the attempt to modify the physical and social environment of developmentally delayed children to enhance their development came about with the landmark studies by Skeels and Dye (1939) and Kirk (1958). The study showed that the retarded and low-normal infants transferred from orphanage to an institution for the retarded showed substantial improvement in intellectual capacities and were soon adopted by some families (Skeels 1965-1966). On the other hand Kirk, also a pioneer in early intervention, dealt with effectiveness of compensatory preschool education. These studies led to virtual explosion of investigations in the 60's and 70's that dealt with early intervention of developmentally delayed children (Bereiter and Engelmann, 1966; Blatt and Garfunkel, 1969; Deutch, 1962; Gray and Klauss 1966; Hodges McCandless and Spicker, 1971; Weikart, 1967). Among other things, they initiated the launching in 1965 of a national program called Head Start. Head Start's instructional techniques were typical of early childhood nursery school education. Later, it was improved to Head Start Planned Variation where techniques introduced were anchored on three theories of child development that of Bereiter and Englemenn based on behavior analysis, Weikart's cognitive-oriented curriculum based on the cognitive development theory and the developmental-interaction approach based on humanistic and ego psychologists. The development of Federal Enactments in the pillars of early education are as follows: In 1968, the Early Education Assistance Act provided funds for research for developing cost effective programs for handicapped children that could be replicated in different settings around the country. In 1969, the Handicapped Children's Early Education Act further encouraged parents not only to participate but also to receive training for handicapped children. In 1975, the Education of All Handicapped Children Act extended the role of the parents to take part in writing and improving their children's education plan, referred to as the Individual Education Plan (IEP). In 1987, the most recent legislation stipulated that intervention services should begin not at preschool age, but at birth (Pearson, 2006).

The Portage Project began between 1968 and 1969. With limited resources, knowledge of handicapping conditions, long distances and unwillingness of parents posed problems for the implementation of the Portage Project. In 1972, at the end of the 3 year period Portage evaluation, headed by David Shearer, showed positive results and children made greater than expected gains. The Portage project received federal grant to replicate model in other settings in the US. For the next three years, 1972-1975 Portage Project staff trained ten sites per year to replicate the Portage Home-Based Early Intervention Model. Evaluation results from these sites showed the model to be robust, producing similar results across settings, staff education levels, administrative strategies and geographic and cultural settings. To mark the end of the period, it was then that the Portage Project began to receive first inquiries from abroad (George Jesien, Director Portage Project USA 1988). The next 8-10 years from 1975 were a multifaceted expansion of the Portage Project Model and growth in its acceptance and world-wide utilization (Jesein, 1988).
The international popularity of Portage Project came as a result of unsolicited inquiries from researchers and child service providers abroad. Much of it can be attributed to Dr. Sidney Bijou who lectured in various countries and recommended the Portage Project as a tested, viable service delivery system. As a result of his tips, Albert Kushlick of South Hampton, England and Roger Blunden of Wales invited Portage Staff to do a series of workshops in Great Britain in 1976. Sean Cameron, Moly White and the members of the National Portage Association in Great Britain were the persons dedicated in this work (White 1989).

In South and Central America the work of Portage began as a result in the interest of Eloisa Etchegoyhen de Lorenzo under the auspices of the Instituto Interamericano del Niño in 1973. This resulted in a three-year project in Peru with children of families in extreme poverty in 1976. The model was further introduced to numerous countries of Central America including Ecuador, Uruguay, Colombia and Venezuela (Loftin 1988).

The PGEE was first used in the Caribbean in the Dominican Republic in 1972 where it was introduced by Portage staff to early education project of the Dominican Rehabilitation Association. In the next four years early intervention projects using the PGEE were initiated in Curacao, Haiti and Barbados. Since 1986, the PGEE has been used in Trinidad, Guyana, Belize and Genada. In Jamaica, Dr. Molly Thornburn utilized unemployed community women in modifications and adaptations of the Portage Project in 1975 (Thornburn, 1976). By 1976, Jamaica made an early adaptation by illustrating the cards and prepared their own manual. The Jamaica Portage Guide to Early Education (JaPGEE) was printed in 1978. It was also translated into Haitan Creole and Papamiento in Curacao. The works of Dr. Molly Thornburn lead to the dissemination of Portage strategies into many islands in the Caribbean. (Thornburn 1988).

In 1978, Australia began its introduction and implementation of the Portage Model. It was a discovery that Portage did not only bring services (technology) to families in their home and rural communities, but also brought a set of values that challenged former practices (Wills, 1988).

India initiated the Integrated Child Development Service (ICDS) at the beginning of the 5th 5-year plan (1975-1980) of the Indian government to improve the quality of life of preschoolers. Tehal Kholi initiated an early intervention program to disadvantaged children coming to ICDS Center in 1981 in Changdigarth utilizing the Portage training Model. Tehal Kholi has extended detailed recommendations for improvement and extension of Portage Program on a large scale basis in India (Kholi 1988). UNICEF sponsored the project and financed Portage package for use and subsequently translated the Portage Program into Hindi (Kholi 1985). Results in this research certify the fact that the home center teaching process resulted in significant gains in skills, reduction in developmental difficulties, attitude of parents toward developmentally delayed children changed markedly during the training period to gradually overcoming feeling of frustration, severe disappointment and hopelessness, Portage training involves parents more and more in the care and training of their children, majority of mothers expressed satisfaction with the intervention program, and, parents/siblings as well as pre-school teachers (e.g. Anganwadi workers, paraprofessionals and non-professionals) can safely conclude that they are able to carry out the intervention program for developmentally delayed children with equal effectiveness (Kholi 1998).

In 1983, following a seminar conducted in Florence by A. Kushlick, the Portage method was translated in Italian and regularly introduced into the Local Health District of Siena as part of rehabilitation covered by the National health System (Zapella 1988).
In Bangladesh, work with Portage Guide to Early Education started in 1984 beginning with the work of translation, and adaptation of the guide. With only a single individual effort of Sultana S. Zaman, Associate professor of Psychology, University of Dhaka, the Portage Program still survived with little financial support and resources (Kholi 1988).

Almost in the same year, 1984-1985, the introduction of the Portage Project in Korea burst forth rays of hope in the development of early childhood special education. The Parent Readings and Activity Cards of the Portage project were translated and made available. The Portage Project remains the fully developed early childhood special education program presently available in Korea (Whelan, 1998).

Nepal joined the Portage Community in 1989 when the Association for the Welfare of the Mentally Retarded (AWMR) conducted training on how to use the Portage tools for some teachers and its own staff in 1989 and 1990. Translation was also done into Nepali. In 1999 when Portage Master’s Training was organized by the International Portage Association, Nepal actively participated in this type of training. Contributing to the spread of trainings in various parts of Nepal (Brouillette, 1990).

China began its introduction to the Portage program by sending its only representative Zhang Ningsheng to the 1988 International Portage Conference, Tokyo, Japan. Although the program was not ignored by the specialists, it gained little support from China government. It was through the Japan Portage Association that workshops were conducted in Beijing, Nanjing, and Dalian to train teachers, parents and specialists. Liaoning University played a very important role in promoting the Portage Program in Mainland China making communication with local educational administrators. Although more and more schools, professionals and parents use Portage in China, it is still working on its recognition for better funding in the government (Ningsheng, 1998).

All of these countries combined, showed enthusiasm for the development of the Portage Project in each country mentioned. Positive responses for the Portage Program became widespread internationally as reported in annual international conferences. Today, portage program has spread through Asia, Middle East and Europe including Egypt, Saudi Arabia, Cyprus, Turkey, Taiwan, Greece, Malta, Thailand, Vietnam, Korea and Turkey (International Portage Conference, 1999).

Portage in Philippines

Adaptation of the PGEE in the Philippines can be traced back to its roots in February 1980 in Tokyo, during the International Symposium on Personnel Training where Dr. Sidney Bijou discussed the Portage Project. Teresita G. Inciong, Chief of Guidance, Counseling and Special Education Services Division of City Schools in Manila, Philippines together with Dr. Erlinda G. Lolarga, President of the Philippine Association for the Retarded (PAR) made the first step toward Philippine adaptation of the Portage Guide (Inciong, 1988).

This led to a series of trainings with the joint efforts of Dr. Michael Caldwell, the Chairperson of Department of Special Education University of Guam. The evaluation of these series of trainings showed an excellent general response. Participants particularly parents and family members brought their home-teaching experiences to the sessions and in several cases their children. Another significant training in April 1982 was the UN Family Training Workshop on Mental Retardation that again confirmed the positive direction the Portage Project was undertaking.
In the southern part of the Philippines, especially in Davao City, Portage Project was first introduced to graduate students in the Masters Program for Exceptional Children by Dr. Nieto L. Vitto. Training was given to special education teachers, nurses, psychologists, social workers and guidance counselors. They were required to do the practicum or actual implementation of the program as part of the course. These individuals are the main implementers of the project to their respective work places. With the increasing awareness of government and private sectors in the care and education of children with special needs, the demand for personnel training among professionals and para-professionals including parents and caregivers in the countryside also increased. In order to ensure that all graduates of teaching training institution acquire basic knowledge of special education, the government has implemented basic courses in special education at the undergraduate and graduate levels of education and in other related area (Sec 17, and R.A. 7277). Community Based Rehabilitation (CBR) services has been attained as the answer to the rehabilitation needs of poverty stricken areas where institution based rehabilitation are not available especially in the remote areas of Visayas and Mindanao islands. The Japan Portage Association has been instrumental to provide the need for personnel training since 1989 in the Philippines. The Association through the President, Prof. Kaoru Yamaguchi and his staff shared generously their time, expertise, energy and finances during the workshops conducted in Manila and Davao City (Salavia, 1998).

A workshop on Portage was done on February 12-14, 1997 in Davao City. This undertaking gave birth to the Mindaphil Portage Association for Early Intervention, Inc. with Dr. Nieto L. Vitto as its charter President. Its officers and members are all graduate students majoring in Special Education at the University of Southeastern Philippines. From the time of the launching of the association in 1997, the officers worked hard to promote the early intervention through Portage. Since February 1997, the Mindaphil Portage Association has already conducted 28 “Seminar-Workshops on Early Intervention Using Portage” (Level I) and most recently the Level II seminar-workshop held last Feb.11,2007 on “Developing Prerequisite Skills in the Use of Portage for Early Intervention” (Mindaphil 10th Anniversary Souvenir Program, 2007)

Although the current status of the Portage Program on Personnel Training in the Philippines shows that it has improved since the project has been implemented even in the remote areas of the Philippines, the qualities and quantities are to be enhanced. There is still a pressing need to redesign personnel training strategy to meet the needs of handicapped children to the fullest (Salavia, 1998).

**Importance of Self-Help Skills**

The development of self-help skills is a step-by step developmental process. Between the ages of twelve months and six years children work on a variety of self-help skills. For instance, a twelve-month-old child may be working on the self-help skill of feeding himself/ herself a cracker or cookie. On the other hand, an older child (four years old) may be working on buttoning buttons or lacing shoes.

Some common self-help skills for young children (ages two to five) include drinking from a cup, zipping a zipper, using the potty, washing hands, brushing teeth, pouring water or milk from a pitcher, using a tissue, getting a drink from a water fountain, and putting on/taking off a coat. These are just a few of the self-help skills young children are striving to acquire.

It is fairly obvious why self-help skills are important – these are skills a child will use for the rest of his/her life. In a sense they are life skills. It is important for parents and educators of young children to realize that just like numbers,
colors, and shapes, self-help skills deserve to be included in the curriculum. Self-help skills need to be introduced and reinforced through a wide variety of hands-on, developmentally appropriate activities.

**Studies on Pictorialized Portage**

Pictorializing the Portage Package envisioned the need to redesign training strategy patterned after countries using pictorial package in the training of potential people in the care of handicapped children. In Jamaica, Bangladesh, India and Australia there is a report of successful gains in the use of Pictorialized Portage Package. In the Philippines, this could be one answer to broadening the learning experience of the child by tapping into the very people whom the child spends most of his time with.

In Jamaica in 1975 modified PGEE by using illustrated cards. In their study, random Portage Checklists (PCL) were drawn from the files. Fifty eight PCL’s were done and analyzed from areas in each developmental domain on the checklist. The results showed that mildly and moderately handicapped children learned almost as many skills as would be expected of normal children. The most severely handicapped group though did not do so well, still learned more than twice as many skills than would be expected based on their previous rate of development. The categories of children were predetermined according to the developmental delay on the Denver Developmental Screening Test (DDST) (Thornburg, 1988).

In Bangladesh, the work on Portage Guide to Early Education began in 1984. The Bangladesh Protibondhi Foundation (Foundation for Developmentally Disabled) developed a program named Distance Training Package Program (DTP) for the poor disabled urban and rural children as a way of helping those children who do not get even the minimum of health care in the areas they live. They expanded the Portage Training Program by using Pictorial Package (Zaman, 1988). Initially the behavioral checklists of One hundred eight Cognitive skills, Forty five Infant Stimulation activities, and the language area were translated into Bangla and necessary adaptation and modifications made to suit Bangladesh cultural background. It was first tried out on normal children. The results indicated that almost every child made substantial gain from the Portage services provided to them. Children were also screened using DDST (Zaman and Islam, 1988).

Cognitive area of PGEE was next made pictorial. That is, One hundred eight cards for improvement of Cognitive Skills in children were all made pictorial (Zaman and Munir 1990). Research conducted with Pictorial Portage Packages has also indicated the effectiveness of training compared to training through regular Portage card system (Islam and Begum, 1994).

As majority of the mothers are illiterate or have little education, cognitive development packages being pictorial has been a great help to them in training their children (Begum 1998). He further reported that results showed among sixteen children from eight villages included in the Community Based Rehabilitation (CBR) program on whom Pictorial Package were applied included considerable improvement on cognitive skills during a period of six months assessed by DDST and Portage Pictorial checklist.

The most significant advantage of the Pictorial Package is applicability of its use to the understanding of the illiterate rural mother. An unexpected gain was also seen that parents became very enthusiastic about the program and was eager to participate despite of all the troubles they had to go through (Begum 1998). Although no analysis was done to ascertain the change in parental knowledge, yet apparently it was seen that parents who had little education gained more knowledge how to help their children. It may be that to take in information from picture or text on paper is not appropriate for mothers who have no education at all (Munir and Zaman, 1998).
It was encouraging to note that the result of the study, although in small sample, is strong enough to suggest that active intervention program did have a beneficial effect on children’s cognitive development as well as developmental progress, and were perceived as helpful by mothers. No major advantage for the regular classroom training was found except in terms of progress in maternal knowledge. But it was clear from the observation and interview with the parents that the greatest progress was made by the rural mother (Munir and Zaman, 1998).

Facing the environmental and social challenges of the Rural Western Australia integrated key features of the Portage Model through the use of video link-ups with remote families. This was made possible by the work of Parent Learning and Educational Development Group in adapting the American Portage Model to meet the unique needs of Australian families in rural and remote settings. They have developed the individual portage program using the Portage Guide Objectives and trained a team of people (including volunteers) to implement the strategies. The team was able to monitor the progress of the programs by means of what they termed as Telepresence. One part of the Telepresence is the Video-Link. Using a cheap camera to run through the programs allowed them to monitor successes, observe what modifications and new objectives to be set. Immediate feedback is also possible and they can show it to volunteers for feedback. Moreover, the possibility of replay as often as they like without feeling they are taking up too much time or feel guilty in not picking up many fine details in a short demonstration time (Wills, 1998).

The video-link was also used as a consultant-bank. That is, when home teachers and local specialists cannot figure out what is going wrong, the team sends a tape of the child working to people in the Consultant-Bank. This way a group of ideas are possible together to solve the problem without the huge cost of carting the child around from specialist to specialist. This became particularly useful for isolated and distant clients. It also solves the problem of the child who just won’t perform the same way when they get into the clinic. The Video-Link helped in observing things that cannot always be seen like temper tantrums, meal times, bed and bath times. It helped to troubleshoot from real situations rather than those described only. It helped because the incident can be replayed. This Portage modification also made an exciting development for parent to parent sharing of experiences and strategies (Wills, 1988).

In Korea in 1987, the spirit of the Portage Project was made into video series titled: “Dad and Mom You Can Do It.” These are a series of 16-20 minute VHS tapes. The series suggests helping parents in very practical ways to be the primary educators of their children in their homes. The main actors in the films are the parent and their handicapped child. Most of the scenes are filmed in their homes where parents are seen working with their children. The hope is that the viewing parents will be able to identify immediately the people and scenes they view. Thereby, gain the confidence to try new and more effective teaching methods and their handicapped child. Together with the video, a printed transcript is included with each video as a simple study guide. Parents whose children are enrolled in early education centers can use the tapes to understand the educational program of the center. The special education teachers will use the cassettes as part of the parent education program. Second, the video representations will be useful to professional teachers teaching in special education programs. Most of these teachers have not had formal training in special education but have come from ranks of regular school teachers. Third, the programs can be used effectively in colleges and universities offering courses in early childhood and special education. Many professors teaching these courses lack practical personal experience in teaching these children. These tapes also help eliminate overly academic approach to a subject in need of many practical examples. Fourth, the volunteers and non-professionals caring for mentally handicapped children can obtain insights through the cassettes according to the manpower model founded by the late professor G. Allan Rocher at the 5th Asian Conference on Mental retardation in Hongkong in 1981. The vast majority of people living and working with the mentally handicapped persons are non-professionals who need simple, practical training and information. Fifth, the video cassettes are useful for enlightening the general public about the needs of...
mentally handicapped children. The programs will be interesting enough to attract a general audience and should be most appropriate educational TV channel. Sixth, parents of normal children can learn many essential principles of child rearing. After all, the training for the handicap is very similar to that of a normal child. The video series is a combined effort of Sogang University Communications Center for the Handicapped, a city funded program administered by the Sisters of Our Lady of Perpetual Help; and Galilee House in Cheong Ju City (Whelan, 1988).

From these countries, the greater edge of the pictorialized PGEE is distinctly shown. Be it in picture card form or with the aid of technological equipments instruction for the children becomes very advantageous and faster pace in learning among the children are clearly shown in the researches of these countries using the pictorialized PGEE.

In the proceedings of the International Portage Conference held in Tokyo, Japan 1988 are the comments among the participants that further emphasize the desire to develop a pictorialized PGEE: First, Dr Sultana Zaman (Associate professor, Department of Psychology, University of Dhaka): WHO has developed a pictorial checklist for training manual of persons with disabilities in developing countries. Bangladesh has particularly used the Pictorial Portage Program. Although not well developed, gained positive responses to distant families and illiterate parents. It would be more understandable if the Portage checklist were pictorialized. Second, Mr. George Jesein (Director, Portage Project, USA): The opportunity to develop an almost comic-book format of the checklist where it would be advantageous for parents/ non-professional caregivers who did not use reading as a means of exchanging information would be a worthwhile effort. Third, Mr. Sean Cameron (Educational Psychologist, Southampton University, England): The materials presented by the modification of the Portage program in Bangladesh and India offered interesting solution to the problem of distance. Fourth, Ms. Saeko Tsuda (Japan): By taking advantage of the child’s ability to imitate, by personal experience using pictures of popular animation characters from TV programs, each picture were cut out and pasted on a round fan. The child was made to look at the picture carefully and imitate the shape of the mouth of the character. It seemed that the method is effective if it is introduced to children when they begin to imitate the mouth shape of vowel sounds even though they were not able to reproduce sounds.

The development of PGEE and the pictorialized PGEE across different countries all over the world is shown in Figure 1.
Research Problems

This study aimed to develop and assess the illustrated One hundred and five items of the Self-Help Domain of the 1996 Edition of the Portage Guide to Early Education. Specifically this sought answers to the following specific questions:

1. What is the socio-demographic profile of the portage service providers such as parents, special education teachers, portage service users in terms of;
   - level of educational attainment
   - occupation
   - participation in trainings and seminars in SPED?
2. How was the illustrated methods of teaching self-help skills developed?
3. What is the extent of appropriateness, applicability, time efficiency and aesthetics of illustrated self-help activities?
4. What are the advantages and disadvantages in using the PGEE checklist?

Method

In this study, researchers employed eclectic or mixed research design using qualitative and quantitative method. The first part of the study is qualitative since it described in detail the development of illustrated methods of teaching self-help activities from the time the idea was first conceived until all the illustrations are finally completed. Moreover, through focus group discussion or FGD, the researchers culled the viewpoints of the respondents towards illustrating the self-help suggested activities of the 1996 edition of the PGEE in terms of appropriateness of illustration, applicability, time efficiency and aesthetics --- from the standpoint of the experts and practitioners of PGEE, from the parents of children with special needs and from SPED teachers and other service providers.

The second part is quantitative because the data gathered from the researcher's-made questionnaire which was fielded to selected respondents, tabulated, analyzed and interpreted. The participants of this study were the selected parents of children with special needs, teachers, and caregivers. In this study, the researchers made use of two instruments. The first one was the researchers-made questionnaire. The other one was the Focus Group Discussion. This study utilized the PGEE Checklist and the Card File of the Self-Help Domain. The suggested activities of the self-help checklist were illustrated. The researchers made a survey instrument consisting of two (2) parts, namely, Part I- Profile of respondents and Part II – Likert-Scale containing items which are indicators of appropriateness, applicability, time-efficiency and aesthetics of the illustrated self-help activities. The respondents asked to rate each of the indicators of suggested self-help activities using the five-point scale that follows: Needs improvement (1); Fair (2); Satisfactory (3) and Excellent (4).

The survey instrument was validated by four experts in special education and in research. Letter-requests were sent to the validators for this purpose. Using the validation instrument of the Research and Development Center of Holy Cross College, it garnered an over-all weighted mean of 4.40 which indicates that the assessment tool made by the researchers was Excellent.

In order to ascertain the consistency of the assessment tool, it underwent a series of reliability testing. Using the Cronbac Alpha, it yielded a reliability coefficient value of 0.92 which indicates that the assessment tool was very reliable.
The researchers sought permission to illustrate the one hundred five (105) suggested methods of teaching self-help skills from the authors of PGEE who are based in Wisconsin, USA. Likewise, permission was sought from Dr. Nieto Latorre Vitto who was the founding president of Mindaphil Portage Association, Inc. and was the first to introduce Portage in Davao City.

The researchers illustrated the suggested activities in the one hundred five self-help skills of the PGEE. It has passed through three revisions before the pilot testing was made, after which, the researcher-made questionnaire was made. The data gathering procedure followed three phases namely; the try-out of the illustration, validation from four experts both in the field of SPED and in Arts, and Focus Group discussion.

The first phase was the try-out of the illustrated self-help activities among the children of the Department of Social Welfare and Development, RSCC, Bajada, Davao City on March 10, 2008. The researchers involved ten children aged zero to six years old. The try-out in the infant section was performed by Ms. Vilie Erracho, the assigned caregiver for the babies. Other application of the illustration was made by Ms. Rosita Dilla and practicum students from University of Mindanao taking up Caregiving course. Every try-out was well documented.

The second phase was the validation of the questionnaire by four experts who are SPED and Pre-school Teachers, and pioneers of PGEE in Davao City.

The last phase was the Focus Group discussion which was held in different groups. The FGD was made by previewing the illustrated self-help activities over PowerPoint Presentation through LCD. Each illustration was assessed using the rating scale developed by the researchers.

The purpose of having FGD was to solicit comments and opinions about the how the illustrations were developed.

Suggestions, comments, opinions and recommendations which were drawn from focus group discussion were all acknowledged by the researchers. Some suggestions have improved the illustrations while others have even added better ideas about the study.

Since the study uses the eclectic research design, the qualitative discussion was not treated statistically. The collated data from the researchers-made instrument was analyzed using the weighted mean (wm) to get the average result.
Results and Discussion

The results of the study showed that a large number of the respondents are SPED teachers and mostly college graduates. Many of them had attended seminar in managing children with autism and on behavior modification techniques.

The extent of appropriateness of the illustrated self-help activities is rated excellent as reflected in the over-all mean. This implies that in terms of its appropriateness, the illustrated self-help activities are well suited with regards to the purpose of portraying the message as depicted in the PGEE card.

The extent of applicability of the illustrated self-help activities is rated excellent as reflected in the over-all mean. This means that in terms of its applicability, the illustrated self-help activities are well suited in relation to purpose of portraying the message as depicted in the PGEE card.

The extent of time efficiency on the use of the illustrated self-help activities is rated excellent as reflected in the over-all mean. This further implies that with regard to extent of time efficiency the illustrated self-help activities are well suited on its purpose of portraying the message as depicted in the PGEE card.

The extent of aesthetics on the use of the illustrated self-help activities is rated satisfactory as reflected in the over-all mean. This further implies that with regard to aesthetics the illustrated self-help activities are acceptable with regard to its purpose of portraying the message as depicted in the PGEE card.

It can be deduced that as an instructional material in teaching self-help activities to children with special needs, the illustrated self-help activities have most significant advantage especially among mothers who have no education at all. This support the result of the study of Zaman and Munir who reported great progress done by rural mothers in teaching developmentally delayed children.

Conclusions

The respondents who were selected to validate the illustrated PGEE are qualified to do their task since many of them are college graduate with masterate degrees and with in-service training to gain competence in their area of specialization.

The four different groups of respondents consist of teachers, professional parents, non-professional parents and caregivers. These different groups have different educational attainments ranging from elementary to MA graduates. Teachers, professional parents and some caregivers attended trainings and seminars related to the study. Generally, non-professional parents have not participated in some trainings/seminars related to the study.
The development of the illustrated self-help activities passed through rigorous step-by-step processes making the illustrations more effective to be used of teachers, parents and caregivers for both normal children and differently-abled ones.

The illustrated self-help activities are effective as an instructional material for paraprofessional and non-professional caregiver and mother as they carry out the intervention program since it has undergone into a process of pilot testing by qualified caregivers who rated it excellent.

The illustrated self-help activities are rated excellent in terms of appropriateness, applicability, time efficiency and were found satisfactory in relation to aesthetic.

Recommendations

The illustrated self-help activities are now ready to use. SPED teachers whose main concern in the education of children with special needs must utilize this as part of their role to educate parents, caregivers and other service providers in the field of special education.

SPED teachers, parents and caregivers must receive formal trainings and seminars relative to management of children with special needs as well as of the normal ones in order to properly reinforce early education among children.

Collaboration among parents, teachers, caregivers and other specialists must be addressed effectively so as to make some follow ups and monitoring about the child’s intervention.

Service providers primarily the caregivers who have the greatest time with the child with special needs must take action on the consistent implementation of the special intervention program with the use of illustrated self-help activities.

For future researchers, focus group discussion should be used when conducting qualitative research in order to actively draw comments, suggestions, opinions and recommendations from the respondents. FGD would make the study further improve in order to generate reliable conclusions and recommendations.

Other researchers in the field of special educations are invited to conduct another study which is relative to upgrading the instructional material for the use of early childhood education especially among children with special needs.

References


