South Dakota State University

ECE 470: Early Childhood Education Inclusion Strategies

Concepts addressed in this course: Areas of exceptionality in students’ learning: functional mental retardation

Students should refer to:

Specifically, students should review:

I. Definition of Mental Retardation (MR)
   a. Professionals are reluctant to classify children as mentally retarded today
   b. No longer view MR as a permanent condition
   c. “Refers to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, exiting concurrently with related limitations in two or more of the following applicable adaptation skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18.” (AAMD, 1992, pg 5; Deiner, 2005, pg. 322)

II. Classification of Mental Retardation
   a. Valid assessment considers cultural diversity, as well as differences in behavior and communication
   b. Existence of limitations of adaptive skills
   c. Specific adaptive limitations often coexist with strengths in other adaptive skills or other personal capabilities
   d. With appropriate supports over a sustained period of time life functions will generally improve
   e. Previously the definition of MR was solely based on IQ scores - now, although an IQ of 70 to 75 is considered below average, there is a consensus that multiple assessments reviewed by multiple team members must be used to verify results
   f. Classifications
      i. IQ of 50-55 to 70-75 – Mild Delays – Educational purposes – educable mentally retarded (EMR)
         1. Reluctant to diagnose
         2. Most labeled learning disabled
      ii. IQ of 35-40 to 50-55 – Moderate delays
      iii. IQ of 20-25 to 35-40 – Severe delays
      iv. IQ below 20-25 – Profound delays

III. Causes for Mental Retardation
    a. Cognitive delays causes
       i. Low SES & Fewer environmental supports
ii. Biological causes
b. Biological/genetic causes
   i. Tay Sachs
   ii. Down Syndrome
   iii. Fragile X Syndrome
c. Environmental causes
   i. Fetal Alcohol Syndrome
   ii. Fetal Alcohol Effects
   iii. Accidents/trauma

IV. Mental Retardation Intervention
a. Functional task analysis
   i. Breaking task down into component parts
   ii. Sequencing these component parts
   iii. Teaching the parts
   iv. Chart components and type of help/assistance given to analyze effectiveness
b. Backward chaining
   i. Most help with the first steps & least help with last step
   ii. First step expected to accomplish is the last step of task
c. Modeling
   i. Adult model & verbally describe steps
   ii. Verbalize what child is doing and reinforce
d. Guidelines for intervention
   i. Teach in as many senses as possible
   ii. Over-learn, with variation, to establish generalization
   iii. Teach a concept for a short time over many days rather than a long time over fewer days
   iv. Determine learning value for certain skills and teach to combine two necessary skills at one time
   v. Teach skills in setting that are as close as possible to those in which the skill will be used - generalization is difficult
   vi. Use many examples for skills – this will help in generalizing
   vii. Reinforce appropriate behavior
   viii. Avoid watering down curriculum; rather concentrate on the most important issues/concepts for the students
   ix. Teach health and safety – self-help skills
   x. Teach vocabulary to communicate basic wants and needs
   xi. Evaluate the progress of children against their own development rather than comparing to others

Helpful websites include:

American Association on Mental Retardation:  http://www.aamr.org
Division on Mental Retardation – Council for Exceptional Children:  http://cec.org
Family Village:  http://www.familyvillage.wisc.edu/
The National Down Syndrome Society:  http://www.ndss.org