

CHAPTER 5

CONCLUSION

5.0 INTRODUCTION

Detailed analysis of the study data and the resultant findings has been provided in Chapter 4. This chapter seeks to consider those findings and to discuss likely explanations for them in a wider context. In doing so, certain conclusions can be drawn.

5.1 SUMMARY OF STUDY

It can be concluded from the interpretation of the tests results and the discussion of data in Chapter 4 that young children with Down Syndrome can be assimilated into the society if early intervention is given.

5.2 RESEARCH QUESTIONS

a) Can children with Down Syndrome initiate communication?

It has been noted that young children with Down Syndrome can communicate to meet their personal demands. They are able to initiate an interaction with familiar faces, but most of the children could readily greet anyone who visits the centre during school hours, Their ability to initiate communication, however, depended on a number of factors, such as age, exposure and background of children and the severity of their disability.

b) Which type of communication skills are frequently used by Down Syndrome children?

The children resort to sounds, printing, gestures and signs to communicate. Initially, the children get hold of the teacher's hand and point to their needs. Later they call for the teacher and then point to their needs. The quiet ones have specific habits.

If they need to go to the toilet, they stand by the toilet door. If they sense that it is time to go home, they keep looking out of the window to see if their bus had come. All the children in the study sample are good at greeting. This is evident as the children are able to acknowledge the existence of others. Since this skill is emphasized everyday in the Intervention Programme, the children are able to master it.

c) How do the strengths and weaknesses in communication abilities vary among children with Down Syndrome?

The performance of the children show that older children are able to understand and carry out instructions better than younger children. Younger children take a longer time to carry out instructions. This is due to the limited exposure they have before the Intervention besides they have to overcome their behaviour tantrums.

However all the children in the study sample do display a certain degree of delay in expressive language. Therefore there is a need to develop expressive communication ability which can enhance verbal development.

The good informal pre-intervention given to some of the children in the study sample have enabled them to respond well. Although they have progressed, their level of progress varies. The older children are able to grasp and understand the instructions given better than younger children. The behaviour tantrums of the children decrease as they are able to express their intentions.

It was observed during the study that without sufficient training in communication skills, the children would not show any progress.

5.3 IMPLICATIONS OF THE STUDY

It is hoped that this study will enable special education teachers to foresee the potential problems that they might face when students are weak in communication skills.

It provides information that would be useful to teachers who want to know more about test design for assessing communication abilities. Teachers are exposed to the different kinds of ability in children. The fairly good performance of the sample in this study may or may not relate to another sample with similar characteristics.

In the field of special education, the results of the study can bring about greater awareness of the mentally retarded especially to those involved with children with Down Syndrome. It is hoped that this awareness will extend more widely to caretakers, parents and policy makers who are concerned with the ability of the mentally retarded.

5.4 LIMITATIONS OF THE STUDY

The subjects in this study were not given any medical examination prior to admission to the class. This was because it was not a criterion to be admitted to the class. Thus the degree of disability of each child is not known nor whether this is related to their performance.

This study involves only six children as the students admitted to the class range from 12 years to 20 years. Most of the students admitted are there for self-help training rather than academic training.

5.5 RECOMMENDATIONS

Once the deficiencies in communication abilities have been identified, remedial measures need to be taken.

Some recommendations for remedial exercises are proposed below:

- a. The skills tested should be within the linguistic level of the child with Down Syndrome.
- b. The child should be given wide exposure in social interaction just as normal children.
- c. The children should be given sufficient training and practice in communication.