

Predicament and Breakthrough of Early Education Curriculum for Exceptional Children in Zhejiang Province

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Abstract: In accordance with the “13th Five-Year Plan” for Special Education of Zhejiang, the education curriculum for exceptional children should be further improved. Education sector should cooperate more with department of health, civil administration department and disabled persons’ federation, etc. to realize rehabilitation in multiple ways through combining medical care with education. In spite of much attention, combination of medical care and education is rarely carried out and the field is of much chaos without standard. Besides, front-line institutions lack curriculum ideas and basis, thus their teaching is also short of order. In view of the situation, the author cooperated with rehabilitation departments of healthy system in Zhejiang and made some attempts and explorations in various aspects such as introducing teaching standard into the evaluation and training criteria of “integration between medical care and education”, and adding rehabilitation courses to related talent cultivation.

Keywords: exceptional children, preschool, combination of medical care and education, rehabilitation courses

1. Current Situation of Rehabilitation Courses for Preschool Exceptional Children in Zhejiang

As stipulated in the “13th Five-Year Plan” for Special Education of Zhejiang, “special education should be optimized in terms of service. We will pay more attention to the early diagnosis of disabled children, perfect the operation mechanism and service system for discovering, arranging and intervening them, and further improve their curriculum. Besides, we will further combine medical care with education in a broader way, strengthen cooperation between education sector and other departments like health, civil administration and disabled persons’ federation, etc. to form a pattern of diverse rehabilitation through integrating medical care and education”.

1.1 Absence of Top-level Design and Rare Implementation

At present, China’s health care system, disabled persons’ federation and education system all study concrete operation mode of the “combining medical care with education” or “combining rehabilitation

with education”. As per the literature retrieval, most studies are observation and tracking of individual cases or reflection of teachers and therapists, thus the methods are simplified, individual and not systematic. Besides, the exploration on modes of combining medical care or rehabilitation with education focuses on top-level design like schools or rehabilitation institutions, and the situation of implementation hasn’t been embodied [1-2]. What’s more, combination of rehabilitation and education concerns more about mentally retarded students rather than preschool children whose rehabilitation is, in fact, the most important and critical [3].

1.2 Absence of Occupation Standard

Based on research and feedback, rehabilitation teaching is oriented at patch teaching in either rehabilitation institutions or the health system. Their way of instruction is monotonous and unsystematic. Besides, there’s no uniform standard for evaluating the combination of medical care or rehabilitation with education [4-5].

1.3 Confusion of Teaching Mode in Front-line Institutions

On the basis of interview and feedback from front-line rehabilitation institutions, their recovery courses are currently divided into the following kinds. The first is patch-type intervention specific to the concrete content according to evaluation results of a child; the second is rehabilitation training based on assessment scale such as VB-MAPP adopted by many institutions; the third is to refer to outstanding classic books like the series of rehabilitation textbook published by Heep Hong Society.

2. Future Reform and Discussion on Rehabilitation Courses for Preschool Exceptional Children

Seen from the perspective of special education teacher training, the following aspects are all the trend of future researches including exploring education-recovery activities for preschool exceptional children through construction of rehabilitation activities classes as effective means, combination of medical care and education as the

foundation, integration of rehabilitation and education as the pillar as well as its evaluation standard.

2.1 Bring the “Combination of Medical Care and Education” to the Assessment and Training Standard for Teachers

As stipulated in the “13th Five-Year Plan” for Special Education of Zhejiang, “special education should be optimized in terms of service. We will pay more attention to the early diagnosis of disabled children, perfect the operation mechanism and service system for discovering, arranging and intervening them, and further improve their curriculum. Besides, we will further combine medical care with education in a broader way, strengthen cooperation between education sector and other departments like health, civil administration and disabled persons’ federation, etc. to form a pattern of diverse rehabilitation through integrating medical care and education”. Therefore, the special education major of Zhejiang Vocational College of Special Education will cooperate with rehabilitation departments of healthy system to explore the recovery mode of “combining medical care with education” and “integrating rehabilitation with education” as well as optimize the clinical examinations for interns in related department of hospitals. Besides, we’ll also draft the basic evaluation standard for rehabilitation skill of normal students majoring in special education, revise the “Occupational Qualities of Teachers for Inclusive Education” according to the standards for job qualification, probe into specific requirements of “combining medical care with education” and promote training norms for special education teachers.

2.2 Add Rehabilitation Courses to the Related Talent Cultivation Program

Rehabilitation institutions need the “combination of medical care with education”. We, as a vocational college training teachers for special education, should actively cater to the development requirements of the industry, pay more attention to practical rehabilitation skills of normal students and improve their competitiveness for jobs. In the meanwhile, our special education major was selected as the “Pilot Unit for Rehabilitation Talent Cultivation” by the disabled persons’ federation in 2016. The pilot project put forward the following goals: “establish occupational standard and curriculum construction linkage mechanism in accordance with the *Professional Standard for Special Education Teachers*, *National Professional Qualification Test for Rehabilitation Therapists*, and *Course Admittance Criterion issued by World Confederation for Physical and Occupational Therapy*; colleges collaborate with rehabilitation centers, design the rehabilitation and special education major in line with occupational

qualifications of therapists and special education teachers, and establish occupation-oriented curriculum system ‘from school to post’; rehabilitation institutions directly involve in curriculum design & assessment and international advanced courses are brought in so as to make our rehabilitation talent cultivation respond more quickly to the industry development.” Therefore, our college will add the *developmental scale for children* to rehabilitation module courses, promote construction of the course *Rehabilitation Activity Design* to integrate recovery with education from the perspective of curriculum construction, and amend standards of the two courses namely *Rehabilitation Activity Design* and *Occupational Qualities of Teachers for Inclusive Education* in accordance with job qualifications so as to gradually promote the connection between major courses and job skills.

3. Conclusion

Early childhood education and rehabilitation curriculum design for special children requires the medical system and the education system to work together to develop industry standards. Based on job skills needs, “reverse design, forward construction”, we should add the medical fundamentals of children’s rehabilitation to special education teacher training, while integrate children’s courses into medical rehabilitation. Only by this, we can truly implement the combination of medicine and education.

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