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THE DIFFICULT PATH TO SCHOOL — THE SCHOOLING OF PUPILS WITH SPECIAL EDUCATIONAL NEEDS DURING THE PANDEMIC

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ABSTRACT — Schooling at all levels from kindergarten to high school has suffered during the pandemic, as the school system has had to readjust to stimulate pupil's attention, rethinking teaching methods, maintaining a healthy climate of interaction between teacher and pupil, teacher and parents, but also between colleagues in the same group study. The management of these parameters becomes all the more delicate in the case of students with special educational needs during the pandemic. That is why the preliminary investigations must be thoroughly completed (thorough medical, psychiatric, psychological, pedagogical anamnesis, schooling in the family having a great role here, then rigorous clinical and paraclinical investigations followed only in the last stage of placing the child in a diagnostic class and then stating its requirements). There is a white-gray territory of students who do not have an accurate diagnosis but who still require more attention and special teaching methods. False mental retardation unfortunately still creeps among the diagnoses received by children in some situations, all the more difficult to make a differential diagnosis during the pandemic where communication of all kinds is affected. Modern combined pedagogical methods can be managed in combination for the message to reach the beneficiaries as clearly and comprehensively as possible and the impact on the pupil should be the expected one. The establishment of an interdisciplinary team allows the facilitation of this approach to make the path towards school (be it virtual) easier for all students to create a climate in which the pupil can complete himself to his maximum capacity.

KEYWORDS — school; special educational needs; inclusive education; false mental retardation.

INTRODUCTION

The education of students with SEN in the type of pandemic is subject to a holistic vision, which integrates educational, social, medical, biological, anthropological, cultural and relational factors (Adăscăliței, 2020; Damian et al., 2017; Frumos, 2018; Stăncescu et al., 2020). First of all, defining these requirements becomes much more difficult during the pandemic, desomatization of the child, and then categorizing his needs must be done with great tact and caution, so as not to place the wrong child in groups that require him skills below the level of his possibilities and intellect (Burlea et al., 2010). Fundamental principles regarding the education and development of the child ALL children have the right to education. EVERY child can learn. Romania has signed international agreements in which it assumes the transformation of Romanian schools into inclusive schools.

METHODS

We have developed an intervention model for children with special educational requirements during pandemics, identifying the needs but also the specifics of the possibility of approaching them.

The Models in Approaching Disability

The problem of deficiency can be approached from the perspective of two models: the individual, of medical inspiration (which considers that the difficulties of people with disabilities are due to their biological and psychological inferiority) and the social, which emphasizes the maladapted social environment, being considered to be generator of difficulties people with disabilities. The dominant model was (and unfortunately continues to be) the individual one, which emphasizes the individual impairments or disabilities considered addictive. The individual model postulates that the problems faced by people with disabilities are nothing but the direct consequences of their specific deficiencies. The medical model projects a dualism that tends to state that "valid" people would be *better* or *superior* to those with disabilities. Thus, the image of the latter comes to be identified with mercy, fear and charity. The hypothesis is justified that it would be legitimate for others to do things for people with disabilities, rather than doing things with them. Table

I summarizes the issue of false mental retardation often present in assessments of children with SEN (special educational needs).

Table 1. False mental retardation (source developed by the authors)

False mental retardation	Affective deprivation
	Neglect
	Insecure attachment Abuse
	Autism spectrum disorder
	The degree of delay can be overestimated
	The child may have a normal or above average intellect
	Delayed intervention
	Genetic and metabolic syndromes
	Endocrinopathies
	The educational limitation given by the disease
	Undiagnosis of the syndrome in time
	Medical malpractice
	Hearing and language disorders, learning disorders
	Dyslexia
	Delayed intervention

The person with mental retardation does not identify the source of internal or external activation of memory often confusing them. In these patients, however, the visual memory was better than the verbal one, the false recollections being much lower for images presented to the subjects. Another interesting fact is that these false verbal memories will increase with the age of the patients. Another important fact is that patients with learning difficulties have normal intellect. Memory is semantic and episodic. Episodic memory is impaired in children with autism. Carlin et al. (2008) redefines the identity of the teacher in relation to the pupil. Educational discourse suffers fractures during the pandemic, sometimes gaps and therefore knowledge accumulates in leaps and bounds.

The authority of the teacher is undermined by the academic community itself in which there are different currents of teaching, opinions and ideas about pedagogy and methods applied during the pandemic.

Rules in schools: There were philosophical, pedagogical and organizational inconsistencies that led to the re-establishment of habits, rules and objectives pursued in schools. (Blume, 2020; Teruya, 2021)

Social model: focuses on disability as a relationship between people with disabilities and discriminatory society: disability is defined as the result of disabling barriers imposed by the environment or policy interventions. It involves strategies to remove barriers, of education, aiming the inclusion (Lloyd, 2008). People with disabilities do not want anything extra, but want to be treated the same as people without disabilities. A large number of people have disabilities due to barriers or prejudices. The child with special educational needs requires additional attention and educational assistance (an individualized approach based on the particularities and / or characteristics of a learning disability / learning disorder), without which we cannot speak of

equal opportunities, access and school and social participation (Burlea et al., 2012). Inclusive policies and practices postulate the complex change of the environment (physical and social) to allow the child's development to its full potential (Egenfeldt-Nielsen, 2004). The establishment of special educational requirements is based on the learning barriers that the pupils encounters in the educational environment in particular (but also in the community) and which must be reduced / eliminated so that the child can progress at his own pace (Ainscow, 2016).

RESULTS

The education of children with SEN in pandemics can be achieved based on the following model developed by our team for inclusive education. The pandemic has created new barriers to learning for all students, but also for teachers and parents. At the same time, after the initial impact, there has been an adaptation effort that has changed and continues to change the educational environment, bringing positive things from the perspective of inclusion, for some children. At the same time, for disadvantaged students and families, there were added barriers and problems regarding the access to education.

DISCUSSION

We empathize with the helpless, the needy, the hopeless, the less fortunate than us. Are we aware of what happened beyond what we can comprehend? Every day many children cross the threshold of school, including a series of mental retardation, sensory or associated, all with special educational needs. Smiling or crying indifferently or ignorantly, they are all driven into the adventure of knowledge. Pre-pandemic education has been characterized by face-to-face activities that involve a physical environment dedicated to teaching, learning, assessment, educational therapy, specific therapies and compensation. Education during the pandemic has been

characterized by Synchronous / asynchronous activities that involve changing the environment of the educational service. Approaching intervention methods and techniques with an emphasis on the diversification of action agents. The development and implementation of educational frameworks, formal and non-formal, to integrate in their content new technologies or intervention methods. The digital solutions in adapting intervention methods and techniques for the category of action agents with independence manifests in participation; we aim at employing the self-directed learning, we train: skills, abilities and acquirments of work and life; we develop: new skills for education (knowing, doing, being, working together), we insist upon: the optimal functioning of the components of the mental system at the individual level, the quality of individual functionality in various contexts. Transposing the interaction with students in the virtual space; used communication channels: specialized e-learning platform, google classroom, specific means of distance learning, applications for asynchronous communication; ways of structuring the content of the activity: open educational resources with digital content (software slides, tutorials, etc.) (Luca et al., 2020). Interactive teaching material, worksheets with audio recording; power point presentations with audio-video recording. For the category of action agents with controlled independence in participation: we aim: capitalizing the individual educational potential; we develop: key competencies in personal and social evolution; For the category of action agents without controlled independence in participation we aim: the implementation of a multifocal intervention program (multimedia modules with extended addressability); we form adaptive work and life behaviors; we develop: positive personality traits reflected in the maximum capitalization of the psycho-physical potential; we insist upon the individual functionality as a reaction to controlled external elements. Human Diagnosis and prognosis: Physical support traditionally restricted, evaluation of procurement difficult to quantify, development of out-of-phase, artificial communication; personalized intervention directly proportional to the degree of skill and involvement of parents. Material order: Lack of devices, insufficient knowledge in the IT field, fluctuating or non-existent internet connection, increased maintenance costs.

In order to change behaviors and promote the integration of new concepts and values, it is imperative that students benefit from experiential learning through a socio-constructivist approach. Digital culture should not suppress the paradigms of the past, it is imperative that they coexist.

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